General Pharmaceutical Council

University of Bath, Master of Pharmacy (MPharm) degree reaccreditation part 1 event report, December 2022

Contents

Event summary and conclusions

Provider	University of Bath
Course	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (part 1)
Event date	14-15 December 2022
Approval period	2022/23 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm offered by University of Bath is reaccredited, subject to a satisfactory part 2 event. There were no conditions. Reaccreditation is recommended for a period of 6 years after part 2 event, with an interim event at the mid-way point. The accreditation team reserve 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	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	No recommendations were made.
Minor amendments	There were no minor amendments
Registrar decision	The Registrar of the GPhC has reviewed the accreditation report and considered the accreditation team's recommendation. The Register is satisfied that the University of Bath has met the requirement of 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 the University of Bath is approved to continue to offer the Master of Pharmacy degree (MPharm) programme for 6 years, subject to a satisfactory part 2 event. The part 2 will take

	place in the 2024/25 academic year and is likely to be virtual. The Registrar noted that there were no conditions associated with this event.
Key contact (provider)	Dr Philip Rogers
Accreditation team	Professor Chris Langley (Team Leader), Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University
	Dr Marisa van der Merwe (team member - academic), Associate Head (Academic) and Reader in Clinical Pharmaceutics, University of Portsmouth
	Parbir Jagpal (team member - academic), Director of Postgraduate Studies, School of Pharmacy, University of Birmingham
	Dr Daniel Greenwood (team member - pharmacist newly qualified), Locum Pharmacist
	Fiona Barber (team member - lay), Deputy Chair & Independent Lay member, East Leicestershire & Rutland CCG
GPhC representative	Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council
Rapporteur	Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council (Rapporteur)
Observers	Ausaf Khan (Observer - new accreditation panel member in training) Clinical Pharmacist, The Royal Wolverhampton NHS Foundation Trust
	Dafydd Rizzo (Observer - new accreditation panel member in training) Clinical Pharmacist, Cardiff and Vale University Health Board
	Olivia Fisher (Observer - new accreditation panel member in training) Medicines Information Pharmacist, John Radcliffe Hospital

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 Bath MPharm was last reaccredited in April 2016 for the maximum period of six years. There were no conditions or recommendations. At the time of the interim event in February 2019, the provider outlined the University's plan to go through a process of Curriculum Transformation (CT) by which all taught programmes at Bath, including the MPharm would be transformed according to stated curriculum principles, now part of the University's Quality Assurance framework. Internally, the new MPharm was seen as an example of good practice with fewer units (modules) than before 2015-16 and clear strategies for delivery of the programme and assessment of students.

However, due to the Covid-19 pandemic which caused UK education to move online in March 2020, the process of Curriculum Transformation was deferred for two years with plans to launch all new CT-approved undergraduate courses across the whole university at the start of the 2023-24 academic year.

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 22 November 2022. 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 14 – 15 December 2022 and comprised of 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

Dr Marisa van der Merwe (team member - academic), declared that she had been involved in meetings organised by Health Education England (HEE) as a representative of the University of Portsmouth to consider the coordination of experiential learning provision alongside the University of Reading and the University of Bath respectively, to ensure that universities were not asking for placements in the same weeks.

No other interests were declared.

Schedule

Day 0: 13 December 2022
Private meeting of the accreditation team

Day 1: 14 December 2022

09:00 – 09:45	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	Private meeting of accreditation team
11:00 – 12:30	Management and oversight of the MPharm degree - part 2 • Questions and discussions
12:30 – 13:30	Private meeting of accreditation team
13:30 – 15:30	Teaching, learning, support and assessment - part 1 • Presentation • Questions and discussion
15:30 – 16:00	Private meeting of accreditation team
16:00 –17:00	Student meeting

Day 2: 15 December 2022

08:30 – 09:00	Private meeting of the accreditation team
09:00 – 10:00	Teaching, learning, support and assessment - part 2 • Presentation • Questions and discussion
10:00 – 10:30	Private meeting of the accreditation team

10:30 – 11:45	Teaching, learning, support and assessment - part 3: • A detailed look at the teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team
11:45 – 15:15	Private meeting of the accreditation team
15:15 – 15:30	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 accreditation event
Professor Matthew Jones*	Interim Dean
Professor Adele Murrell*	Interim Head of Department
Professor Julian Chaudhuri	Pro-Vice-Chancellor (Education)
Dr Philip Rogers*	Director of Pharmacy
Lyn Hanning*	Director of Practice Based Learning
Dr Andy Thompson	Senior Lecturer
Dr Charareh Pourzand	EDI Chair
Nick Haddington	Health Education England (HEE)
Dr Matthew Jones	Outgoing Director of Studies (Y3-4)
Dr Miriam Ellis	Incoming Director of Studies (Y3-4)
Angela Mitchell	Director of Studies, Y 1-2)
Katie Weatherley	Visiting Teacher Practitioner
Dr Tim Woodman	Senior NMR Spectroscopist
Dr Lorenzo Caggiano	Senior Lecturer
Dr Sergey Smirnov	Senior Lecturer
Dr Albert Bolhuis	Reader
David Brown	Teaching & Research Support Technician
Sara Shariki	Technical Supervisor
Dr Peter Sunderland	Lecturer
David Taylor	Lecturer
Dr Paul de Bank	Senior Lecturer
Dr Sarah Bailey	Senior Lecturer
Professor Stephen Husbands	Professor of Medicinal Chemistry
Dr Christine Edmead	Senior Lecturer
Alice Ludgate	Director of Student Support and Safeguarding
Danielle Wigg	Practice Educator
Rebecca Harrison	Practice Educator
Glen Cooper	Visiting Practice Educator
Dr Helen Paine	Lecturer

Hollie Ryder	Lecturer
Chris Shields	Teacher Practitioner
Dr Ali Yeo	Lecturer
Uzo Ibechukwu	Chief Pharmacist, Royal United Hospitals Bath
Delyth Morton	Education and Training Pharmacist at Gloucestershire Hospitals
Caroline Quinn	Pharmacy Workforce Lead, Bath Swindon & Wiltshire ICS
Kathleen Pritchard	Lecturer
Professor Begona Delgado-Charro	Professor in Biopharmaceutics
Dr Chris Bailey	Senior Lecturer
Dr Anita McGrogan	Senior Lecturer

* also attended the pre-event meeting.

The accreditation team also met a group of fourteen MPharm students comprising five from year 1, four from year 2, four from year 3, five from year 4 and two Foundation year trainees/recent registrants.

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 6, 15, 18, 28, 35 and 37.**

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

See the **decision descriptors** for an explanation of the 'Met' 'Likely to be met' and 'not met' decisions available to the accreditation team.

The learning outcomes are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

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 ☐

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 ☐

Learning Outcome 28: Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person

This learning outcome was tested at the event. The provider described in detail how diagnostic, clinical assessment and prescribing skills are developed in a progressive way throughout the course and that this is underpinned by an evidence base to support clinical decision-making. The team considered as plans for prescribing are still being embedded into the course that this learning outcome is likely to be met and will be revisited at the part 2 event.

Learning Outcome 36: Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing

Learning Outcome 37: Prescribe effectively within the relevant systems and frameworks for medicines use

Learning Outcome 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

The team recognised that as plans for prescribing are still being embedded into the course that these learning outcomes are likely to be met and will be revisited at 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 ☐

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 ☐

As part of the submitted document, it was stated all applications to the University of Bath MPharm course come through the UCAS admissions service. Applications are initially screened to ensure applicants are likely to be able to achieve the standard university offer of AAB (or equivalent for non-A-level applications). Applications are also screened for evidence of knowledge of the profession and the academic reference is reviewed to ensure the candidate is likely to meet minimum entry requirements.

Students applying to the MPharm degree are invited to an applicant visit day, this can be either in-person or in a virtual environment, and then interviewed in either a multi-station mini-interview model or in a multi-component single interview. The interview consists of three components, "Why Pharmacy", a situational judgement test assessing NHS values and based on NHS values-based recruitment and two pharmaceutical calculation questions. The accreditation team ('the team) learned that upon evaluation of the effectiveness and fairness of the interview approaches, no significant difference between the approaches was noted. The team also learned that the Course Provider ('the provider') has a process for managing requests for reasonable adjustments and this is included in the standard interview invite.

Successful applicants will be awarded a standard offer (AAB, or equivalent) unless an additional qualification is offered (fourth A-level in Mathematics, EPQ, Welsh Baccalaureate or similar) where a reduced ABB offer is awarded with the additional requirement. Applications are also assessed for the University's contextual factors and those meeting relevant criteria will be awarded the lower ABB contextual offer, subject to completion of the free Access to Bath online module and the applicant prioritised for a "near-miss place" in the event of a shortfall in numbers. At confirmation and Clearing the University prioritises students who have chosen Bath as their first choice, and if the course has failed to meet targets those applicants that are below the AAB/ABB standard offer are prioritised over

Clearing applicants. In most years, this has ensured that all applicants with BBB (BBC with widening-participation background) have been accepted. The Admissions Tutor oversees this process and uses interview notes to assist with these decisions. All unsuccessful interviews are reviewed by the admissions lead who will feedback the result of the interview to the candidate and the reason for the unsuccessful outcome. All members of the interview teams have undergone the University of Bath training in recognising bias. The team learned from the provider that the admissions team is trained to ensure consistency in the process. Staff sit in on interviews with the admissions tutor prior to becoming an interviewer themselves, and the admissions tutor will also sit in on their initial interviews. The same sets of questions are used whether for the multi-station or multi component interviews. It was noted that a number of staff carried out the interviews, though the team also noted that much of the process appears highly reliant on the admissions tutor.

Analysis of aggregated MPharm admissions data did not show any apparent bias or discrimination in the admissions process. The team asked for further detail on how data is reviewed to inform the admissions process. The provider explained that as the number of rejections are small, these are reviewed independently and if any trends are noted that these would then be reviewed and actioned.

All students are Disclosure and Barring Service checked (Enhanced DBS check including sub-groups (vulnerable adults and children)), in semester 1 of year 1 and any who have not been resident in the UK prior to application are required to provide a DBS check or statement of good conduct from their origin country. Students are informed of this practice at interview and required to make self-declaration statements at this point. Declarations are reviewed before an offer is issued and prior to arrival in semester one. International students are required to provide a certificate of good character from their country of origin during enrolment as well as making self-declarations of character and health at interview. Fitness to practise forms are screened by the Admissions Tutor. It was noted that for the 2023 admissions process onwards, the admissions and safeguarding team are introducing a new health check. This will apply to all students who have accepted an offer and they will complete an occupational health screen prior to registration. This will include vaccination and infectious disease screening and be compulsory before placements start.

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 ☐

As part of the submitted document, it was noted that the school of pharmacy and the Department of Life Sciences are committed to promoting equality, diversity and inclusion (EDI). The provider has held

an Athena Swan Silver award since 2017. The University provides several targeted EDI training opportunities to raise awareness around diversity. MPharm teaching staff are required to complete mandatory training online, Diversity in the workplace and Unconscious bias. Additional training courses: Supporting transgender staff and students; Diversity in Learning & Teaching; Supporting staff and students with a disability. This is monitored by their line manager who receives a report of completion.

The University of Bath's Statement of Equality Objectives acts as its EDI strategy and in response to legal requirements. The Equality Act 2010 places all public bodies under an active duty to promote equality and requires them to set themselves objectives, which they believe they ought to meet in order to fulfil the aims of the Public Sector Equality Duty. This suite of equality objectives for 2019 to 2023, reflects Bath's strategic priorities in relation to recruitment, progression, and equality of opportunity for both staff and students and have multiple partners involved in the delivery across the whole university

The team explored what processes are in place to undertake a review of the student performance data. The provider explained that as data is collected, and outcomes evaluated, attainment gaps, if any, are broken down by protected characteristics and will be highlighted. The provider also explained that the data would be reviewed on an annual basis. The team were satisfied that **criterion 2.4** is likely to be met and will be revisited again during the part 2 event.

The provider explained that they have appointed an EDI Lead on the Department Executive to facilitate oversight of EDI encompassing all activities within the Department, including meeting the diverse needs of students and staff.

As part of the submitted document, it was noted that student pharmacists are taught the legal principles of the Equality Act 2010 early in year 1 in a workshop which also has an interactive component enabling participants to reflect upon and challenge any conscious or unconscious biases they may have. Student pharmacists will meet patients from a variety of backgrounds during clinical learning in practice (CLIP) and placements. In the bed base of patients in four local NHS hospital trusts used for CLIP there is BAME representation on wards and in the patients the students meet. For the 2021-22 academic year, the provider included an EDI aspect in all seven of the problem-based learning assignments across years 1-3 to make student pharmacists consider the need to be inclusive when considering pharmacy services for a diverse range of patients, or health inequalities due to protected characteristics. In pharmacy management simulations, currently in year 4 but moving to years 2 and 3 of the new course, student pharmacists are presented with a broad range of patients and scenarios which aim to be inclusive of all genders, ethnicities, and beliefs. An example of using patient prescriptions with Mx (gender neutral) rather than Mr/Mrs and having these as walk in patients to ensure students understand and communicate appropriately with pronouns. It was also noted that further plans for including widening the pool of trained medical actors who may be able to portray a more diverse range of patient characteristics.

The Department of Pharmacy and Pharmacology has taken a department-level review of degree outcomes broken down by protected characteristics. It was noted that no-detriment and assessment measures were applicable in the 2019-20 and 2020-21 academic years in response to the pandemic. At the department level, data showed a closing of attainment gaps when compared to pre-Covid, with fewer weaker outcomes across MPharm and pharmacology programme outcomes. The provider explained that as the MPharm student population is becoming more diverse, the provider is conscious of the potential for differential outcomes which may become more statistically detectable than was

previously the case. Some actions have already been taken to reduce unconscious bias in marking. Where possible and practicable, coursework assignments are now marked anonymously, using a numerical code generated by the virtual learning environment Moodle instead of by student name. All written examinations, either in-person or online, are marked anonymously by candidate number.

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** ☐

Resources and capacity to deliver the MPharm are managed by the Director of Pharmacy via the Department of Life Science Executive Committee and overseen by the Head of Department of Life Sciences and the Dean of the Faculty of Science.

As part of the submitted document, it was stated that the primary mechanism for securing resources from the University to deliver the MPharm degree is via an annual planning cycle which produces an agreed budget for the following academic financial year. This annual cycle includes setting a target number of MPharm students to recruit through UCAS for the next year, which is modelled on the previous year's intake as a starting point. Requests for resources additional to the operating budget including additional space requirements, additional staff, increased practice-based learning costs, go through this process. Annual planning is currently coordinated at Faculty of Science level so that the Department of Life Sciences resource requirements are incorporated into the overall Faculty business plan.

It was noted that a review of requirements for the new MPharm is currently being undertaken and will be submitted to the University in the annual round of planning in January 2023. Student numbers are predicted to increase to a steady state of 480 MPharm students. The current student staff ratio (SSR) based on total number of registered MPharm students in Oct 2022 (381) and staff WTE (22.9, based on 19.7 WTE academic staff and 3.2 WTE support staff) associated with the MPharm is 16.6. A projected rise to 480 students, based on an intake of 120 a year, will require an increase in staff resource to maintain the SSR. The provider advised that they would maintain the SSR at 16.6 to 1, however, this is projected to rise as smaller cohorts graduate. The team noted the plans for staffing and were satisfied that **criterion 3.2** is likely to be met and that this criterion will be revisited at the part 2 event.

The team were taken on a tour of the current facilities including chemistry laboratories, mock pharmacy, clinical practice area and simulation suites. The team noted that equipment requirements to ensure facilities remain fit for purpose and contemporary including additional simulation equipment to teach clinical assessment skills to increased numbers of students. The Department already has adequate resource as this is shared with the AP3T Independent Prescribing and Advanced Clinical Assessment programmes.

In 2015-16 the Department recognised the need to increase the clinical and practice teaching capability to deliver the previous MPharm programme. The first significant project in this strategy was the approval of a business case for four new Practice Educator Posts. Practice Educators are

responsible for delivery of Clinical Learning in Practice (CLIP) throughout the four years of the MPharm.

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 Department of Life Sciences Executive is responsible for the operation of the Department and delivery of teaching. The Director of Pharmacy sits on the Executive and is responsible for and leads the delivery of the MPharm. An operations team of the Director of Pharmacy, Director of Practice-Based Learning and Directors of Studies meet weekly to plan and monitor the delivery of the course.

It was noted the operational and strategic management of practice-based and inter-professional education are described in detail in the Practice Based Learning (PBL) Strategy and Inter-professional education (IPE) strategy 2022-25. The team were told that although the University does not have other health professions, they work closely with University of Bristol Medical School (UoB) to provide core IPE and that this arrangement is working well. The provider advised that students will also have further opportunities for IPE in practice placements.

The Chief Operating Officer of the University of Bath signed the Health Education England (HEE) NHS Education Contract (2021-24) in January 2022. This contract sets out arrangements for the provision of education and training activities to support the healthcare workforce. The contract details placement provider's and education provider's responsibilities. Placement agreements for large organisations who are signatories of the same contract are also managed by this route. Additional project work and contracts are supplied as a Contract Change Notice (CCN) to the main contract. There are Service Level Agreements (SLA) between the University and the four main teaching hospitals which host the Practice Educators (Royal United Hospitals Bath, University Hospitals Bristol and Weston, Great Western Hospital, Swindon and North Bristol NHS Trust). These describe the arrangements for the staff resource, access to the placement site and other patients and staff as required. The University signed a new undergraduate MPharm placement agreement with Boots in March 2022 ahead of the launch of new placements. The contract allows Bath students to undertake placements in all years of the MPharm and individual risk assessments are carried out prior to each placement to specify activities included in the e-portfolio workbook. This process is managed by the Director of Practice Based Learning and the Boots Teacher Practitioner. Other placement or secondment agreements are arranged where the volume or type of placement requires it. The team asked if general practice is included in these arrangements. The provider advised that general practice is included in these arrangements and that all students will have the opportunity to attend a practice placement in a general practice. The provider explained that opportunities will increase in the new

course.

The Pharmacy Education Advisory Group (PEAG) was established in Sept 2015 and this wide-ranging group meets twice yearly to advise the Department on education matters. The group includes representation from the following sectors: Health Education England; South West Chief Pharmacists Group; All sectors of practice including national and local leaders; Recently qualified pharmacists; Pharmacy Industry; Expert Patients. Recent meetings have reviewed proposals for development of the MPharm and contributed to the structural design of the new MPharm course and facilitated support for increasing placement capacity and capability across the South West. The group also support the Bath MPharm team with horizon scanning. The Staff Student Liaison Committee (SSLC) meets twice a semester and comments on all aspects of the MPharm delivery. It was noted that the provider has held specific engagement events whilst developing the new Bath MPharm. A major external stakeholder meeting took place which included 45 representatives from all sectors of the South West pharmacy workforce to review the draft MPharm practice-based strategy. The new MPharm was also recently presented to the South West Chief Pharmacist annual conference. Feedback from both meetings on the balance and type of placements, timing of placements, types of learning activities and assessments and the implementation process were used to inform the new practice-based learning strategy.

The Patient Advisory Board (PAB) works to deliver the strategic elements of the Patient and Public Engagement Strategy. The role of the board is to review the MPharm and advise from the patient's perspective. A recent board meeting suggested a number of actions which are being implemented: Add more patients to the Applied Pharmacy Practice Skills (APPS) classes; consider a 'toolkit' for students to support the development of skills over time that links to development work that is being done for a new e-portfolio from Oct 2023; support the development of cultural competence and investigate what additional resources can be used to do this and ensure patients that are used in the MPharm are representative of all backgrounds and cultures.

The views of external academics have provided peer review of the new MPharm structure with feedback from External Examiners and colleagues from other Universities included in CT phase 3.

The Centre for Learning and Teaching (CLT) employs a Student Engagement Manager who works with Directors of Teaching to optimise student engagement processes. Working with the Student Engagement team, this provides high-quality data and insight into students' academic-related learning experiences through the management of both the unit evaluation tool and a range of external surveys.

It was noted that the Staff Student Liaison Committee (SSLC) meets typically five times a year to provide a forum for students to raise questions and provide feedback. Online unit evaluations are completed by students at the end of each iteration of a unit. These then require a response from the unit convener which may include actions to be taken for the following academic year. The team noted that the SSLC minutes raised the issue that improvements could be made to the timeliness of feedback. The students also raised this issue in the meeting with the team and it was noted that the provider advised that a focus for the current academic year will be to enhance coursework feedback time whenever possible. The provider also advised the assessment burden is a challenge and that they are reviewing assessment load which should help with this. The National Student Survey (NSS) also provides an annual opportunity for the provider to measure student opinion and to action plan for the following year.

Course teaching teams at the unit level consider changes in science and practice at the end of each unit delivery and can make changes for the following year. Any necessary assessment changes can be approved via Department or Faculty Learning & Teaching Quality Committee for the following academic year.

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** ☐

As part of the submitted document, it was noted that the MPharm has a Learning and Teaching strategy and a detailed curriculum. The MPharm Programme Specification and Unit Descriptions for the MPharm course were approved by the Department Learning Teaching & Quality Committee, Faculty Learning Teaching & Quality Committee under Curriculum Transformation Phase 3. The University undertook a full and complete review, and redesign of the 4-year MPharm Programme leading to the reaccreditation event in April 2016. This MPharm has been further revised and developed structurally through the University process of Curriculum Transformation and recently approved in June 2022. At the same time, the course has also been revised for content and pedagogic improvements following the launch of the new GPhC Initial Education and Training standards (2021). The new MPharm course will start in Oct 2023.

The MPharm curriculum has been developed in a progressive, spiral structure to allow topics to be taught with increasing complexity throughout the course. The Curriculum Design Group (CDG) has had oversight of this as the design process has progressed. Once the conceptual framework for the new course was developed a series of iterative processes enabled the detailed development of each of the units. Critical to this development was the articulation of spirality throughout the curriculum. Topics are introduced in the early years of the degree in relatively simple terms and mapped through a series of vertical theme documents which show increasing complexity through the four years of the

programme. The team noted that in the process for development of prescribing in the curriculum that advice has been sought from the independent prescribing programme lead, the development of new unit descriptions for CT and map assessments and content to the Prescribing Training Joint Curriculum. This will be delivered through APPS classes, disease focused therapeutic workshops, GIMMICS (years 2 and 3) which is the provider's pharmacy management simulation, year-long prescribing units including clinical assessment, a year 4 unit focused on prioritisation and decision making and CLIP and practice placements linked to EPAs.

Practice based learning allows students to contextualise their learning and increases in complexity and volume throughout the programme. Student pharmacists will have 14 weeks of practice-based learning to enable them to meet learning outcomes, as appropriate, at the does level. The practice-based learning strategy shows the transition from developing clinical and patient facing skills in the classroom, through simulation teaching to application in real world settings. The use of structured Applied Pharmacy Practice Skills (APPS) classes alongside an e-portfolio documenting the continuum of skills development allows the provider to be confident in the student pharmacist's progress. The introduction of Entrustable Professional Activities (EPAs) will support this.

As part of the submitted document, it was noted that the new Department of Life Sciences Executive is fully supportive of the school of pharmacy. It was noted that the provider has retained the heritage group structures of medicinal chemistry, pharmaceutics, pharmacology and pharmacy practice within the new department. This provides a coherence between academics from each discipline who can provide peer support in the enhancement of their teaching. Each group meets regularly during the academic year. Teaching of the MPharm is integrated with members of all four teaching teams including the relevant technical staff coming together at the unit level to plan, deliver, assess and review teaching.

Pharmacy ethics and the concept of professional development are initiated early in year 1 and built upon in subsequent years of the programme. Students are informed about the requirements for professional conduct from Freshers' week onwards when the GPhC Standards for Pharmacy Professionals are introduced. Students are briefed before every placement and at the beginning of Clinical Learning in Practice (CLIP). Expectations are made clear to students about their professional behaviour when studying in practice settings and in simulation and classes with patients. Students sign a 'Student placement code of conduct'.

It was noted that the majority of staff teaching the MPharm are research-active and were submitted as such in the 2021 Research Excellence Framework (REF) submission. In both the most recent REF and past Research Assessment Exercises, the University of Bath's Department of Pharmacy & Pharmacology has consistently been ranked in the top three or four schools of pharmacy in the UK. The teaching by all staff is informed by research and is reflected not only in the continual updating of learning and teaching interventions, but also, in the selection of tutorial discussion topics, problem-based learning, and final-year research projects. MPharm students are encouraged to attend external seminar series lectures and prize lectures. These are inter-disciplinary, and students are expected to attend lectures relevant to their own CPD needs.

The MPharm course includes practical experience of working with patients, carers and other healthcare professionals throughout all four years of the programme. Primarily, student pharmacists gain this experience during practice-based learning activities, however, students are taught through purposeful iteration of classroom-based skills and simulation, so they are confident and competent to apply their skills in real world settings. The provider explained that PBL and IPE are essential and

significant components of the programme. Existing IPE includes Year 1 conference with medical students; Year 2 patient safety conference with medical students; Year 2 CV risk case-based learning with medical students. The provider explained that new IPE planned includes pilot testing of new 3rd year multi professional simulations; 4th year case-based learning with University of Bristol Medical students; introduction of Dental IPE with University of Bristol. The team note that these plans are developing and that **criterion 5.7** is likely to be met and that this criterion will be revisited at the part 2 event.

The team noted that there was a fitness to practise (FTP) policy in place but questioned the relationship between the FTP policy and the University disciplinary regulations. It was not entirely clear from the submission when the FTP policy would apply. The submission stated that the University wished to avoid the situation where a student would potentially undergo two regulatory processes at the same time (i.e. experience 'double jeopardy'). The provider clarified that where possible, the intention was that a single procedure or policy should apply to a concern or alleged offence and that alleged misconduct would usually be considered first under the policies set out in the disciplinary regulations, but that if it was determined from an initial investigation or the early stages of other procedures that an FTP hearing would be required, then a transfer to the FTP procedure would then normally be appropriate. The team highlighted that it was important to recognise that the FTP process was not always about misconduct or disciplinary matters and that whilst the result of an FTP process may have a punitive effect, the purpose of the process was to protect public safety by determining whether a student's fitness to practise was impaired, whether through reasons of behaviour or health, and subsequently whether a sanction was required. Furthermore, as an FTP process would determine a student's fitness to practise at the time of the hearing, the team were of the opinion that for cases relating to conduct, this meant that there was a conceptual difference between an FTP process and a disciplinary one (which would be establishing guilt at the time the alleged offence took place), resulting in the need for both processes to be available for students in relation to certain cases. Therefore, whilst noting that the FTP process itself was clear, the team concluded that the relationship between the University disciplinary regulations and the FTP process for MPharm students needed to be clearer for both students and staff.

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

Criterion 6.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.4 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.6 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.7 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.8 is:	Met ✓	Likely to be met ☐	Not met ☐

Criterion 6.9 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 6.10 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 6.11 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 6.12 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 6.13 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 6.14 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐

As part of the submitted document, it was stated that a variety of assessments are utilised during the course. These are constructively aligned with the course intended learning outcomes, and the GPhC Standards for the initial education and training of pharmacists. Assessment methods are selected, as appropriate, to assess knowledge, skills and professional behaviours at the appropriate level of "knows", "knows how", "shows how" or "does" according to Miller's triangle of clinical competence. At the unit level, assessments are mapped to the GPhC learning outcomes and unit level outcomes are mapped to the programme level outcomes. The providers assessment strategy is progressive so that student pharmacists move up to the required level of Miller's Triangle as the degree progresses from year to year.

Assessments are designed to be robust, valid and reliable and include a range of diagnostic, formative and summative assessments. Moodle, the provider's virtual learning environment (VLE) is used in several units to provide diagnostic assessment and feedback after groups of lectures, or other teaching interventions, towards the end of units and in preparation for later summative assessments.

The performance of assessments is reviewed annually by the integrated teaching team responsible for a unit's assessment, and by Departmental Learning Teaching and Quality Committee (DLTQC). DLTQC are responsible for ensuring that assessments are valid, reliable, integrated, and progressive in accordance with the MPharm assessment strategy. It was noted that external examiners have a key role in assuring the quality of final assessment processes; the Board of Examiners for Units (BEU) ensures the conduct of all examinations and assessments required for the relevant units under its authority.

Unit conveners and assessment designers produce and publish on Moodle marking schemes for each coursework assignment showing grade descriptors and the standard required to achieve a mark within a given grade boundary. Assignment marks are peer-moderated by sampling of high, middle and low-performing candidates. The provider advised that Angoff scoring will be used for the OSCE assessments, and that work is currently ongoing to develop EPAs to be included in the portfolio. Examinations are written collaboratively by question-setters, coordinated by the Unit Convener. Indicative marking schemes are provided at this stage. Within the Department of Life Sciences, examinations review team will scrutinise exams set for a given semester to check the appropriateness of questions and the standards candidates are required to achieve. Once the Department team is content with a draft examination, it will be sent to the external examiners for review. The team learned that there is a clear process of moderation when papers are marked, especially papers that are just above or just below the pass mark, this is to ensure minimum competence. The provider advised that new standard settings will be needed for new year 4 students in October 2024. The team were satisfied that **Criterions 6.4 and 6.7** are likely to be met and that these criterions will be revisited at the part 2 event.

As part of the submitted document, it was noted that students should receive prompt feedback on their academic performance in individual summative coursework tasks. This is normally defined as feedback within a maximum of three semester weeks following the submission deadline for the task. Where this expectation cannot be met, the relevant students should be advised by the unit convenor following consultation with the relevant Directors(s) of Studies and provided with a revised return date. The team noted that students had reported that there is sometimes inconsistency with feedback and that they would like more written feedback. It was noted that personal tutors provide opportunities to meet their tutees to review released examination marks and give students an opportunity to reflect on their performance and practice. All students receive a Performance Review at the end of Practice Placements. This considers non-academic attributes and is mapped to the Foundation Training Attributes Framework. This goes on to each student's record and can be used by personal tutors when writing references.

The provider advised that peer assessment is built into PBL assignments during years 1-3 of the MPharm. Students have the opportunity to mark and feedback to their peers. Academic assessors provide a group mark, and the peer review process can moderate individuals' marks. It was noted that the provider has access to the services of several patients and trained actors, many of whom have worked with the provider for a long time. They provide an authentic form of feedback for student pharmacists, such as in the Pharmacy Management Simulation where they are trained to use a standardised feedback form with individual students following consultation exercises. Placement supervisors are approved as visiting appointments and trained to give feedback on work-based assessments such as Case Based Discussion. This provides a rich opportunity to discuss student performance. All assessments are moderated by academic members of staff.

It was noted that all new academic staff join the Pathways to Higher Education Fellowship (PHEAF) Scheme which provides training to carry out assessment tasks. Staff teaching teams mentor and support each other in the development of and execution of assessment tasks. At the unit level, briefings on required assessments will be provided by the Unit Convener(s) concerned. Practice-based assessors and supervisors are trained by the Director of Practice-Based Learning who will include training on assessment in the workplace. It is planned that a new collaborative training package for Educational Supervisors will replace existing arrangements from Oct 2023. All assessments are moderated by University of Bath staff.

The MPharm currently has four external examiners appointed from peer institutions. Each covers a different area of academic expertise. External examiners are appointed for a three-year period, with the possibility of a further one-year extension.

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 ☐

As part of the submitted document, it was stated that during the departmental induction which takes place over Welcome Week, students are provided with information about their course. Students are also given key points of contact and support and meet with their personal tutor and peer mentors. A University web-page portal for all new first year students provides students information about the range of services provided by the University, including the Academic Skills Centre, information about extra-curricular activities, money advice and links to various student services.

All student pharmacists are allocated a Personal Tutor from the academic staff who teach on the MPharm Programme. Students normally retain the same Personal Tutor throughout the programme to establish an effective pastoral and academic relationship. Students have at least three meetings with their Personal Tutor each semester. Some meetings are in groups, and some will be individual, depending on the time of semester and the tutorial items for discussion. There are multiple occasions during the MPharm degree when students will be studying in practice. This may take the form of short experiential visits through to multi-week-long placements. Students are supported by the practice-based learning management structure and each learning session has a named pharmacist work-based tutor who can support the students if necessary. The Director of Practice Based Learning and the Placements Officer are available if there are academic or practical problems or issues arising whilst a student is studying away from the University. It was noted that a typical timetabled workload is between 16-20 hours a week that students are made aware that they should spend as much time again on private study, writing up notes, and revision.

Students have access to a range of support mechanisms that are in place at University and Departmental level. These include support for welfare issues, skills for study and learning resources. These include student wellbeing service; therapeutic services & mental health; student disability services; student union; academic skills centre; Library services; career support.

Student pharmacists are exposed to a wide range of academic and professional role models during their MPharm programme. These include world-class researchers from a wide range of scientific disciplines within the Department, expert speakers from practice, industry and global healthcare, teacher-practitioners and practice-based supervisors who hold Visiting appointments with the University. In year 1, several expert speakers are introduced to provide a series of professional orientation lectures. These include a local NHS Director of Pharmacy, a leading local community pharmacist, a prescribing pharmacist and an industrial pharmacist.

It was noted that a variety of development opportunities are offered via Academic Staff Development. Support and development for staff delivering initial education and training is provided in many ways. The University strategy has 'Driving excellence in education' as one of its four key pillars of activity and the Centre of Learning and Teaching (CLT) provided guidance and support for staff in all aspects of support for learning and teaching. It was noted that in 2022 the Department celebrated one of its

team being awarded a National Teaching Fellowship for their innovative work on developing pharmacy education. The Pathways to Higher Education Fellowship (PHEAF) scheme is a work-based learning programme which recognises that members of staff have distinct individual departmental and disciplinary requirements. The programme is designed for staff with teaching responsibilities and helps promote good core and disciplinary focused approaches to teaching. New (probationary) staff are required to complete the PHEAF Scheme, and experienced (non-probationary) staff are actively encouraged to engage in the PHEAF Scheme to achieve their Fellowship status. Three of the four categories of Fellowship are achievable through the PHEAF Scheme: Associate Fellow [AFHEA]; Fellow [FHEA]; Senior Fellow [SFHEA]; Principal Fellow [PFHEA] is available through direct application to Advance HE. It was noted that nearly all MPharm teaching staff are Fellows of the Higher Education Academy or are working towards Fellowship. This is reviewed annually. There is support for Graduate Teaching Assistants (GTAs) including Post-Graduate Researchers (PGRs) and Post-Doctoral Research Officers who teach. This centrally provided intensive day programme provides participants with the opportunity to gain initial training to develop selected aspects of their teaching for improving and energising learning and development in University of Bath students, through a discussion of specific issues and solutions in learning and teaching. All MPharm teaching staff have an annual career conversation with a line manager or mentor. This includes review of their teaching and support for their own personal development in learning and teaching.

There are informal and formal systems to raise concerns. Students and staff should consider raising a concern with a line manager, Personal Tutor, Director of Studies, Director of Pharmacy, Head of Department, or senior manager. Formally, the University has a Public Interest Disclosure (Whistleblowing) Policy which documents how serious concerns and potential wrongdoing should be addressed. Since the last GPhC Event in 2019 a new Support and Report tool has been introduced so that all staff, students, and visitors to our campus can report discrimination, misconduct, harassment or assault. Serious concerns about the programme and the impact on students would be actively raised with the GPhC as appropriate.

Teach out and transfer arrangements

As part of the submitted document, it was stated that at the start of the 2023-24 academic year there will only be year 4 Bath students still on the MPharm programme that was accredited in 2016 to the 2011 Standards. This cohort are scheduled to graduate in July 2024 and enter Foundation year training in 2024-25 which does not include independent prescribing training. Should a student be required to undertake supplementary assessment after the June 2024 Board of Studies, this would normally be completed in the following August with supplementary assessment results being available in mid-September, therefore permitting a delayed Foundation year start in late September 2024.

The provider noted that a challenge arises should a student still have any deferred, or deferred supplementary, assessment(s) at this point, for example, due to individual mitigating circumstances (IMCs). A consequence of this would be that the timing of reassessment would then be June 2025, enabling their Foundation year to start in August 2025. Such a student would not have met the 2021 Learning Outcomes and therefore not be appropriately skilled to undertake independent prescribing training in 2025-26. The provider noted that problem will not be unique to Bath graduates and will be applicable to all schools of pharmacy. The provider stated that they had assumed that trainees would

complete a Foundation year without being eligible for annotation as an independent prescriber but that appropriate postgraduate courses would be available for the then newly-registered pharmacist to obtain a Practice Certificate in Independent Prescribing.

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).