

Master of Pharmacy
degree (MPharm)

University of Bath

Report of an interim event

March 2019

Event summary and conclusions

Provider	University of Bath
Course	Masters of Pharmacy degree (MPharm)
Event type	Interim event
Event date	20-21 March 2019
Accreditation period	2015/16 - 2021/22
Outcome	Continued accreditation confirmed The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree provided by the University of Bath should continue to be accredited for the remainder of the accreditation period.
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	The Registrar of the GPhC accepted the accreditation team's recommendation and approved the continued accreditation of the programme for the remainder of the accreditation period.
Key contact (provider)	Dr Philip J Rogers
Accreditation team	Professor Andrew Husband (Team Leader) Professor of Clinical Pharmacy and Head of School, Newcastle University Ms Fiona Barber, (Lay member) Independent Member, Leicester City Council Professor Paul Gard (Academic) Deputy Head of School, University of Brighton Mrs Sandra Hall (Academic) Retired, formerly Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University Ms Bethan Sheppard, (Pharmacist – recently registered) Specialist Rotational Pharmacist, University Hospital of North Midlands Miss Raminder Sihota (Pharmacist) Senior Manager Professional Standards, Boots UK
GPhC representative	Mr Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Mrs Jane Smith, Chief Executive Officer, European Association for Cancer Research

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 as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm). This interim event was carried out in accordance with the GPhC's 2011 MPharm Accreditation Methodology and the course was reviewed against the GPhC's 2011 education standards 'Future Pharmacists: Standards for the initial education and training of pharmacists'.

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.

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>

Purpose of this event

Interim events take place three years after a main successful accreditation or reaccreditation visit and the report of the event forms an appendix to the main accreditation report. The purpose of an interim event is to allow an accreditation team to:

- Monitor progress of delivery of the accredited MPharm degree since the accreditation or reaccreditation to the *GPhC Standards for initial education and training of pharmacists*.
- Evaluate a selection of the educational activities on the accredited course in conjunction with information provided at the main accreditation visit. The accreditation team will wish to satisfy itself of the quality, particularly of the practice opportunities available, and to ensure that they continue to meet the *GPhC Standards for initial education and training of pharmacists*. In particular, the accreditation team will be evaluating how well the accredited MPharm degree meets standard 5.6, which states:

The MPharm/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 professionals' in-class, and simulation.

- Evaluate these practice activities in relation to the student's ability to demonstrate the relevant outcomes in Standard 10.

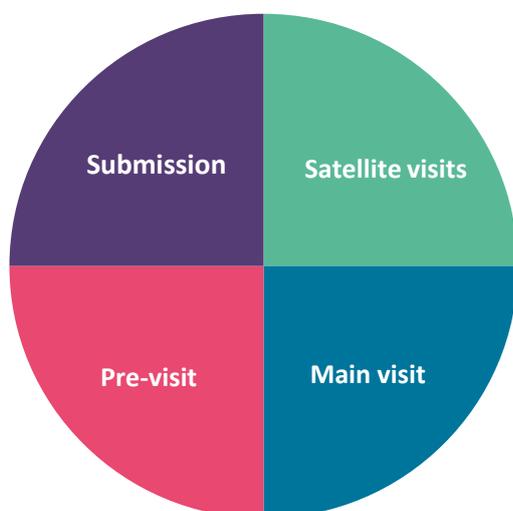
The interim event

The interim event is divided into four components:

- the submission of documentation
- a pre-visit meeting
- satellite visits

- a main visit to the university

The four components of the interim event



Background

The MPharm programme at the University of Bath was reaccredited for 6 years in April 2016 with no conditions or recommendations. This followed a shorter period of accreditation from March 2013 to 2016 during which time the MPharm was completely transformed into a new programme of 20 modules. Implementation of the new programme started in 2015-16. At the time of this interim visit, Years 1, 2 and 3 and the first semester of Year 4 have been taught and assessed.

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 by telephone on 4 March 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.

Satellite visits

Satellite visits took place on 8, 20 and 29 November 2018 to allow team members to observe off-site activities in advance of the main visit.

The main visit

The main visit itself took place on site at the University of Bath on 20 and 21 March 2019, and comprised a series of meetings with staff and students of the university, along with observations of a number of teaching and learning activities.

Declarations of interest

There were no declarations of interest.

Summary of key findings

The accreditation team advised the School that the team's conclusions from this event were based on what team members had been told, what they had observed, and documents that they had read over the course of the visit and the satellite visits. The purpose of this interim event was to monitor the progress made with delivering the MPharm degree since the 2016 reaccreditation, and to observe a range of educational activities that related to practice and the standard 10 outcomes. Interim events cover selected topics and not all standards are discussed; thus, standards 1 and 3 were not addressed at this event.

A presentation by senior members of staff built on the information provided in the submission and gave an update on progress since the last visit in 2016. Points raised in the presentation, as well as other matters, were discussed with the staff and with students and the following narrative incorporates those discussions.

Progress since last event

Standard 1: Patient and public safety

The team was satisfied that all criteria relating to this standard continue to be met.

Standard 2: Monitoring, review and evaluation of initial education and training

The team was satisfied that all criteria relating to this standard continue to be met.

As the new programme has been rolled out, the provider has listened closely to, and acted upon, student feedback. A full review will take place in summer 2019 once the first full iteration of the programme has been delivered.

The provider works with patient groups and public organisations in the design and delivery of the programme and has established a Patient Advisory Group (PAG) which will be involved in the course review in summer 2019. Students particularly value contact with patients as the course progresses.

Standard 3: Equality, diversity and fairness

The team was satisfied that all criteria relating to this standard continue to be met.

Standard 4: Selection of students

The team was satisfied that all criteria relating to this standard continue to be met.

Admissions to the MPharm have fallen significantly since 2015. A number of reasons for the fall have been identified and the provider has reviewed its recruitment strategy and introduced significant changes for 2019-20.

In response to applicant feedback, interviews are being held on four Saturdays per year, with applicants able to talk to current students, pre-registration trainees and newly qualified pharmacists, as well as having three mini-interview stations during their visit. Initial feedback has been positive.

Standard 5: Curriculum delivery and student experience

The team was satisfied that all criteria relating to this standard continue to be met.

Interprofessional education (IPE) and placement activity is now managed at a strategic level by the Director of Practice-Based Learning and at an operational level by the newly-appointed practice educators.

IPE presents a challenge as there are no other healthcare courses at the University of Bath. Close relationships have been established with the Universities of Bristol (medicine) and West of England (nursing) and some IPE activities are now taking place throughout the programme. Overall, students understand the value of interprofessional learning but feel that further progress could be made to increase the value of the sessions by making them more interactive and hands-on.

Students have a week-long placement in a community pharmacy in Year 2 and a week-long hospital placement in Year 3 with workbooks to complete before, during and after these placements. In addition, each unit has an associated placement activity - Clinical Learning in Practice (CLIP) Placements. All final year students undertake a Quality Improvement Project involving three two-day placements in pairs. The provider acknowledged that there is a need to develop placement activity in emerging sectors such as GP practices. Students value their placement activity very highly and appreciate the fact that they are arranged by the provider, rather than being the responsibility of the individual student.

Assessments are exam focused in Year 1, becoming more coursework and clinically focused as the course progresses. Students are clear about how their assessments are linked to the GPhC learning outcomes.

Standard 6: Support and development for students

The team was satisfied that all criteria relating to this standard continue to be met.

Students in years 3 and 4 reflected on the growth in their confidence in patient-facing situations over the course. They would welcome more patient interaction, but recognise the challenges of delivering this.

Overall, students are satisfied with the quality and quantity of feedback they receive and feel that support is available if it is needed. The Staff Student Liaison Committee works well, with student representatives providing feedback to the wider student body via a Facebook group. Students stated that their concerns are listened to and addressed.

Staff have identified a suitable ePortfolio system which is being costed with a view to being rolled out soon.

Standard 7: Support and development for academic staff

The team was satisfied that all criteria relating to this standard continue to be met.

The new course has given staff opportunities to learn from each other and to work in multi-disciplinary teams outside the traditional science and practice silos. The changes to the course mean that there are fewer lectures and more small-group teaching, which has increased workload in some areas and decreased it in others. Similarly, there is more coursework to mark, but fewer exams. A full workload review will be undertaken once the course has been taught fully. This will include a review of staff:student ratios.

Standard 8: Management of initial education and training

The team was satisfied that all criteria relating to this standard continue to be met.

An overarching Teaching and Learning Strategy articulates the ethos of the MPharm, which is to fully integrate science and practice. This is underpinned by a Patient and Public Engagement Strategy, an

Assessment Strategy, a Practice Based Learning Strategy and an Interprofessional Education Strategy. It has not been necessary to make any strategic changes since the last reaccreditation.

Standard 9: Resources and capacity

The team was satisfied that all criteria relating to this standard continue to be met.

There have been significant staff changes which have taken place since the last reaccreditation in 2016. These include the appointment of four practice educators and a range of part-time teaching fellows as well as the retirement and resignation of a number of established staff. All new staff have a one-to-one meeting with the senior tutor to ensure that they understand the ethos of the course and their role in the personal tutor system. All staff receive an email each week to remind them of the key upcoming tasks.

Some issues with timetabling were noted by both the provider and the students. However, these were time-limited as they were largely due to running out the existing MPharm alongside the introduction of the new course. The team had a tour of the new pharmacy simulation suite and heard that this is a multi-functional space that is timetabled only to the Department.

Standard 10: Outcomes

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

The outcomes in standard 10 are discussed in more detail under observation of student activities below.

Observation of student activities

A list of the activities that were observed during both the satellite visits and the main visit is given in Appendix 1. The following, and the information in the conclusion, summarises comments made by those team members who observed the activities.

The team observed a broad range of MPharm activities across all four years of the programme, including practical classes, clinical skills workshops, IPE sessions and community and hospital placements. Students were engaged and understood the aims of the sessions, how they integrated with the rest of the course and how they linked to the GPhC learning outcomes. Staff to student ratios were generally very good and class sizes were appropriate for the activities being undertaken. Students were particularly enthusiastic about their placement activities and about the pharmacy simulation in Year 4 which allowed them to bring together all aspects of their prior learning.

The team agreed that all twelve of the observed activities contributed to meeting the specified standard 10 learning outcomes.

Conclusions

The team agreed that the MPharm degree is developing according to the original requirements of the accreditation at the University of Bath and there are no additional conditions or recommendations.

Interim visits cover selected topics and not all standards are discussed. The team focused on standards 2, 4, 5, 6, 7, 8, 9 and 10 during this event.

The team had opportunity to observe the students in a range of environments and activities both on the day of the visit and on the various satellite visits. The range of activities observed has given the team an insight into opportunities available to students to develop their skills.

The Year 2 microbiology laboratory class showed students applying their skills in aseptic transfer along with application of their knowledge of microbiology and sterilisation. The students understood the importance of learning how this applies to professional practice.

Of particular interest was the pharmacy management simulation undertaken by Year 4 students. This provided the opportunity for students to deal with real time requests from patients. Students worked collaboratively, demonstrating professionalism and care in their approach. They were enthusiastic, especially as it had a competitive element.

The introduction to inter-professional education with Year 1 students from Pharmacy, Medicine (Bristol) and Nursing (UWE) was a well-structured group activity with good engagement from all the students involved.

Preparing for pharmacy practice undertaken by Year 3 students provided students with the opportunity to understand the legal and clinical appropriateness of prescriptions. Students worked together and interacted well with the staff facilitators.

The sessions with the Year 4 students who were working on their pharmacy research projects were lively and students demonstrated good knowledge of their project area with lots of enthusiasm.

The clinical skills workshop for Year 3 students showed students developing their problem-solving skills when choosing appropriate course of treatments and care for patients. This linked well with the pharmacotherapeutic knowledge gained in the module.

Year 1 students undertaking practice-based learning in community pharmacy were introduced to professional practice and the importance of professional development, especially at this early stage. Year 3 students were observed during their week-long placement in hospital. Students had to engage in a number of activities in order for them to develop knowledge and understanding of hospital pharmacy services. Students used the knowledge gained from therapeutics earlier in the course. The students showed they were growing in confidence and were fully engaged and enthusiastic.

Year 3 students were also observed in the oncology and palliative care session. This was a problem-based learning group with a high staff to student ratio. Staff members were facilitating the students and directing to appropriate resources as required. The team observed discussions around the science behind the drugs, mode of action and students appeared engaged in the session. Staff members were asking appropriate questions and clearly explaining what should be included in the final presentation.

Year 3 students were observed in a medicines optimisation and prescribing in complex patient consultation skills session. Again, there was a good staff ratio with one staff member and one actor. This session was primarily focused on communication skills, public health and pharmacology. The team observed a good level of feedback being provided to the students by the actor and staff member and commended the focused feedback method used.

The team also observed a year 3 medicines optimisation and prescribing in complex patients clinical skills session. A role play session was observed; the scenario being based around a female patient with epilepsy wishing to become pregnant. All students had an opportunity to participate in the role play. There was a good level of interaction observed.

Finally, the team observed a Year 1 fundamentals of pharmacy: molecules to medicines practical session. This was a good experimental session using BP monographs. There was a good staff to student ratio with 25 students and 4 staff. The facilities were suitable and there was a good level of integration observed.

In the student meeting, the students described how the MPharm programme enabled them to understand how the complexity of the course progresses in later years through integration at an early stage.

The students from year 4 described how case studies call on the knowledge developed from across the course and could clearly articulate how lessons, workshops and assessments from years 1, 2 and 3 enabled a positive learning experience. Students from years 1,2 and 3 did describe some inconsistency in contextualisation of earlier modules but felt this was slowly improving as the course progressed.

Students described a range of IPE sessions used by the programme. Overall students felt that IPE could include more emphasis on the role of pharmacists. Some students expressed that IPE sessions focused too much on the role of medics and nurses. Students described facilitators of IPE sessions as helpful but would like to see more interaction between them and the other facilitators from the different professional programmes to enable a more holistic IPE experience. Students praised the reflective element of IPE and agreed that these sessions help develop reflective practice as the course progresses. The students described clear development in IPE from year 1 to year 4. It was noted by students that for some IPE sessions it is optional for other professionals to attend. It was felt that this can create an imbalance during sessions with some professions being underrepresented.

The students described the wide range of placements utilised between year 1 and year 4 of the course. Of these placements, students could articulate the increase in expectation and difficulty e.g. from year 1 learning about the roles different professional groups have and their individual responsibilities, to year 4 students feeling confident in taking complex histories from patients and discussing these in a multi-professional context. Overall, students felt that placements were well organised and were pleased that the department takes primary responsibility for their administration. Students praised the hospital teaching practitioners and felt that the majority of placements are well structured and organised, specifically praising CLIP sessions. The year 4 students spoke about a CCG placement that they did not find beneficial but had fed this back to the department and believe that this was removed for the year 3 students. A majority of students liked the placement workbooks and could describe how this enabled them to reflect on their interaction with patients and other professionals. The team would encourage the aspirations of the programme team to expand into emerging sectors of practice, such as care homes and GP practices.

Students described how at the beginning of each module they are given clear guidance on the type of assessments upcoming. Students articulated the progression from exam focused assessments in year 1 to the development of a more coursework and portfolio based assessment model by year 4. Students understood the rationale for this progression in relation to the reflective nature of the programme and the need to become clinically focused.

Students described the assessment feedback mechanisms employed on the course and explained how detailed feedback is generally received on all papers that receive a mark of below 50%. Marks for MCQs are broken down by topic and overall marking can easily be worked out. Students articulated how tutorial support can be offered and/or requested if a paper is failed and found this support helpful. Students described that after certain assessments, model 'perfect' case study answers are uploaded onto Moodle. Students felt that sometimes these model answers can be too perfect and not reflect the students' level of study.

Students explained, and were complimentary about, the wide range of support they receive from the programme. Students praised personal tutors, placement staff and hospital practitioners. Students felt confident to approach staff on the programme if they had any problems or issues, and felt assured that they would be listened to and signposted as required.

Students felt confident in providing formal and informal feedback about the programme to tutors and staff. Formal feedback is given at the end of each semester on modules and students feel all concerns are listened to, and where possible, addressed. Year 4 students had recently been invited to participate in the NSS and those present at the meeting had already completed this. Students praised the role of the student representatives and felt that all issues are taken onboard and were confident in the function and ability of the student staff liaison committee. Students were unable to articulate where patient involvement is in the development of the course curriculum but were aware of a patient advisory group.

Students described in detail their work with real and simulated patients and were able to articulate how the experiences develop from year 1 to year 4 of the programme. Students liked the use of actors at the beginning of the programme and explained how this helped build confidence but did highlight the potential lack of fidelity with actors going into the latter years of the programme. Students from year 3 and 4 were able to articulate their development from basic history taking to working with patients who may require extra support such as mental health patients. Students enjoyed the dedicated conflict resolution sessions they had received. Most students stated they would like to see more placements but feel what they receive

was a good amount. It is clear that an enormous amount of effort is being invested in the range and depth of placements and experiences being offered, the students appreciate this investment in them. They articulated how much they benefit from these experiences. We heard of plans for further development, including building redevelopment, and look forward to seeing progress at the next visit.

All sessions observed met the objectives stated in the documents giving the visiting team confidence that all the standards continue to be met. It was a pleasure to meet students who were intelligent, articulate and mature in their engagement with the team. They clearly appreciate the support they receive from staff at the University of Bath.

The MPharm degree is developing according to the original requirements of the accreditation at Bath. The team wish the MPharm every success as it progresses into the future.

Appendix 1 - Activities

Observed activities

The accreditation team observed the following activities as part of the interim event:

Activity number	Activity	Year/Level
1.	Day 4 of week-long placement in hospital pharmacy as part of PA30328: Preparing for Professional Practice 3	3
2.	Applied Pharmacy Practice Skills class as part of PA30328: Preparing for Professional Practice 2	3
3.	Meet project students in a variety of laboratories as part of PA40331: Pharmacy Research Project	4
4.	Clinical Skills Workshop - Monitoring and Calculations in Special Patient Groups as part of PA30328: Preparing for Professional Practice 2	3
5.	Accompanied visit to observe students on a practice-based learning workshop in community pharmacy as part of PA10310 Preparing for Professional Practice 1	1
6.	Practical Microbiology Class as part of PA20319 Specialised Integrated Unit 2: Immunity, Inflammation & Infection	2
7.	Pharmacy Management Simulation as part of PA40330: Pharmacy Management Simulation	4
8.	Introduction to Inter-professional Education workshop with 1st year medical students from the University of Bristol and 1st year nursing students from the University of the West of England, as part of PA10310: Preparing for Professional Practice 1	1
9.	Problem-based learning tutorial to support the presentation of a 'lunchtime learning' seminar as part of PA30326 Specialised Integrated Unit 7 Oncology & Palliative Care	3
10.	Consultation skills workshop with actor as part of PA30327: Medicines Optimisation and Prescribing in Complex Patients 1	3
11.	Clinical skills simulation with actor and Laerdal blood pressure training arm as part of PA30327: Medicines Optimisation and Prescribing in Complex Patients 1	3

12. Pharmaceutical analysis practical round robin as part of PA10308: Fundamentals of Pharmacy: From Molecules to Medicines 2 1

Appendix 2 - 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 3 – Standards

GPhC standards for the initial education and training of pharmacists

The standards for the initial education and training of pharmacists can be downloaded from the GPhC website at:

<http://www.pharmacyregulation.org/standards>

Or by clicking on the following link:

https://www.pharmacyregulation.org/sites/default/files/GPhC_Future_Pharmacists.pdf