General Pharmaceutical Council

University of Birmingham, Master of Pharmacy (MPharm) degree reaccreditation part 1 event report, March 2023



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Event summary and	conclusions			
Provider	University of Birmingham			
Course	laster of Pharmacy (MPharm) degree			
Event type	eaccreditation (part 1)			
Event date	28-30 March 2023			
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 degree offered by the University of Birmingham is reaccredited, subject to a satisfactory part 2 event. There were no conditions.  Reaccreditation is recommended for a period of 6 years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserve the right to amend this accreditation period if necessary, following the part 2 event.  The part 2 reaccreditation event will take place in the 2024/25 academic year and is likely to take place virtually.			
Conditions	There were no conditions.			
Standing conditions	The standing conditions of accreditation can be found <b>here</b> .			
Recommendations	No recommendations were made.			
Minor amendments	<ul> <li>The UCAS website must be updated with information about the Irish Leaving certificate/Scottish Highers/Combined qualifications, in line with the information on the University of Birmingham website.</li> <li>Admissions information on the University of Birmingham website must be updated with information about the Welsh Baccalaureate and the Cambridge International Pre-U Certificate, in line with information on the UCAS website.</li> <li>The provider must check the International Baccalaureate and English language entry requirements as there were discrepancies between the information available online and that contained in the submission.</li> </ul>			

Registrar decision	The Registrar of the GPhC has reviewed the reaccreditation report and considered the accreditation team's recommendation.			
	The Registrar is satisfied that the University of Birmingham 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 Birmingham is approved to continue to offer the Master of Pharmacy degree (MPharm) programme for 6 years, subject to a satisfactory part 2 event. The Registrar noted that there were no conditions associated with this event.			
Key contact (provider)	Professor Anthony Cox, Head of School			
Accreditation team	Dr Mathew Smith (Team Leader), Director of Learning and Teaching, School of Pharmacy & Pharmaceutical Sciences, Cardiff University*			
	Daniel Grant (team member - academic), Associate Professor in Clinical Pharmacy and Pharmacy Education, University of Reading			
	Dr Fran Lloyd (team member - academic), Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast			
	Laura Doyle (team member - pharmacist), Head of Undergraduate and Foundation Pharmacist, Health Education and Improvement Wales			
	Olivia Fisher (team member - pharmacist newly qualified) Medicines Information Pharmacist, John Radcliffe Hospital			
	Dr Cathy O'Sullivan (team member - lay), Workforce Development Consultant			
<b>GPhC representative</b>	Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council*			
Rapporteur	Jane Smith. Chief Executive Officer, European Association for Cancer Research			
Observer	Hannah Poulton (Observer - new accreditation panel member in training) Non-Executive Director, Lay Member and Consultant Marketing Director			

<sup>\*</sup>Also attended the pre-event meeting

#### 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 <u>Adapted methodology for</u> <u>reaccreditation of MPharm degrees to 2021 standards</u> and the programme was reviewed against the GPhC <u>Standards for the initial education and training of pharmacists</u>, <u>January 2021</u>.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the <u>Pharmacy Order 2010</u>. 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 University of Birmingham was established by Royal Charter in 1900 and was the UK's first civic university. The University is organised into five colleges. The School of Pharmacy sits within the Institute of Clinical Sciences in the College of Medical and Dental Sciences, alongside partner schools of Medicine, Dentistry, Nursing, and Biomedical Science.

Birmingham's MPharm degree was fully accredited for the first time in 2016-2017 for a full six-year period. An interim visit was held in March 2021, pending the introduction of new standards for the initial education and training of pharmacists in October 2021. At the interim visit, the current accreditation was extended to the 2022-23 academic year with no conditions and no recommendations.

At this March 2023 reaccreditation event, approval for changes to meet the new GPhC standards was sought. These changes will be implemented from the 2023-2024 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 9 March 2023. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The

provider was advised of areas that were likely to be explored further by the accreditation team during the event, and was told the learning outcomes that would be sampled.

#### The event

The event took place on site at the University on 28-30 March 2023 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 Mathew Smith declared that a member of staff at the University of Birmingham is an external examiner at his University.

Daniel Grant declared that a member of staff at the University of Birmingham is an external examiner at his University.

Neither conflict was deemed to be material.

## Schedule

#### Day 0: 28 March 2023

14:00 – 15:30	Tour of MPharm teaching and learning facilities
15:30 – 17:30	Private meeting of the accreditation team (on-site at the University)

## Day 1: 29 March 2023

09:15 – 10:00	Management and oversight of the MPharm degree - part 1			
10:00 – 11:00	Private meeting of accreditation team			
11:00 – 12:30	Management and oversight of the MPharm degree - part 2			
12:30 – 13:30	rivate meeting of accreditation team			
13:30 – 15:30	Teaching, learning, support and assessment - part 1			
15:30 – 16:00	Break and private meeting of accreditation team			
16:00 – 17:00	Student meeting			

## Day 2: 30 March 2023

08:30 - 09:00	Private meeting of the accreditation team
09:00 – 10:00	Teaching, learning, support and assessment - part 2
10:00 – 10:30	Private meeting of the accreditation team
10:30 – 11:45	Teaching, learning, support and assessment - part 3
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		
	<u> </u>		
Megan Atterbury*	College MDS Deputy Head of Quality Assurance		
Sarah Baig	MPharm Prescribing Lead, Assistant Professor in Clinical Pharmac		
Julie Brooks	MPharm Clinical Skills Lead, Assistant Professor in Pharmacy Practice		
Anthony Cox*	Head of School, Professor in Clinical Pharmacy and Drug Safety		
Inderpal Dehele*	Director of Experiential Learning, Assistant Professor in Clinical Pharmacy		
Vivek Dhir	MPharm Admissions Lead, Associate Professor Molecular Endocrinology		
Christine Hirsch	Co-Chair for IPE Steering Group, Associate Professor in Clinical Pharmacy		
Bilkis Islam-Ali	Assistant Professor in Clinical Pharmacy		
Parbir Jagpal	MPharm Director of Prescribing, MDS Deputy EDI Lead, Associate		
	Professor Clinical Pharmacy		
Zahraa Jalal	MPharm Assessment Lead, Assistant Professor in Pharmacy Practice		
Marie-Christine Jones	Deputy Head of School (Research), Director of Research, Associate Professor in Pharmaceutics		
Simon Jones	Deputy Institute Director – Teaching, Professor in Musculoskeleta Ageing		
Navneet Kaur Gill	Academic Clinical Practitioner		
Mike Milward	College MDS Director of Education, Professor & Honorary Consultant in Periodontology		
Jenny Moore	MPharm Programme Manager		
Vibhu Paudyal	MPharm Lead for Foundation Training, Associate Professor in Clinical Pharmacy		
Sarah Pontefract*	Deputy Head of School (Education), Head of Education, Associate Professor in Clinical Pharmacy		
Isolda Romero-Canelon	MDS Deputy Academic Lead for Student Experience and		
	Engagement, MPharm Senior Tutor, Associate Professor in		
	Medicinal and Pharmaceutical Chemistry		
Kimberley Roper*	MPharm Programme Director, Assistant Professor in Medicinal and Pharmaceutical Chemistry		
Jon Ward	Assistant Professor Lecturer in Clinical Communication		

<sup>\*</sup> also attended the pre-event meeting

The accreditation team also met a group of ten MPharm students (two from year 1, two from year 2, four from year 3, one from year 4 and a recent graduate now in foundation training).

## **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 9, 10, 16, 23, 28 and 35.** 

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

See the <u>decision descriptors</u> 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 <u>Standards for the initial education and training of pharmacists</u>, January 2021.

#### **Domain: Person-centred care and collaboration (learning outcomes 1 - 14)**

Learning outcome 1 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 2 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 3 is:	Met ✓	Likely to be met □	Not met □
Learning outcome 4 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 5 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 6 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 7 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 8 is:	Met <b>√</b>	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 <b>√</b>	Likely to be met □	Not met □
Learning outcome 12 is:	Met <b>√</b>	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 □

Learning Outcome 10: Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action

This learning outcome was tested at the event. Students will undertake a consultation case study spanning all four years of the course. This will enable them to look holistically at a patient, with the case increasing in complexity over time. This element will be assessed via OSCEs in each year of the course, with the global OSCE mark contributing to the assessment of this learning outcome. The

learning outcome will also be a theme throughout the placement activities and will be assessed via the workplace-based assessment (WBA) undertaken on placement. Details of these assessments are not yet finalised. The provider stated that WBAs may become summative, but again these details are not yet available.

The team agreed that details of how this learning outcome will be assessed at the 'does' level are not yet clear. This learning outcome will be reviewed again during the part 2 event.

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

Learning Outcome 18: Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate

This learning outcome will be assessed via the workplace-based assessment (WBA) undertaken on placement. Details of these assessments are not yet finalised, so the team agreed that details of how this learning outcome will be assessed at the 'does' level are not yet clear. This learning outcome will be reviewed again during 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 heard about the provider's plans for teaching and assessing prescribing skills throughout the course. As these plans are not finalised and have not yet been implemented, these three learning outcomes are likely to be met and will be reviewed during the part 2 event.

Domain: Leadership and management (learning outcomes 45 - 52)					
Learning outcome 45 is	Met <b>√</b>	Likely to be met □	Not met □		
Learning outcome 46 is	Met <b>√</b>	Likely to be met $\square$	Not met □		
Learning outcome 47 is	Met <b>√</b>	Likely to be met $\square$	Not met □		
Learning outcome 48 is	Met <b>√</b>	Likely to be met □	Not met □		
Learning outcome 49 is	Met <b>√</b>	Likely to be met $\square$	Not met □		
Learning outcome 50 is	Met <b>√</b>	Likely to be met $\square$	Not met □		
Learning outcome 51 is	Met <b>√</b>	Likely to be met □	Not met □		
Learning outcome 52 is	Met <b>√</b>	Likely to be met $\square$	Not met □		
Domain: Education and research (learning outcomes 53 - 55)					
Learning outcome 53:	Met <b>√</b>	Likely to be met $\square$	Not met □		
Learning outcome 54:	Met ✓	Likely to be met $\square$	Not met □		
Learning outcome 55:	Met <b>√</b>	Likely to be met $\square$	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 <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.2 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.3 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.4 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.5 is:	Met ✓	Likely to be met $\square$	Not met □	
Criterion 1.6 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.7 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.8 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.9 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	

There is a diverse intake of students to the MPharm programme; 68% female, 55% Asian, 20% black, 10% white, and 7% international. Besides the traditional admissions route, the provider offers a variety of entry routes under the over-arching banner of 'Pathways to Birmingham'. These routes are open, for example, to international students who complete a foundation programme through Kaplan International College, home students from schools in disadvantaged areas and those who are the first in their family to attend university. Students applying through these routes are made an offer two grades lower than the standard, and are given additional support both pre- and post-admission through a Realising Potentials programme. Contextual offers are also made to students with relevant prior learning; however, such students always start at Year 1 of the course.

Around 10-15% of students on the course are admitted through these routes, with up to 50% of students receiving a contextual offer. The provider confirmed that all students must achieve a grade B in Chemistry, and all students are interviewed, including those from foundation courses and those recruited through clearing (if any).

GCSE Maths at Grade B (or equivalent) is required from all applicants, although AS level Maths at Grade C is acceptable from applicants who have failed to meet the GCSE Maths criterion. The team asked how the provider is assured that AS-level C is equivalent to GSCE grade B in maths. The provider stated that they have looked at course content, and are satisfied that the numeracy levels are equivalent. The team also asked how the provider checks the currency of applicants' skills, for example in relation to mature students, and was told that this is addressed on a case-by-case basis. If an applicant has qualifications more than five years old, then additional support and advice is provided in advance of starting the course, as well as during the course, if needed.

The team noted that on occasion the provider will accept students who have missed their offer and asked what processes are in place to ensure that admitting applicants who missed the entry requirements is fair. The provider stated that they give priority to applicants who made Birmingham

their firm choice, then they will prioritise those who were made a contextual offer. From 2023, the interview score will also be considered.

Prior to 2023, all applicants meeting the eligibility criteria were invited to interview and offers were made to most of these applicants. For 2023 admission, the number of applications has increased significantly so the provider is being more selective and controlling the offer-making process carefully to avoid over-recruitment.

From 2022, the provider introduced values-based interviews as part of its selection and recruitment processes. The structured 15-minute interviews are conducted online for increased student accessibility, and are aligned to the NHS values set out in the NHS Constitution:

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

The interview includes situational interview questions relating to a short video based on a patient scenario and questions relating to the applicant's work (including school, work experience, part-time jobs) or personal life.

The provider worked with the Involving People in Healthcare Education (IPHE) Group in designing the interviews and for 2022-23 the questions and scoring criteria have been refined following feedback from this group, as well as from staff and applicants.

Interviews are carried out by members of academic staff. Each member of staff is joined by a member of professional services who observes the interview and communicates with the admissions team if there are any technical issues. This is designed to ensure safeguarding, fairness, and consistency in the application of the interview process. All staff involved in interviews undertake equality and diversity training and training in unconscious bias. The standardised scores that interviewers give to applicants are analysed and moderated. The provider monitors offers and admissions against protected characteristics, and, as the process becomes more selective, will increase the focus in this area.

The team noted some discrepancies between the information available on the UCAS website and that on the provider website. These are detailed as minor amendments.

## 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 <b>√</b>	Likely to be met □	Not met □
Criterion 2.2 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 2.3 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 2.4 is:	Met ✓	Likely to be met □	Not met □
Criterion 2.5 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 2.6 is:	Met ✓	Likely to be met □	Not met □

All schools within the College of Medical and Dental Sciences have equality, diversity, and inclusion (EDI) leads, working with college EDI committees that report to the College and the University. This structure is designed to support the development of EDI-related activities at local and university level and embeds good practice.

A College-level Student Equality Group was established in 2021 with student representatives across all programmes. This is co-chaired by a student representative (currently an MPharm Year 4 student) and the College Deputy EDI Lead. The Group meets at least three times in each academic year with the remit of ensuring that students feel that they study in an inclusive environment that is safe, accessible, and welcoming and have the necessary support to successfully progress throughout their studies and achieve to the best of their abilities. The team asked about outputs from this Group and was told that there has been discussion about religious observance on placements and the development of an inclusivity calendar identifying the key religious festivals and days of observance so that timetables can be planned around them.

All staff involved with MPharm delivery must complete equality and diversity training every three years and staff are signposted to resources including an 'inclusive educator' online course, developed by the University's Higher Education Futures Institute, and an Advance HE 'introduction to race equality' online course.

Student equality and diversity data is collected on enrolment and reviewed to inform design and delivery of the programme in terms of the diversity of teaching, learning and assessment material. Progression through the programme including non-continuation, degree classification, attainment gaps and employability is monitored against protected characteristics. Data are reviewed as part of the annual review process and this informs discussion and action at school, college, and university level.

Through this process, the provider had identified an increase in the number of non-continuing students after year 1 in 2020-21 and 2021-22. Students were from a range of ethnic backgrounds and reasons for non-continuation were varied and were discussed with external examiners and the College Education Committee. The increase in 2021-22 was found to be in-part due to the return to on-campus closed book examinations following the period of disrupted learning during the pandemic. The provider has put several measures in place to address this increase, and an identified attainment gap:

- Recording attendance at all teaching (previously just practicals and tutorials) to encourage engagement.
- Holding paper quality boards to review all exams for appropriateness and level. This will
  ensure assessments are set to the right standard and align to the education and training
  standards for pharmacists.
- Holding interim-exam boards so that academic tutors have a sense of their tutee performance prior to semester two exams and in-course assessments. This will help to better direct student learning and development.

In terms of course content, the provider prides itself on an inclusive curriculum that reflects the diverse community that its students will provide care to. Meetings at module, year and programme level facilitate development of teaching, learning, and assessment. Feedback from staff-student forums further supports review and development. Staff are encouraged to review all teaching, learning and assessment from an equality, diversity, and inclusion perspective to support student

understanding of communities and culture. This supports student preparedness for placements where they engage with a diversity of patients and populations.

The team asked how the provider ensures that placement providers and supervisors understand the diversity of the student body and the implications of this for support needs on placement, and how they are trained to apply the principles of equality, diversity and fairness in their role. The provider explained that there is open and regular dialogue with placement leads. Placement patient cohorts are themselves very diverse, so providers are familiar with EDI principles. The provider requires all placement providers to complete a self-assessment questionnaire once every two years. This asks them to detail their commitment to EDI, staff training and the student experience. These questionnaires are reviewed by the provider and any concerns are followed up.

Student feedback on placements is sought and acted upon. If a student has a reasonable adjustment plan, then this is shared with their placement provider to make sure that the support needed is available on placement.

The team heard about the provider's innovative work with the Barber Institute of Fine Arts to develop student workshops considering issues of consent, confidentiality, safeguarding, mental health and end of life by exploring student perceptions of artworks held by the Institute. This was offered as an interprofessional learning opportunity, and further collaborations with the Institute are planned.

## **Standard 3: Resources and capacity**

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

Criterion 3.1 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 3.2 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 3.3 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	

The course is appropriately resourced. Plans to expand the teaching staff have been approved in response to the planned increases in student numbers, to a cohort size of 160, and advertisements for seven new staff will soon be published, with a further three new staff planned for 2024. Progress with this recruitment activity will be reviewed at the part 2 event.

The team was taken on a tour of the teaching spaces available to the MPharm course, some of which are shared with medicine and nursing students. Facilities include:

- Clinical teaching skills suites, with state-of-the-art simulation models. The team was impressed
  with the technical staff available to support the use of the simulation facilities. Students have
  access to some smaller clinical teaching spaces to practise their skills and to borrow
  equipment.
- Lecture theatres and large and small group teaching rooms
- Teaching laboratories

There are plans under consideration by the University for a new biomedical sciences institute which, if approved, will further improve the teaching facilities available to the MPharm.

The provider is using HEE funding to expand its placement programme, as well as having pre-existing service level agreements in place with current providers. There are several academic practitioners within the School, representing each pharmacy sector. Each practitioner liaises with placement

providers, who in turn cascade information to placement supervisors in their organisation. Over time, the provider aims to move to a standardised approach to placement agreements and funding.

## 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 <b>√</b>	Likely to be met □	Not met □
Criterion 4.4 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 4.5 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 4.6 is:	Met <b>√</b>	Likely to be met □	Not met □

The on-campus elements of the course are managed with respect to University policies and procedures. There are some localised policies specific to the MPharm, including fitness to practise, attendance requirements and reasonable adjustments.

The off-campus, experiential learning aspects of the course are developed and managed at a School and College level. The team asked how placements are quality assured and was told that this is undertaken at a College level. Interim arrangements were put in place during the pandemic, but from the 2022-23 academic year, a new process has been introduced. All placement providers will be required to complete a biennial self-assessment questionnaire addressing the GPhC standards. The questionnaires will be reviewed by the Quality Office along with key MPharm staff, alongside student evaluations and anecdotal information. From this review, three or four sites will be selected for a visit. Further ad hoc visits may be arranged throughout the year in response to specific concerns.

New placement sites are not routinely visited, although the School Placement Director will try to meet the placement lead for each organisation. There will always be an agreement in place before students are sent on placement.

The team noted that there are different agreements in place with placement providers depending on the source of funding (see Standard 3). Agreements are not with individual pharmacists or sites, but with the placement lead for that organisation. The team had some concern that the provider does not have contact with individual placement supervisors, and that agreements are not standardised. The team also noted that details of how the planned workplace-based assessments will contribute to the delivery of the MPharm degree are not yet clear. There are plans to introduce an online portal for placement providers, to allow them to track students' progress throughout the course. For these reasons, criterion 4.2 (There must be agreements in place between everyone involved that specify the management responsibilities and lines of accountability of each organisation, including those that contribute to periods of experiential and inter-professional learning) is likely to be met and will be reviewed at the part 2 event.

Student feedback is sought on all placements and collated at School level. Placement providers and students are given a summary of the feedback and actions taken. This summary is also provided to the next cohort of students before they undertake their placements. As an example of action taken in response to feedback, the provider explained that a system had been set up to ensure providers were always aware that students were expected on site at a given time.

More broadly, student feedback on the course is sought through a staff-student forum, end of module surveys and the National Student Survey (NSS). The School performs well in the NSS, but the team noted that metrics related to feedback had fallen recently and asked how this was being addressed. The provider explained that there has been an audit of all rubrics to make sure they are clear, and students have been provided with information on how to use feedback. A cover sheet for the submission of work has been developed asking students to describe the feedback they have used in preparing the work, and asking them what feedback they would like to receive.

The team noted that if students are unable to attend placements, then alternative options will be considered. The provider explained that these alternatives would be reviewed at the end of the module, but would usually involve attending a different site, occasionally over the summer period.

In developing the MPharm curriculum, the provider has made use of the College's Involving People in Healthcare Education Group (IPHE). This is a varied group of 20-25 people who have applied to be involved. Members of the group are called on as needed and according to their areas of interest.

### 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 <b>√</b>	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 <b>√</b>	Likely to be met $\square$	Not met □
Criterion 5.5 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 5.6 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 5.7 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 5.8 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 5.9 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 5.10 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 5.11 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 5.12 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 5.13 is:	Met <b>√</b>	Likely to be met $\square$	Not met $\square$

There is a comprehensive teaching and learning strategy for the MPharm, setting out the management structure as well as the strategic aims and objectives for the updated course. Academic regulations are appropriate and ensure that students learn and practise safely. A Curriculum Development Committee, co-chaired by a registered pharmacist, has led the redesign of the course in response to the new GPhC standards. The course is designed around three core themes (Science of Medicines, Health Sciences and Applied Pharmacy Practice) that increase in complexity across the four years in a spiral structure. All modules co-ordinated by a non-pharmacist are co-led with input by registered pharmacists who ensure integration of taught material with clinical practice.

The team asked how placements have been developed and integrated into the new curriculum and was told that placement hours will increase from 260 hours at present to 405 hours over the four

years of the course, once all changes have been rolled out. Placements will be delivered in week-long blocks, and time has been protected in the timetable for these blocks so that no teaching takes place. Students will therefore have some weeks for self-directed study when they are not on placement.

Students confirmed that learning is linked to placements throughout the course. In years 2, 3 and 4 some modules have assessments that are directly linked to activities undertaken in hospital placements. The provider is working as part of HEE's Entrustable Professional Activities Group, but as it will be some time before this group reports, the provider has, in the meantime, developed a list of activities that could possibly be undertaken on placement in each sector. Working with placement hosts, the provider intends to design supervised learning events associated with these activities that will be assessed in the workplace. As the details of these workplace-based assessments have not been finalised, and as the roles and responsibilities of the academic practitioners, placement leads and placement supervisors are not clarified, the team agreed that criterion 5.2 (The component parts of the MPharm degree must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached) and criterion 5.3 (Everyone involved must work together to deliver the MPharm degree) are likely to be met and will be reviewed at the part 2 event.

Placement activities increase in complexity over the four years of the course. In the final year, students have the opportunity to choose a placement in a specialist setting such as a prison, hospice, or mental health unit. Students are also encouraged to align these final year placements with their Oriel choices if they wish. The team noted that, also in the final year, students create their own 'elective placement' which does not have to be based in a pharmacy setting as long as it addresses gaps the student has identified in their portfolio. Students create their own learning outcomes for this module, which must be approved by the School. The team saw the value of this module but was not persuaded that it should be described as part of the placement programme nor included in the provider's total of 405 placement hours.

The curriculum developments ensure that students are introduced to prescribing knowledge and skills from year 1. The provider identified six prescribing domains:

- assessing the patient
- shared decision-making
- prescribing safely and effectively
- providing information
- monitor and review
- improving prescribing practise

A gap analysis of the course was undertaken against these domains. Some existing content was optimised to better address these areas, and some new content has been created. Over time, the provider intends that all students will be able to spend time with an independent prescriber on placement, but this will not be possible in the short-term due to the lack of active independent prescribers.

Interprofessional learning take place with students from several other healthcare programmes including medicine, nursing and dentistry. An IPE Steering Group meets twice each semester to plan activities. These include core activities, mandatory for all students, and a range of bespoke activities from which students can select. Students said that they found these IPE activities helpful and enjoyable, especially in the early parts of the course as they were supported to feel part of a multidisciplinary team.

#### 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 <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 6.6 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.7 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 6.8 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.9 is:	Met <b>√</b>	Likely to be met $\square$	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 <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 6.13 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 6.14 is:	Met <b>√</b>	Likely to be met □	Not met □	

There is an assessment plan for the course, encompassing a range of assessment types, including use of OSCEs throughout all four years. The provider has split the OSCEs in years 2, 3 and 4 so that half now take place in the January assessment period and half in the spring. This is intended to allow students to reflect on their practice over the year. Whatever the outcome from the January assessments, all OSCE stations must be completed over the year in order for students to progress. Feedback from students has been positive. The team asked how the provider ensures that assessors are consistent in scoring the OSCEs and was told that all staff have training in advance, using the OSCEology model and always shadow a more experienced member of staff as part of their preparation. A team meets to review and discuss marks after the assessments, and looks at consistency between markers. Role players' feedback is used to inform marks for communication skills.

Students who demonstrate practice or performance that is unprofessional or unsafe, both on-campus and on placement, are identified via a 'professional alert'. Alerts are considered at a School level. Where appropriate, students are supported to recognise and amend their practice, but for more serious errors, the fitness to practise process is instigated. Ultimately, course regulations ensure that students practising unsafely or unprofessionally do not graduate with an MPharm degree, regardless of marks achieved.

The team asked the provider to outline the assessment plan for placements, having noted several references to workplace-based assessments. The provider explained that currently placement activities are recorded on a Placement Feedback Form, but these are formative. In time, these will be developed and mapped to appropriate GPhC learning outcomes, and will be summative assessments linked to the portfolio module. The intention is that placement supervisors will sign off competency,

although many skills will also be assessed in on-campus OSCEs. The provider will always determine progression based, inter alia, on a combination of the portfolio, evidence of reflection, workplace-based assessments, and placement provider feedback.

The team was satisfied that there is a plan in place, but further details of how placement activities are to be assessed and quality assured and details of how placement supervisors will be trained to assess fairly and consistently are needed. More detail is also needed on how the provider will seek and make use of feedback from a variety of sources, including placements. The following learning outcomes are therefore likely to be met and will be reviewed at the part 2 event:

- Criterion 6.1 (There must be an assessment plan for the MPharm degree)
- Criterion 6.2 (Higher-education institutions must demonstrate that their assessment plan:
  - a. is coherent
  - b. is fit for purpose, and
  - c. makes sure that assessment is robust, valid, and reliable, and includes diagnostic, formative and summative assessment)
- Criterion 6.3 (Assessment plans for the MPharm degree must assess the outcomes in part 1 of these standards. The methods of assessment used must be:
  - a. appropriate to the learning outcomes
  - b. in line with current and best practice, and
  - c. routinely monitored, quality assured and developed)
- Criterion 6.4 (Assessment must be fair and carried out against clear criteria. The standard expected of students in each area to be assessed must be clear; and students and everyone involved in assessment must be aware of this standard. An appropriate standard-setting process must be used for summative assessments done during the MPharm degree)
- Criterion 6.6 (Pass criteria for all assessments must reflect safe and effective practice)
- Criterion 6.8 (Higher-education institutions must have in place effective management systems
  to plan, monitor and record the assessment of students. These must include the monitoring of
  experiential and inter-professional learning, during the MPharm degree, against each of the
  learning outcomes)
- Criterion 6.10 (Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers, patients, and supervisors)
- Criterion 6.11 (Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment)

The team asked how plans to move to standard setting for assessments are progressing and was told that this is well underway. A definition of a minimally competent student has been agreed, using the new GPhC standards, and a practice exercise with all academic staff involved in the course has been carried out. Further staff training will be undertaken, and the provider confirmed that the Angoff method will be used, including for calculations examinations. Students will be informed of the principles of standard setting in group tutorials, and will be told of the standards for their specific assessments via the virtual learning environment.

Students said that they are given clear information about the rubric for assessments, and confirmed that they receive general and personalised feedback in a timely manner. If published timescales cannot be met, they are informed in advance and given reasons.

# 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 <b>√</b>	Likely to be met □	Not met □
Criterion 7.2 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 7.3 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 7.4 is:	Met <b>√</b>	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 <b>√</b>	Likely to be met $\square$	Not met □
Criterion 7.8 is:	Met <b>√</b>	Likely to be met □	Not met □

Students spoke very positively of the support available to them throughout their studies. The personal tutor system works well and tutors are accessible outside of the scheduled meetings. Students have access to resources to support their learning, such as laptops that can be borrowed from the library and diagnostic equipment that can be used in clinical skills teaching areas. Financial support is also given to cover the cost of travelling to placements. Students said that they are encouraged to take part in external professional development opportunities and are given information about careers, holiday jobs and additional placement opportunities. Students in years 3 and 4 said that they felt well-prepared for foundation training.

Students are taught to understand the importance of raising concerns and acting openly and honestly when things go wrong. A concern form is available for students and staff to record professional or wellbeing concerns, including concerns arising on placements. This prompts a meeting with a senior member of the course team and referrals are made as appropriate. Student concerns with the running or delivery of the programme are dealt with through the student representation system and the use of staff-student forums.

The team asked about the process for placement providers to give feedback or raise concerns and was told that there is a placement email inbox that placement hosts can use to report concerns. The Placement Working Group will consider non-urgent issues at its next meeting. For more urgent concerns, placement hosts are made aware through the Placement Handbook that they can contact the placement lead or other key contacts in the School.

Staff in the School are well-supported to develop. Clinical educators involved in delivering the OSCEs are also briefed and debriefed. However, more detail is needed about the plans for training and supporting placement hosts. Therefore, criterion 7.5 (There must be a range of systems in place to support everyone involved in the delivery of the MPharm degree to develop in their professional role) and criterion 7.6 (Training must be provided for everyone involved in the delivery of the MPharm degree) are likely to be met and will be reviewed at the part 2 event.

#### **Teach out and transfer arrangements**

In September 2023, all students entering Year 1, and all students in the current Years 1-3 will commence the new MPharm programme. Existing students will have missed out on some new teaching content introduced from Year 1, as well as practise in conducting diagnostic procedures and examinations. Therefore, in Welcome week of 2023-24, students starting Years 2-4 will be required to attend a Prescribing Summer School. This will comprise a series of lectures, workshops, and practical classes covering this new content. Students will be informed well in advance to ensure that they can be present. In the meeting with students, current students confirmed that they were aware of these plans.

A "Catch up Cloud" in the virtual learning environment will also be made available to students from Week 1 of the 2023-24 academic year, to ensure that they can catch up on content when signposted to do so, and can re-visit the learning at any stage during their years of study.

The "Catch-up cloud" and the Prescribing Summer School will be available to students who have failed to progress to the next year and are re-sitting modules, as well as those who are or have been on a leave of absence.

Should a student fail or defer in 2022-23 and be permitted to re-sit module(s) in 2023-24, the student will re-sit as an external student due to the changes in module learning outcomes and teaching in the new curriculum. The student has no financial obligation as an external student and will attend the University in the exam period to sit their exam(s). This means that module leads may need to run assessments (in-course and examinations) in parallel to those for the new approved modules and for this reason the original module codes will not be retired until all students have completed.

Students who have taken a leave of absence for all or part of the 2022-23 academic year, will be required to re-sit the year as an internal student, considering financial exemptions where appropriate.

Should the student fail again in 2023-24 and have extenuating circumstances, they will need to enter the equivalent year in the new curriculum as an internal sit, and resit the module aligned to the one they failed, with a financial exemption based on credits. Students will be assessed on a case-by-case basis and a recommendation may be that the student re-sits the year in full.

This approach ensures that students will meet the 2021 standards and the programme learning outcomes.

## **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).

