

**University of Bradford, Master of Pharmacy
(MPharm) degree and MPharm Sandwich degree
reaccreditation part 1 event report, February 2023**



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Event summary and conclusions

Provider	University of Bradford
Courses	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) Sandwich degree
Event type	Reaccreditation (part 1)
Event date	23-24 February 2023
Approval period	2022/23 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree and MPharm Sandwich degree offered by University of Bradford be reaccredited, subject to a satisfactory part 2 event. There were no conditions.</p> <p>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.</p> <p>The part 2 reaccreditation event will take place in the 2024/25 academic year and is likely to take place virtually.</p>
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 required
Registrar decision	<p>The Registrar of the GPhC has reviewed the reaccreditation report and considered the accreditation team’s recommendation.</p> <p>The Registrar is satisfied that the University of Bradford 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.</p> <p>The Registrar confirms that the University of Bradford is approved to continue to offer the Master of Pharmacy degree (MPharm) and</p>

	MPharm Sandwich degree 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)	Helen Cook, Associate Professor in Clinical Pharmacy; Deputy Director of Studies
Accreditation team	<p>Dr Mathew Smith (Team Leader), Director of Learning and Teaching, School of Pharmacy & Pharmaceutical Sciences, Cardiff University*</p> <p>Dr Hamde Nazar (team member - academic), Senior Lecturer, School of Pharmacy, Newcastle University</p> <p>Dr Marisa van der Merwe (team member - academic), Associate Head (Academic) and Reader in Clinical Pharmaceutics, University of Portsmouth</p> <p>Mairead Conlon (team member - pharmacist), Foundation Training Year Lead at the Northern Ireland Centre for Pharmacy Learning and Development and part-time Community Pharmacist</p> <p>Maeve Sparks (team member – pharmacist newly qualified) Rotational Pharmacist, Salford Royal Hospital</p> <p>Dr Cathy O'Sullivan (team member - lay), Workforce Development Consultant</p>
GPhC representative	Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council*
Rapporteur	Ian Marshall (Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde

*attended pre-visit on 1 February 2023

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain (GB). The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The GB qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm).

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

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the **Pharmacy Order 2010**. It requires the GPhC to 'approve' courses by

appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

Background

The University of Bradford offers two variations of an MPharm degree; a 4-year course consisting of 4 years of continuous study (continuous MPharm) and a 5-year course which consists of the same material as in the 4-year MPharm but delivered over 5 years and including two blocks of intercalated pre-registration training (Sandwich MPharm). Both 4-year and 5-year versions of the MPharm were reaccredited by the GPhC in the 2011/12 academic year and accreditation was granted for the full 6 years, subject to one condition and an interim visit after 3 years. The condition was that the University must develop a meaningful IPL and PPI strategy to strengthen the curriculum. The accreditation team also made a recommendation that the University should review its staffing provision, with a view to making transitional arrangements to ensure sufficient staff resource during the development and implementation of the then new curriculum 2012 (this related to Standard 9). The team recognised an area of strength being significantly improved facilities with future planned development, and the clear support provided for the students which the team heard from them was appreciated. In line with the accreditation methodology, an interim visit was conducted in February 2015 at which the accreditation team agreed that it was confident that the GPhC's initial education and training standards would be met. There were no additional conditions or recommendations as a result of this interim visit and the judgement made by the GPhC's visiting accreditation team in 2012 stood. The programme was then reaccredited for a further six years in 2018 with no conditions or recommendations. The team noted as a strength of the provision the outstanding teamwork demonstrated by the institutional leadership, senior team, staff and students. It was clear that colleagues in the School worked in close partnership creating a strongly collegiate culture.

Both versions of the MPharm have common taught modules and identical learning outcomes, except for the 5-year version learning outcomes relating to meeting foundation training competencies. On the 5-year version there are two six-month periods of foundation training, the first occurring after the end of stage 3 from August to January; semester 1 of year 4. Students then study stage 4 modules from January to January, across two academic years, semester 2 of year 4 and semester 1 of year 5, followed by their second six-month period of foundation training, February to July semester 2 year 5. These are treated as non-credit bearing modules, which must be satisfactorily completed to graduate. Students are admitted on a particular version of the programme and may not usually change routes beyond Christmas of Stage 2, unless there are exceptional circumstances.

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 1 February 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 23-24 February 2023 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with students.

Declarations of interest

There were no declarations of interest.

Schedule

Day 0 - 22 February, 2023

Private meeting of the accreditation team

Day 1 - 23 February 2023

09:00 – 09:45	Management and oversight of the MPharm – 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
12:30 – 13:30	Lunch break and private meeting of the accreditation team
13:30 – 15:30	Teaching, learning, support and assessment - part 1
15:30 – 16:00	Private meeting of accreditation team
16:00 - 17:00	Student meeting

Day 2 - 24 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	Delivery of outcome to the University

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Jake Aikenhead	Engagement Officer, Well Pharmacy (Stakeholder)
Dr Maria Azmanova	Lecturer in Medicinal Chemistry (Module Leader Foundations of Pharmacy Science (from 2023-24))
Gill Bowskill	Service User
Dr Jane Brown	Pharmacy Dean, School of Pharmacy and Medicines Optimisation, HEE North
Richard Cheung	Senior Clinical Pharmacist, Horton PCN (Stakeholder)
Helen Cook*	Associate Professor of Clinical Pharmacy (Accreditation Lead; School Lead for PPI and IPL)
Professor Sherif El-Khamisy	Director of Institute of Cancer Therapeutics; Associate Dean of Research and Innovation, Faculty of Life Sciences
Dr Sannia Farooque	Lecturer in Medicinal Chemistry (Module Leader Integrated Pharmacy Science and Practice (from 2023-24))
Stephen Giles	Service User
Dr Raj Gopalan	Associate Professor of Pharmacology (Deputy Module Leader Integrated Pharmacy Science and Practice (from 2023-24); current Module Leader Pharmacy Science and Practice 1)
Mark Green*	Assistant Professor of Clinical Pharmacy (MPharm Programme Lead)
Dr Ian Grimsey	Associate Professor of Pharmaceutics (Deputy Module Leader Foundations of Pharmacy Science (from 2023-24); current Module Leader Life Cycle of a Medicine; current stage 2 lead)
Sarah Habeeb	Assistant Professor of Clinical Skills (Module Leader Fundamentals of Person-centred Care (2023-24); current Module Leader DPP3; and stage 4 lead)
Dr Jae Hargan	Service User and Carer Lead, Faculty of Health Studies & School of Pharmacy and Medical Sciences
Jennifer Hunter	Lead Education and Training Pharmacist, Calderdale and Huddersfield NHS Trust (Stakeholder)
Professor Zahir Irani	Deputy Vice-Chancellor
Professor Robert James	Dean, Faculty of Life Sciences
Jim Johnston	Assistant Professor of Placement Learning in Pharmacy (Module Leader Fundamentals of Pharmacy Practice (from 2023-24); current Module Leader Medicines and Health; Skills DIG Lead)
Dr Sue Jones	Associate Professor of Pharmacy (Module Leader Person Centred Care)
Dr Harsha Kantamneni*	Assistant Professor of Therapeutics (School Equality, Diversity and Inclusion (EDI) Lead)
Khalid Khan	

Claire Kilburn	Head of Training and Professional Standards. Imaan Healthcare. (Stakeholder)
Dr William Martin	Lead Pharmacist BDC CCG (Stakeholder)
Dr Sam McLean*	Associate Dean for Learning and Teaching, Faculty of Life Sciences
Dr Julie Morgan*	Associate Professor of Pharmacology (Director of Marketing and Admissions, School of Pharmacy and Medical Sciences) Associate Professor of Pharmacy Practice (Deputy Head of School of Pharmacy and Medical Sciences)
Dr Gemma Quinn*	Associate Professor of Clinical Pharmacy (Director of Studies, School of Pharmacy and Medical Sciences)
Atif Saddiq	Assistant Professor in Primary Care Pharmacy (Deputy Skills DIG Lead; Stage 2 Skills Assessment Lead (from 2023-24))
Aysha Sana	Assistant Professor of Advanced Pharmacy Practice (Prescribing DIG Lead; Stage 3 Skills Assessment Lead (from 2023-24))
Carol Sealey	AQTE Business Partner, Learning, Teaching and Student Experience, University of Bradford
Helen Silcock	Lead for Workforce Development, Medicines Management and Pharmacy Services, Leeds Teaching Hospitals (Stakeholder)
Dr Jon Silcock*	Associate Professor of Pharmacy Practice (Director of Placement Learning)
Cam Tran-Phan	Assistant Professor in Pharmacy Practice (Deputy Prescribing DIG Lead; Stage 4 Skills Assessment Lead (from 2023-24))
Dr Simon Tweddell	Professor of Pharmacy Education (Deputy Module Leader Fundamentals of Person-Centred Care (from 2023-24); current Module Leader Pharmacy Science and Practice 2) (Stakeholder)
Victoria Walker	
Hadar Zaman*	Associate Professor (Head of School of Pharmacy and Medical Sciences)

* attended the pre-event meeting on 1 February 2023

The accreditation team also met a group of 13 MPharm students, three from Stage 1, one from Stage 2, two from Stage 3, two from Stage 4 of the 4-year degree, and five from Stage 4 of the Sandwich degree.

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 and MPharm Sandwich degree. To gain additional assurance the accreditation team also tested a sample of six learning outcomes during a separate meeting with the provider.

The following learning outcomes were explored further during the event: **Learning outcomes 9, 17, 29, 35, 42 and 45**

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 **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 <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 6 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 7 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 8 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 9 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 10 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 11 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 12 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 13 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 14 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 16 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 17 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 18 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 19 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 20 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 21 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Learning outcome 22 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 23 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 24 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 25 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 26 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 27 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 28 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 29 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 30 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 31 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 32 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 33 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 34 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 35 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 36 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 37 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 38 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 39 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 40 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 41 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 42 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 43 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 44 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

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

- 28 (*Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person*),
- 36 (*Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing*),
- 37 (*Prescribe effectively within the relevant systems and frameworks for medicines use*),

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

Domain: Leadership and management (learning outcomes 45 - 52)

Learning outcome 45 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 46 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 47 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 48 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Learning outcome 49 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 50 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 51 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 52 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Domain: Education and research (learning outcomes 53 - 55)

Learning outcome 53:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 54:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 55:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

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 <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.6 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.7 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.8 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.9 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The academic and professional entry requirements for pharmacy are stated on the course webpages. Applicants are informed of the MPharm programme's entrance requirements and selection processes along with the programme philosophy, modules, learning and teaching strategy, assessment methods and fees on the website for both 4-year and 5-year versions. Each application is considered on an individual basis against the entry criteria for the programme.

The standard offer is 128 points at A-level; ABB, with an A in a science subject and a pass in any practical element. The three GCE A-level subjects must include Chemistry or Biology with a second science subject chosen from Physics, Mathematics, Psychology, Chemistry or Biology. Students offering A-levels should complete them within a three-year time frame. Applications are considered from candidates with qualifications equivalent or superior to GCE A-level, and in the case of mature applicants, relevant experience may be considered. For graduates, the minimum requirement is an upper second-class degree with A-Level passes in science subjects including Biology or Chemistry and one other science subject. Students are also considered who have completed a relevant foundation programme or performed well in year 1 or year 2 of another relevant degree, for example Biomedical Science, having achieved a mean module mark of 65% and having A-levels at CCC minimum, or equivalent qualifications. All students will start in year 1 of the MPharm. Candidates offering other qualifications such as a BTEC Extended Diploma in Applied Science will be considered providing they offer Chemistry/Biology units, and candidates on a science-based Access to Higher Education Diploma that offer 128 UCAS Points and a minimum of 12 credits of Chemistry or Biology at Distinction and 12 credits in other sciences at Distinction. A Faculty of Life Sciences transfer scheme, although not actively promoted by the School, allows a limited number of students from other programmes within the Faculty, for example BSc Biomedical Sciences, BSc Chemistry to enrol into Stage 1 of the MPharm, based on availability of places. Applicants must hold an A-level in Chemistry or Biology, or equivalent, at grades A-D. Students who have passed all their Stage 1 modules with an average of 65% overall are eligible to apply for a

transfer to Stage 1 of the MPharm programme. The team was told that transfers from other schools of pharmacy are allowed only in exceptional circumstances. The team was also told that the School work to support international foundation year students of the University of Bradford International College (UBIC) for potential entry to the MPharm.

All applicants must have achieved a Grade C/4 or above in GCSE Mathematics. Students can practise and develop their skills in applied mathematics at each Stage of the programme and are supported with resources and academic staff support. The expectations and tasks increase in difficulty and complexity, aligned with the spiral MPharm curriculum as students' progress through the programme. Students can seek help from a specialist maths tutor from the University Academic Skills Team that offers maths clinics, one-to-one or group dedicated appointments, and online resources. The standard entrance criteria for UK students include a GCSE in English Language at Grade C/4. Students from overseas are required to obtain a minimum of 7.0 in the IELTS language test. Other equivalent language tests such as TOEFL and Cambridge ESOL are accepted. Pre-session English tuition is available to students who do not meet these requirements.

All applicants that meet the entry criteria will be invited for an interview, with international students being interviewed online. In the interview candidates are encouraged to draw from examples related to their personal/family life, school, and previous placements/work experience. During the interview students are assessed using values-based recruitment. The interview provides the opportunity for applicants to describe their work experience and assesses their motivation for a career in the health professions and have the values to become a healthcare professional. Wishing to know if healthcare work experience was mandatory, the team was told that such experience is not mandatory but desirable, and that candidates can utilise information gained in person or online pharmacy/healthcare events and workshops in addition to online webinars.

The selection panel at an Applicant Experience Day consists of a member of academic staff from the School and an MPharm student in Year 3, 4 or 5, although the team learned that only academic staff members interview at Clearing. The team was told that the School Marketing Admissions and Recruitment Team (SMART) meets monthly to discuss any issues relating admissions, reviews the processes and develops training for staff and students. It reviews consistency and can identify any interviewers that are regarded as being overly harsh. Mandatory training sessions for School staff and student panel members are led by the School and central University admissions staff. This includes conflicts of interest, scoring and note-taking so that rejected applicants can check on the reasons for rejection.

The team was told that the outcome of the interview is either an offer or a rejection, with only 15-20 percent being rejected on the basis of the interview. The team was also told that as applications are rising, the interview process is likely to become more selective. Places are offered subject to a satisfactory DBS and health check, with international students having to provide a local police check from their home country. It was stressed that all students must have a DBS check before attending placements.

The team wished to know how the School ensures that placement providers can accommodate students disclosing particular health or disability concerns, prior to making an offer to the student, and was told that an external occupational health provider would ascertain if the student was fit to train. Several examples of such cases were given.

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 <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.6 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The submission stated that inclusivity is one of the University's four strategic objectives, and stresses the importance placed on awareness and understanding of how to promote equality and diversity, and challenge inequality to ensure that a safe and welcoming working and learning environment is provided. In the School there is an Equality and Diversity team lead. The team consists of Race Inclusion Facilitator, Neurodiversity facilitator, LGBTQ+ Champion, Gender Facilitator and CARE Champions.

Staff training within the University includes the requirement to complete e-learning modules tailored to EDI, including "Diversity in the Workplace". This is a mandatory module that aligns with the Equality Act 2010 and must be refreshed by all members of the University staff biannually. In addition, the University runs an e-learning module on "Unconscious Bias", which is mandatory for all University staff. There is a non-binding student charter that students treat staff, fellow students and visitors with dignity and respect. Staff members are trained to support students or help them to seek support for mental health, stress, LGBTQIA+, with particular consideration for protected characteristics. There are specific sessions about care givers, asylum seekers, refugees, and estranged students (CARE).

Data on the makeup of the student body from the application process until the graduation of MPharm students is collected by the University and provided to the programme team. In the MPharm course the percentage of students is approximately 95 percent BME, 65 percent female and 10-30 percent disabled (depending on year). Applicants from a white British background are under-represented for the MPharm programme, 3% average in the last three years. It is suggested that the MPharm admissions team's strategy of visits to targeted schools and colleges will move to redress partially this imbalance over time. An analysis of degree classification based on protected characteristics revealed no significant differences between BME and white groups or religion, due to a large proportion of students being BME. The number of students who declared a disability/health condition by graduation has grown from 19 percent in 2020 to 29 percent in 2022. These are all higher than the 13 percent declared number during the application process. Such students performed less well than their peers during the COVID-19 pandemic. Age also impacted attainment, where mature students underperformed compared to younger cohorts. On average, over the past three years, 18.8 percent of students who graduated were classed as mature students, over 27 years, with 48.6 percent achieving first class degrees compared to 74.2 percent for younger students. It was opined that most of the

mature students are admitted through non-traditional routes such as Access or BTEC and often have caring responsibilities.

As part of their induction each year, all MPharm students are briefed on equality and diversity issues. The MPharm Programme Handbook gives students information on accessing the Disability Service and other University services. The TBL approach to learning on the MPharm programme also helps to foster and promote diversity and inclusivity. Students are assigned on a non-random basis to a team for all modules for the whole of the academic year to ensure gender and age balance, and balance between local, national, and international students within each team. This enables students to learn with and from peers with different backgrounds.

In the skills maps of the teaching units there are ten skills relating to cultural competence: age, disability, gender reassignment, marriage and civil partnership, neurodiversity, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Each of these patient characteristics will be included in patient cases written for both course content and examinations. Prescriptions for dispensing classes are always given diverse names, ages, and backgrounds. MPharm graduates are expected to work with all protected groups in the workplace, one of which is patients with learning disabilities.

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 <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 3.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 3.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The School budget is formally set by the Dean in consultation with the Faculty Business Partner and the Head of School (HoS). In February 2022 the University moved towards an integrated planning cycle system which involved modelling student/ staffing numbers and resource requirements. A five-year student number and staffing plan has been agreed and each November the five-year plan is reviewed based on student enrolment, staffing and equipment requests and adjustments made where necessary to the School budgets and targets. The team was told that the School is in a healthy financial position.

The School has an overall staff baseline establishment (academic and non-academic) agreed by the HoS/Dean and Finance Business Partner. Current staff baseline establishment is 88.94FTE, with 71 members of staff, 34.64FTE, contributing directly to the MPharm provision. The MPharm programme has 31, 21.29 FTE, academic staff, including four pharmacist teacher-practitioners (TPs). From this cohort 14 staff, 7.64FTE, are annotated as non-medical prescribers and four of them are advanced clinical practitioners. The team was told that the staff:student ratio is 1:16 to 1:18.

At School level 72 academic staff hold a recognised teaching qualification. As part of any new appointments, it is a requirement for all new starters to gain Fellowship of Advance HE to ensure successful completion of probation. The University/School Patient and Public Involvement Lead works with the MPharm programme team to develop the PPI strategy and identify patients or carers suitable for teaching and/or assessment. A Director of Practice Learning leads a team of academic colleagues

that is focusing on developing and enhancing Clinical Placements as part of the expansion of experiential learning.

The MPharm programme is delivered using TBL for which there are three specifically designed classrooms. Students also have access to the Clinical Skills Development suite with an additional three clinical skills suites available across the University if required. The Clinical Skills suite has a simulated hospital ward and a community pharmacy. The Life Sciences Simulation Centre includes pharmacology laboratory areas, aseptic suite, industrial pharmacy laboratory and microbiology laboratory and access to chemistry laboratories. The team had the opportunity to visit several of the teaching facilities and agreed that they were of extremely high standard and specification.

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 <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.3 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.4 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.6 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The programme, module and unit teams monitor student attendance and engagement with teaching and learning as well as assessment and examination results. At the end of each academic year, following the delivery and assessment of all modules, module leaders complete a Module Review Form. This captures data on students' performance in assessment including comparison with the previous year, students' evaluation of the module via a module evaluation questionnaire, student comments at SSLC and from any other sources. Since the last accreditation, the University has operated an annual programme monitoring cycle, providing an opportunity for formal reflection on ways in which the programme can be improved and/or enhanced. Annual Monitoring Reports were submitted for consideration by the Faculty LTC, who recommended amendments where necessary, then passed to the University LTC. Periodic Review documentation detailing the proposed programme changes was considered by the Faculty LTC in August 2022. Feedback was acted upon by the MPharm Programme Team prior to submission to the Programme Approval and Review Panel (PARP), which took place 9th November 2022.

Processes for ensuring that changes in pharmacy practice are incorporated within the programme are through module and unit team review meetings. This includes each module having a range of pharmacists involved in the delivery, monitoring and review of the programme, including those who work in practice, many of whom are prescribers. Teaching is updated in line with changes to national guidance, staff members working in community and primary care provide updates on changes to service provision, including the use of remote consultation in teaching and assessment (video OSCEs) to reflect changes in practice.

The team noted that the plan is to increase placement provision from the current relatively low level to a total of 67 days by 2028/29 when the new programme will be at steady state. The team wished to know how this expansion would be managed and was told that there will be a single placement office servicing the faculties of Life Sciences and of Health Studies using specialist software and the existing experience of the Faculty of Health Studies. There will be allocated weeks with no other timetabled

activities and the Welcome Week will be used for placements for final year students on both routes of the programme. Students will attend a variety of placements at these times. The team was also told that the School is collaborating with the University of Huddersfield pharmacy school to agree an amalgamated placement timetable to avoid clashes. The School was aware of the potential logistical problems but had started the planning process early. Simulation would be used if required, to ensure learning outcomes are met if planned placement capacity is not available. The team heard about the intention to include a 5-day leadership element, using the Edward Jenner programme in collaboration with physiotherapy. This will be delivered both by face-to-face and virtual methods; a one-day pilot will be tested in the next academic year. The team agreed, given the ambitious plan to increase experiential learning to a potential 67 days, that criteria 4.1 and 4.2 be classified as “likely to be met”. These criteria will be revisited at the Step 2 event.

Feedback on placement experience from students is not mandatory but has been mixed so far. The distances students have to travel was described as a challenge although they are eligible for a travel allowance in certain circumstances.

The team also wished to know how the development of plans for increased interprofessional learning (IPL) was proceeding. A range of IPL classroom activities are already spiralled throughout the programme and the School has built up good links with the University of Leeds Medical School for IPL with medical students; physician associate students also now take part in all the MPharm IPL activities on campus. The team was told that plans have been developed over the last 12 months to develop IPL within the placement provision and heard about MPharm students attending a student physiotherapist-led clinic, learning about symptom assessment.

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 <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.6 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.7 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.8 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.9 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.10 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.11 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.12 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.13 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The MPharm programme has used Team-Based Learning (TBL), an active and collaborative learning pedagogy, across the whole curriculum since 2012 and this will continue as the approach for 2023. Both students and employers have supported this approach although some students interviewed reported problems with the limited contribution of some students within teams, particularly in Year 1. Through the development and delivery of TBL academic inter-disciplinary team working is now embedded in the curriculum, with staff from different specialities co-producing materials and working together in the classroom as facilitators. This provides students with links between what were previously considered different elements of the programme. This was stated to enhance both evidence-based decision-making, contextualised learning and learner motivation with students said to engage better with the material. The team was told that students are not allowed to choose their groups so as to ensure a mix of students and abilities. In the case of conflict, students must remain within their allocated group. Staff members now regularly operate across traditional disciplinary boundaries, with unit teams comprising staff from different disciplinary backgrounds and teaching together.

The learning outcomes spiral through Stages 1-4 so that students can understand how the modules in each Stage link together. The curriculum delivery also spirals, whereby new learning is related to previous learning as topics are revisited with increasing levels of complexity. The spiral of teaching, learning, and assessment begins with understanding and applying theory and knowledge in the classroom through TBL, developed through application of skills with peers, in clinical skills development sessions, then with service users in a simulated environment. Finally, clinical placements provide opportunities for students to demonstrate these skills in practice with real patients. Experience in the workplace provides clinical context for scientific theory, and gives opportunities to collect evidence about communication with patients and other health and social care professionals. Additionally, the 5-year Sandwich version MPharm further integrates practice and professional training through two 6-months intercalated periods. The team wished to know about progress in developing Entrustable Professional Activities (EPAs), key tasks that an individual can be trusted to perform once sufficient competence has been demonstrated. The team was told that the School was involved in an effort to develop national EPAs to which learning outcomes would be matched. Assessment of the EPAs would require generic tools. It was envisaged that students would practise EPAs in simulated sessions with them being demonstrated in a skills log rather than in an OSCE before entrustment decisions were made in patient-facing sessions.

The revised curriculum has an increased emphasis on communication, professional judgement, management of risk, as well as diagnostics, physical examination, and consultation skills, to support students in meeting both the GPhC IETs (2021), to include prescribing skills, and the Standards for Pharmacy Professionals. The team wished to know how prescribing skills are embedded throughout the curriculum including on placements, how much of this is already in place and what still needs to be developed. The team was told that many of the skills will be covered by the above-mentioned national EPAs when they are finalised, but that many of the necessary skills are already in the programme. Thus, decision-making has featured in OSCEs since 2012. Some new physical assessment skills which can be mapped to the skills log still need to be fitted in to the programme. As a result, criterion 5.6 was deemed to be “likely to be met” and this criterion will be revisited at the Part 2 event. The professional skills theory and application has been aligned directly with the learning and application of scientific and practical knowledge within fully integrated modules so that students can be more effectively taught and assessed. Students meet patients in the classroom in semester 1 of Stage 1 to ensure understanding and demonstration of the importance of professional values,

attitudes, and behaviours prior to undertaking their first clinical placement. Service users interviewed told the team about speaking to students, answering their questions and providing feedback, activities which have received positive feedback from students. Interprofessional learning spirals through the curriculum, and maps to the CAIPE Interprofessional Education Guidelines.

Students are expected to conduct themselves professionally at all times. They are made aware at induction every year, that their behaviour whilst at the University, whilst on any placement in the practice setting, and in their personal life, may have an impact on their fitness to practise as a student. Students are made aware that unacceptable behaviour, some impairments, and some health conditions may invoke the Student Fitness to Practise Procedure (FtP) of the University. A Student Contract specifies that additional standards of professional behaviour are expected of students studying for a qualification which is recognised and/or accredited by a Professional, Statutory and Regulatory Body. The team wished to know how the academic team manages unprofessionalism that does not reach the threshold to trigger FtP and was told that a record of such misdemeanours is kept but not reported to the GPhC. There is an attempt to resolve issues locally before escalation to a full FtP investigation. Students are informed of issues emanating from a practice provider for which they have to write a reflection. The School is permitted to initiate FtP proceedings even if the finding of a University disciplinary investigation/hearing is that there is not a case to answer, since the standard of judgement that the University applies may differ from GPhC Standards for pharmacy professionals. Conversely if a disciplinary investigation is upheld, this will be expected to provide the evidence to quickly resolve an FtP decision.

No condonement or compensation is permitted; all modules must be passed at 40%. In addition, each element of assessment within a module must be passed at a minimum threshold of 40% (70% in calculations), with the exception of the TBL component, to ensure that all students have demonstrated meeting all module learning outcomes. Students are not permitted to progress from one Stage to the next without completing all relevant assessments to the required threshold standard. Students that fail any module at the first or second attempt will be provided with an opportunity as of right to make good the failure through reassessment. There is no limit to the number of modules eligible for supplementary assessment. Students who do not meet the requirements after two attempts are required to resit the Stage with attendance and a maximum of three attempts is permitted.

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 <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.9 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.10 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.11 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.12 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.13 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.14 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

The Assessment Plan includes continuous assessment (Assessment for Learning (AfL)) through the TBL delivery method alongside diagnostic (AfL), formative (AfL) and summative (Assessment of Learning (AoL)) assessments. The assessment spirals in parallel with the curriculum. The assessment plan consists of the same six elements of assessment in each Stage, providing students with a clear basis on which to develop their assessment literacy. These elements are TBL, coursework, e-portfolio, written examination, clinical assessment and calculations examination. The team wished to know how the evidence that each student has met all the GPhC LOs was tracked, and that the LOs have consistently been demonstrated at the right level. The team was told that this will be clearer when the 6-element assessment process is introduced but that LOs are mapped to assessments for every student. The LOs are assessed the same way for both versions of the degree.

Assessment begins with a focus on knowledge recall (knows), in Stage 1 and subsequently as new knowledge is introduced in subsequent units of teaching, throughout the programme. The end of Stage synoptic written examination tests the ability of the student to assimilate and explain knowledge, gained from multiple units of teaching (knows/knows how). The application of knowledge is tested through the TBL process (individual and team tests and team application exercises) and (individual) end of Stage examinations (knows how), with increasing complexity in each Stage of the programme. The team was told of a scoring system for evidence collection that takes account of the increased level of complexity required as the programme progresses.

Stage-appropriate clinical skills are assessed, in every stage of the programme (shows how). These activities make use of simulation and role play activities and are performed repeatedly throughout the

Stage. Skills development is assessed (signed-off by technical and academic staff) and recorded in the student's skills log. The skills log is a record of skills-based (small and discrete) activities performed consistently, confidently and competently and signed off by staff, throughout the programme. The skills logs form the basis (proof) of evidence collection and reflection-writing which students submit to their e-portfolio. Failure in the skills log will stop progression; this has increased student engagement in laboratory sessions. Students not completing the skills log are afforded extra time after the examinations to complete their skills log. In addition, end of Stage assessment makes use of simulation and role play to test these skills under examination conditions (shows how/does).

Coursework elements for the assessment of scientific dissemination and reflective practice follow their own spiral of increasing complexity across the programme and provide opportunities for formative feedback. Students are required to reflect on this feedback and provide a short-written statement to indicate how they have used the feedback to improve their subsequent submissions. Students will thus be prepared for clinical placements, which will be further supported by Entrustable Professional Activities (EPAs), initially from an existing list of undergraduate EPAs and subsequently using the agreed national list of EPAs. These will be assessed through the skills log, evidence collation sheets and subsequent reflection as part of the e-portfolio element of assessment.

The rule of thirds is used when producing exam papers and OSCEs. This states that for any assessments a third of questions can have been used previously (if they have positive item analysis metrics), a third can be questions that have been amended from a previously used question, and at least a third must be newly written. The team learned that students do not have access to previous papers. Examinations are designed with the use of a blueprint which ensures that all learning outcomes for the module are covered and enables individual question writers to write an appropriate question on a specified topic. The pass mark for written exams is 40% in line with University regulations.

The care plan, within the synoptic written examination in Stages 3 and 4, will have a clear marking rubric which will ensure that, to achieve a pass, patient safety is not compromised. The calculations exam has a pass mark of 70%, in line with the expected standard of the Registration Assessment to reflect safe and effective practice. OSCEs are planned in a similar way to written exams, in terms of blueprinting, allocation of questions and assessment lead overview. The team was told that standard-setting has not been used before but borderline regression was being introduced. The team considered that as it was at an early stage of development it should be revisited at subsequent events. Each OSCE station is tested by two academics who role-play the OSCE within the allocated time and determine whether there are any issues that need to be considered. The team was told that having ca 200 students sitting the OSCE will improve the validity of using this method. Students are given formative opportunities at all assessments and receive personalised feedback from this. This may be verbal or written, depending on the assessment method.

Any student that is deemed to have harmed a patient in an assessment will fail the assessment. In this respect, the team queried the practice of allowing students that have made potentially harmful mistakes in OSCEs to have an extra 10 minutes at the end of the examination to rectify their mistake. Failure to correct will result in a fail of the OSCE; correction of the mistake will allow the student to potentially pass the examination but with a zero score for the failed station. The team was concerned about this process in relation to patient harm but the School defended the policy in the interests of being consistent with student justice. In relation to patient safety, the team wished to know how students with less experience in mathematics on entry to the course are supported to achieve the

yearly pass mark. It was told that a staff member does focussed work with students weaker in mathematics using a bank of more than 200 examples of calculations.

Experiential learning is assessed through the completion of placement workbooks, population of skills logs, evidence collation sheets and subsequent reflection cycles and, ultimately, via EPA sign-off. The DPL meets weekly with the placements team to discuss any issues relating to clinical placements. Placements are allocated by the placements team using the placements management system, InPlace. If students are unwell or not able to attend placement due to an emergency they are required to complete an Advanced Notification form. Students are required to upload feedback from their placement for assessment to Canvas and this is monitored to identify any students who have not attended their placement as planned. The team was told that planning for the training of practice supervisors was in its infancy but that there was already a range of providers including those involved in postgraduate programmes. The main issue was identified to be ensuring consistency in terms of the minimum threshold of performance, and determining the profile of a borderline student. Stakeholders interviewed indicated that they would need guidance on assessing student performance.

The team noted the comments of an external examiner that had commented on the limited teaching of physical clinical assessment skills and was told that the School had worked with external providers to develop a one-day workshop for students from Years 2-4 to practise such skills. It is planned to introduce a longer-term longitudinal event on clinical skills.

Students have the opportunity to receive formative feedback on all written assessments and are also given a mock exam for all written/OSCE exam. During the formative OSCE assessments students receive personalised and instant feedback on their performance in terms of knowledge and communication skills. In TBL students receive constant and instant feedback on their performance. In clinical skills development labs students attend an online feedback session where the scenarios are discussed, and feedback given. The reflections that students complete in each Stage of the programme ensure that they have both the ability and opportunity to reflect on, and improve their practice, both in assessments and in clinical practice. Students who have failed an examination are given the opportunity to attend a feedback session in which they can view their exam paper where possible and ask any questions on their approach to the exam. Students also receive feedback from their supervising pharmacist when on clinical placement, but can collate evidence from other members of the pharmacy/healthcare professional team depending on interactions/activities they undertake on placement. In future students will be able to ask any appropriate healthcare professional to observe or supervise them undertaking a task and provide feedback via the evidence collation sheet.

There is a Fit to Sit policy, which outlines if students attend an assessment event, they are deeming themselves to be fit and well enough to sit the assessment. Unless there is evidence that they become unwell during an assessment, extenuating circumstances in relation to health or other issues will not normally be accepted after an assessment has occurred.

In view of several uncertainties and assessment policies still to be developed, the team agreed that a number of criteria, including 6.2, 6.3, 6.4, 6.6, 6.7, 6.8, 6.11, and 6.14, should be classified as “likely to be met”. These criteria will be revisited at the Step 2 event.

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 <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Support for everyone involved in the delivery of the MPharm degree

Criterion 7.5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.6 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 7.7 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.8 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The team was told of wide-ranging student problems including mental health issues. Many of these problems were associated with the COVID 19 pandemic which had particularly affected students living in multigenerational families during lockdown. Currently the main issue is the cost-of-living situation for which students have access to a University hardship fund.

On entry to MPharm Stage 1 students undertake an induction to the University and course. Students are introduced to all the support services available through the University, including the Library, Students Union, Disability Service, Academic Skills Advice, Language Centre, Personal Academic Tutor roles, Counselling and Mental Health service. They also receive an induction into the Team-Based Learning approach, including teambuilding activities along with sessions on expectations of the programme and professionalism. Towards the end of the academic year, students attend an “outduction” session which outlines what to expect from the next Stage of the programme, including modules, content, experiential learning, and assessment.

Students are allocated a Personal Academic Tutor (PAT) at the start of their programme and will normally remain with their PAT throughout their programme of study. PATs hold regular tutorial meetings, a combination of group and individual tutorial sessions, with a minimum of six PAT-student meetings in Stage 1, and four per academic year in Stages 2-4; most tutorial sessions are timetabled. There is both an academic and a pastoral element to personal tutoring. The Attainment and Progression Officer identifies students who are ‘at risk’ and proactively contacts them to provide support. Each Stage of the programme has a designated Stage Leader that has a pivotal role in providing academic and pastoral support to students with more complex issues and a role in discussion with students regarding their progression. The University has a supportive “Health, Wellbeing and Fitness to Study Policy” and PATs can initiate this, for example in the case of persistent attendance issues, lack of engagement with the programme, unsatisfactory academic progress or behavioural/health issues which do not appear to be appropriately managed.

Students are fully briefed before undertaking any work-based learning (WBL), interprofessional learning, community engagement placements or foundation training placements, which includes guidance relating to the GPhC standards, plus face-to-face taught sessions in each Stage. They are also issued with practice learning workbooks that outline specific Stage-appropriate tasks for them to undertake during their placements. Students on WBL placements are generally supervised by pharmacy professional/other staff more closely in the early years of the programme than in the latter years as their knowledge and skills develop towards being able to work more independently.

5-year Sandwich students on intercalated foundation training placements are supervised by their supervisor in practice; the appropriate level of supervision is determined by their supervisor based on the competence of the student at each Stage of their training. As employees, foundation trainees are also bound by the relevant procedures of their employer, including Standard Operating Procedures (SOPs). The team was told that the School provides support to foundation trainees for the Registration Assessment; this also applies to the Sandwich degree students in their intercalated year as they remain registered students. The team learned that the Sandwich degree students integrate well into the clinical module when they return for the final six months of their programme. It is possible for students to change between the four- and five-year routes of the programme up until Christmas of Stage 2; beyond that point it can only be done in exceptional circumstances.

A six-week Pharmacy Orientation Course provides entrants with bespoke sessions on academic skills, maths, chemistry, and biology, having been developed and designed to cover key concepts to support entrants who did not take these subjects at A-level, and those who enter the MPharm course from less traditional academic backgrounds. Entrants also undertake a diagnostic calculations assessment, that identifies any students for whom additional support may be required. Following diagnostic calculations assessment, support is provided via specific tailored support workshops, focussed on reviewing and discussing the questions and feeding back on areas where students commonly made errors. At the start of Stages 2-4 students undertake a diagnostic Long Loop Assessment test that is used to assess recollection and understanding of learning from the previous Stage of the programme and hence their preparedness for undertaking the next Stage. The team was told that this summative test contributes 5% to the year's mark.

There is a student peer support and assessment process with which students were said to engage relatively well. In TBL peer assessment, students gain feedback from their peers along with a contribution to their marks. In the student peer support (PALS) scheme, Year 1 students were said to appreciate input from their more senior peers.

Wishing to know about the training that will be given to placement providers to ensure a consistent experience for students, the team was told that there has not been much training in the past but that there will be in future with HEE quality assurance. The national EPA project will require placement providers to work with a new workbook and there will be in-house training at their workplace for placement providers. Some concern was expressed about the potential burden on placement providers. The team was also told about the plan to assess Bradford and Huddersfield MPharm students against nationally agreed EPAs to align processes in the placement setting which will require joint training. As a result of the School being in the process of increasing placements from 3 days to 3-5 weeks, training for all placement providers has yet to be implemented. The team agreed that criterion 7.6 should be rated as "likely to be met" and that the criterion should be revisited at the Part 2 event.

Teach out and transfer arrangements

Provider's commentary

Students that started the MPharm programme in 2020/21 and progress without resit will follow the existing programme for the entirety of their MPharm studies.

Stages 1-3 of the new programme will commence September 2023 and Stage 4 of the new programme will commence in September 2024.

Stage 1 in 2022/23 will progress to Stage 2 of C2023

Stage 2 in 2022/23 will progress to Stage 3 of C2023

Stage 3 in 2022/23 will progress to Stage 4 of C2018; when students on the 5-year Sandwich version return from their first Foundation Training placement (their year 5; semester 2 of stage 4) in September 2024 they will be registered on the three x 20 credit modules from C2018 for assessment purposes but will join the 4-year route in the new Prescribing Safety, Research and Development for teaching. This will be mapped to the modules from C2018 and provide bespoke sessions for the 5-year Sandwich version where material is no longer delivered to ensure their learning outcomes can be met.

Stage 1 students in 2022/23 who do not meet the requirements to progress to Stage 2:

- if students are required to retake MODULES with attendance, the content of the modules will be mapped to the new programme to direct them to the relevant teaching. They will then progress to Stage 2 of C2023 when all Stage 1 modules have been passed.
- if students are required to retake the STAGE with attendance, it was requested of the GPhC that they be required to transfer to the new Stage 1 to the student in their continuation on the new programme

Stage 2 students in 2022/23 who do not meet the requirements to progress to Stage 3:

- Under current regulations students would be required to take the 30-credit DPP2 module with attendance; it was requested of the GPhC that these students can be referred exceptionally in 30 credits to Stage 3, for them to continue into the new programme at Stage 3.
- Under current regulations students would be required to retake the Stage with attendance (if they failed 90-credit PSP1 module or all 120 credits) it was requested of the GPhC that they are required to transfer to the new Stage 2 so that they can graduate meeting the new GPhC IETS (2021).

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).

