



Master of Pharmacy
degree (MPharm)

University of Brighton
Report of an interim event
March 2018

Event summary and conclusions

<i>Provider</i>	University of Brighton
Course	Master of Pharmacy degree (MPharm)
Event type	Interim event
Event date	6-7 March 2018
Accreditation period	2014/15 – 2020/21
Outcome	Continued accreditation confirmed with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree provided by University of Brighton should continue to be accredited for the remainder of the accreditation period, subject to two conditions.
Conditions	<ol style="list-style-type: none"> 1. The School must monitor progress of all students admitted to the course with qualifications beneath the standard admission criteria including those admitted through the Foundation Year, and continue to review the admissions policy and its alignment to external indicators. This is to meet criterion 4.2. 2. The School must review its assessment strategy to ensure that it upholds the standards of a professionally accredited course, supports integration, and is based upon best practice in the context of assessment of healthcare professionals. This is to meet criteria 2.1a and 2.1b 5.7, 5.9, 5.10 and 5.11.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made.
Registrar decision	The Registrar of the GPhC accepted the team's recommendation and approved the continued accreditation of the programme for the remainder of the accreditation period.
Key contact (provider)	Dr Alison Lansley, Principal Lecturer and MPharm Course Leader
Accreditation team	<p>Professor Andrew Husband (Team Leader), Professor of Clinical Pharmacy and Head of the School of Pharmacy, Newcastle University</p> <p>Professor Anthony Smith (Academic), Vice-Provost Education and Student Affairs, University College London</p> <p>Dr Adam Todd (Academic), Reader in Pharmaceutical Public Health, School of Pharmacy, Newcastle University</p> <p>Professor Helen Howe (Pharmacist), Retired hospital Chief Pharmacist</p> <p>Mr Scott Downham (Pharmacist – recently registered), Clinical Pharmacist</p> <p>Ms Leonie Milliner (Lay member), Chief Executive, Association for Nutrition</p>

GPhC representative	Ms Joanne Martin, Quality Assurance Manager, GPhC
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The UK qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm). This interim event was carried out in accordance with the GPhC's 2011 MPharm Accreditation Methodology and the course was reviewed against the GPhC's 2011 education standards 'Future Pharmacists: Standards for the initial education and training of pharmacists'.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the Pharmacy Order 2010. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Purpose of this event

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

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

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

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

The interim event

The interim event is divided into four components:

- the submission of documentation
- a pre-visit meeting
- satellite visits
- a main visit to the university

Background

The MPharm programme at the University of Brighton was reaccredited for six years in 2014 with an interim visit at three years; there were no conditions or recommendations.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team and it was deemed to be satisfactory to provide a basis for discussion.

Pre-visit

In advance of the main visit, a pre-visit meeting took place at the University of Brighton on 12 February 2018. The purpose of the pre-visit meeting was to prepare for the event, allow the GPhC and the university to ask any questions or seek clarification, and to finalise arrangements for the visit.

Satellite visits

Satellite visits took place on 16 and 27 October, 2017 to allow team members to observe off-site activities in advance of the main visit.

The main visit

The main visit itself took place on site at the University of Brighton on 6-7 March 2018, and comprised a series of meetings with staff and students of the university, along with observations of a number of teaching and learning activities.

Declarations of interest

Professor Smith knows the Vice-Chancellor well, both from when she was Vice Provost (Education) at Imperial and when they participated in a leadership course together over a six month period in 2008; the team agreed that this did not constitute a conflict of interest.

Professor Smith participated in an internal validation event at the University of Brighton in 2012; the team agreed that this did not constitute a conflict of interest.

Summary of key findings

The accreditation team advised the School that the team's conclusions from this event were based on what team members had been told, what they had observed, and documents that they had read over the course of the visit and the satellite visits. The purpose of this interim event was to monitor the progress made with delivering the MPharm degree since the 2014 reaccreditation, and to observe a range of educational activities that related to practice and the standard 10 outcomes.

A presentation by senior members of staff built on the information provided in the submission and gave an update on progress since the last visit in 2014. Points raised in the presentation, as well as other matters, were discussed with the staff and with students and the following narrative incorporates those discussions.

Progress since last event

Standard 1: Patient and public safety

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

Detailed criteria relating to this standard were not explored during the interim event. However, the issue relating to the August 2017 resit examination (see standard 2) included two incidents of potential academic misconduct, where one student had photographed marking schemes provided during sessions offering feedback on students' performance in the main examinations. Another student, who admitted to using the marking schemes, which had been received via social media, was referred to an academic misconduct hearing; after considering a range of evidence, the panel concluded that while the student had not cheated, plagiarism had occurred and a penalty had been imposed. A subsequent Fitness to Practise investigation had treated this as a first offence and, accordingly, in line with procedures for a first offence, a note had been kept on file.

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

This standard is not met and is subject to a condition (see standard 5 and condition 2).

Since the last reaccreditation event in 2014, the University has been restructured; colleges have been disbanded and heads of schools now report directly to the Deputy Vice-Chancellor, who, along with the Pro-Vice-Chancellors, the Registrar and the Chief Operating Officer, reports to the Vice-Chancellor. The University's Academic Board, chaired by the Vice-Chancellor, reports to the Board of Governors and is responsible for regulations and teaching quality; school boards report to the Academic Board through the respective heads of schools. Each school produces an annual Academic Health Report and Academic Health Plan which is scrutinised by the Pro-Vice-Chancellor (Education and Student Experience). The Course Academic Health Report includes responses to the National Student Survey (targeting students in year 4) and the Brighton Student Survey (targeting students in years 1-3), as well as addressing issues raised at the Staff-Student Consultative Committee; these are addressed in the report as part of the action plan. As part of this, the School has addressed problems relating to assessment, feedback and course organisation, including timetabling.

Prior to the interim event, the GPhC had been informed of an issue relating to the year 3 referral examination paper taken in August 2017. In this paper, a substantial number of questions were reused from the original examination, and one topic was examined several times. It transpired that the paper had not been scrutinised by the external examiners. Moreover, there was a suspicion that copies/photographs of a mark scheme from the summer examination were in circulation; due to the extensive reuse of questions, this may have enabled at least one student to replicate answers in the referral examination (see standard 1). It was clear that this issue had arisen from a system failure as a result of a range of uncoordinated actions with no clear lines of responsibilities. An action plan had been developed to reduce the complexity of the MPharm assessments, define the responsibilities for setting and scrutinising examination papers, including the oversight of the process, and to provide mandatory training for the staff on how to prepare and set standards for examination papers; the training would be provided by external experts in medical education. Moreover, guidelines on feedback have been drafted which preclude showing model answers and which focus on cohort-based feedback, along with standard methods of feedback for different types of examinations. The Vice-Chancellor emphasised the seriousness with which the University is taking this matter, stating that all the changes will in place for the next academic year. While the team acknowledged that strong measures are being implemented to ensure the integrity of the assessment strategy and the quality assurance of assessments, including accountability for the processes, with oversight from the highest levels in the University, at present criteria 2.1.a and 2.1.b are not met; this contributed to the

team's decision to impose a condition (condition 2) described under standard 5, and progress will be checked during the team's re-visit to the University in the next academic year.

Standard 3: Equality, diversity and fairness

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

The MPharm student population encompasses a wide diversity with respect to age, disability, domicile, ethnic origin, and gender. In addition, many students have caring responsibilities, and others need to have jobs to support their studies. This provides opportunities for students to participate in teamwork as part of diverse and mixed groups. MPharm students are participating in a scheme which partners undergraduate students identifying as from a black or minority ethnic (BME) background with BME pupils from local secondary schools, the aim being to raise educational aspirations of the latter. While equality and diversity data form part of the Course Academic Health Report, data sets are too small to draw conclusions, although progress of BME students appears to be no different from that of others; the Centre would flag any problems relating to achievement in terms of retention, progression and class of award. The MPharm's employability lead has engaged with current pre-registration students who identify as from a BME background; these students will be invited to return to the University as role-models for students of all years by relaying their experiences of managing the workload involved in the MPharm course and the external pressures that students may experience outside of the educational environment.

The School holds a Bronze Athena SWAN award and is submitting an application for Silver Award in April 2018.

Standard 4: Selection of students

Criterion 4.2 is not met and is subject to a condition. The team was satisfied that all other criteria relating to this standard continue to be met.

Admissions are now centrally administered by the University, although the decisions are made within the School; all applicants are interviewed, with the interview based on NHS values. Starting in the academic year 2017/18, the School has introduced a Foundation Year as an additional route into the MPharm programme. These students undergo values-based interviews and must pass all their assessments in order to proceed to the MPharm; applicants to the programme are treated as pharmacy applicants but progression to the MPharm is not guaranteed, the Foundation Year also provides entry to the School's other courses. The School's view is that students from the Foundation Year will be well-prepared for the MPharm programme, because the modules have been designed to relate to the course, and Foundation Year students will have taken biology which may not have been taken by traditional entrants. While applications for the MPharm were down about 9% from the last academic year, the School was confident in achieving its target numbers because of entry through the Foundation Year, for which applications remained buoyant. The accreditation team was, however, concerned about the School's entry qualifications, noting that many current entrants held qualifications well below the specified tariff; moreover, although based on students taking the old course, the University's graduates currently perform poorly in the GPhC's Registration Assessment.

Remaining concerned about the low entry qualifications of many of the School's current students, the low entry qualifications specified for the Foundation Year, and the fact that Brighton graduates currently perform relatively poorly in the GPhC's Registration Assessment, the team imposed a condition that the School must monitor progress of all students admitted to the course with qualifications beneath the standard admission criteria, including those admitted through the Foundation Year, and must continue to review the admissions policy and its alignment to external indicators; this is to meet criterion 4.2.

Standard 5: Curriculum delivery and student experience

Criteria 5.7, 5.9, 5.10 and 5.11 are not met and are subject to a condition. The team was satisfied that all other criteria relating to this standard continue to be met.

Each of the first three years comprises three modules ('Pharmaceutical Sciences'; 'Therapeutics'; 'Pharmacy Practice'), along with a module entitled 'Pharmaceutical Attitudes and Skills' in years 1 and 2, and 'Integrated Pharmaceutical Attitudes and Skills' in year 3. Year 4 comprises the 'Research Project', 'Preparing for Pharmacy Practice', and 'Special Topics', the last being optional modules, two of which must be taken. The first three years of the MPharm programme is taught using a patient-focused, case-based approach which permits the integration of science with the practice of pharmacy both in teaching and assessment. A professional numeracy strategy, aligned to safe and effective practice, runs throughout the programme. Within the programme, practice-based learning has been enhanced, particularly through the introduction of the simulated pharmacy in year 4. Extensive role play is employed, and simulated patients provide students with both written and verbal feedback on their performance. Patient-facing experiences increase across the years, starting with two half-day visits to community pharmacy in year 1 linked to responding to symptoms, followed by three half-day placements in year 2, comprising a patient-facing, inter-professional education (IPE) experience with podiatry students, shadowing a pre-registration student in taking a drug history, and attending a hospital clinic/ward round during which students observe a patient consultation. In year 3, students spend five days in a hospital placement, and final year students spend four days in hospital and three days in community pharmacy undertaking a number of activities. The placements in the first three years are linked to the cases. Other opportunities, such as mental health and prison placements are provided, although these cannot be offered to all students. As well as meeting patients during placements, real, expert, or simulated patients are used for case-based discussions. These encounters prepare the students well for pre-registration training, and make them confident in their interactions with patients. In addition to the year 2 IPE activity with podiatry students, IPE between medical students and pharmacy students is undertaken in years 2 and 3, and in years 1 and 4 there are cross-university IPE conferences involving students who are studying on health and social care-related courses.

Assessments in the first three years comprise papers taken in January, May and May/June; the papers cover the cases addressed at each stage of the year, and within the papers students must achieve a pass (40%) in each of Pharmaceutical Sciences, Therapeutics and Pharmacy Practice, in order to pass the respective modules. Several assessment types are used based on multiple choice, and short answer and long answer questions, as well as objective, structured clinical examinations (OSCEs), and coursework. In OSCEs, assessment of skills is by a checklist with students being required to pass both on communication and clinical skills. OSCEs are standard set using criteria that must be met for each station, and the stations are marked as 'pass' (1 mark), 'fail' (0 marks) and 'excellent' (2 marks); there are thus two marks for each station and students are required to achieve an average of 40% across eight stations, with at least one communication station being passed. Students receive online feedback for all assessments and staff members are accessible when additional feedback is requested. While delivery of the course is straightforward, complexity arises in the assessments due to the requirement to superimpose modules on the case-based questions; the complexity results from a clash between the wish to have an integrated curriculum and assessment and the desire to ensure students could not progress without passing the Pharmaceutical Sciences, Therapeutics and Pharmacy practice elements of the course. The University's General Examination and Assessment Regulations (GEAR) do not compromise fully integrated teaching and assessment but are not currently compatible with a moveable pass mark. However, it was clear from discussions with the Vice-Chancellor that while GEAR sets the framework, a review is underway and that exceptions to the GEAR regulations are available when required. The problem referred to under standard 2 had arisen, in part, from logistical complications associated with the current structure.

The team was concerned about the assessment strategy, especially the difficulties caused by the relationship between the integrated case-based approach and the separation of the integrative assessments into subject areas once the exam has been sat; this, together with the associated quality

assurance, as described under standard 2, led to the imposition of a condition (condition 2) that the School must review its assessment strategy to ensure that it upholds the standards of a professionally accredited course, supports integration, and is based upon best practice in the context of assessment of healthcare professionals. This is to meet criteria 2.1.a, 2.1.b, 5.7, 5.9, 5.10 and 5.11.

Standard 6: Support and development for students

The team was satisfied that the single criterion relating to this standard continues to be met.

Each student has a personal tutor, with students meeting their tutors four or five times per year; there is an open-door policy. When support is required, including for general student welfare matters, the first point of contact is the tutor or the assistant course leader for the year of study, who may then signpost the student to the most appropriate person. Students learn about the support available and the various services during the first few months of the first year, and are introduced to the Student Union; many services are available, including stress relief, mindfulness courses, and courses on examination technique. Staff members can be contacted to discuss learning materials. Because of the way that the course is organised, with groups attending laboratory classes and workshops on alternate days or weeks, students can swap with their peers when required. Students are supported in their pre-registration applications through a talk about pre-registration training and an explanation of the Oriol system (the centralised recruitment and selection process for pre-registration pharmacist posts), as well as through participation in a careers fair involving pharmacists from hospital, community and industry. Final year students assist their juniors with their preparation for using the Oriol system.

Standard 7: Support and development for academic staff

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

The documentation described how 70% of the directly employed staff members have an appropriate teaching qualification. The School has made a commitment to ensuring all members of staff have a recognised teaching qualification or are fellows of the HEA by 2019; five staff members are senior fellows. Staff members have a record of publishing on their teaching and learning activities. Staff members are undergoing training on how to prepare and set standards for examination papers, including the writing of multiple choice questions; this training is being provided by external experts in medical education.

Standard 8: Management of initial education and training

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

Following reorganisation of the University (see standard 2), the Head of School reports directly to the Deputy Vice-Chancellor and there are now five Deputy Heads of School with respective responsibilities for 'Compliance', 'Operations and Resources', 'Quality Assurance', 'Teaching & Learning' and 'Research & Enterprise'. Each of the undergraduate and postgraduate taught programmes has a course leader; support for teaching and research is provided by an Administrative Manager and a Technical Manager.

Although there had been some adverse feedback on course organisation and timetabling, the students were now content with these aspects. In years 1-3, an online case handbook is provided at the beginning of each case on which the teaching is based; this highlights the objectives, describes all lectures and laboratory classes/workshops in the three modules that deal with the case, and explains what is expected including the assessment, as well as giving a plan of the case. The timetable was clear and operated as planned, and with the students being well informed through good communication. Students know when assessments are scheduled, as well as the deadlines for coursework submission; changes can be made, with extensions given, for example, if submission deadlines are too close together. In recognising the importance of placements, the staff provided help in catching up if workshops or laboratory classes were missed because of these activities.

Standard 9: Resources and capacity

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

The Head of School is the budget holder but some resource is devolved to specific individuals, for example, for inter-professional education. If more resource were to be required for specific activities, then it could be made available. Additional resource can be negotiated through the annual planning process, during which the Head and Deputy Heads of the School meets with the University Centre. While the University is ultimately constrained by its income, and cannot run a deficit, additional resource can be obtained if the request is reasonable, and this has been achieved by the School, for example, for placements. In relation to staffing, several staff members have left or retired creating headroom for appointments, which are not necessarily like-for-like replacements, with new staff members appointed to priority areas. Thus, while science staffing remains strong, the Head of School wishes to strengthen the practice area. The vacancies will be established by Easter 2018, after which the School will be allowed to recruit. In relation to long-term planning, the team was told that the University currently works on a one-year budgetary cycle but wishes to extend this to three years. Resource is sufficient and there is nothing that threatens the sustainability of the programme. However, in order to increase the University's financial security and sustainability, rationalisation of the estate has been undertaken with closure of the Hastings campus, while undertaking extensive development of the Moulsecomb campus and modernisation of teaching spaces. Additional resource has flowed from a centralisation of some administrative functions such as timetabling. The School's postgraduate taught provision has been rationalised by discontinuation of MSc programmes in Pharmacology and in Industrial Pharmaceutical Sciences.

Standard 10: Outcomes

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

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

Observation of student activities

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

The four activities observed during the satellite and main visit comprised two inter-professional education (IPE) activities, a simulated ward round, and a lecture that contributed to one of the first year cases concerned with skin diseases. The aim of the second year IPE activity was to introduce pharmacy and medical students to the concept of collaborative working using case-based learning. Students from both medicine and pharmacy worked in groups to consider a case that had been devised by a consultant physician/clinical pharmacist and that was relevant to the current learning for both cohorts, allowing both to contribute in terms of diagnosis and treatment. Ultimately, in subsequent sessions, the group would prepare a patient management/care plan. The year 3 IPE activity was similar and was also based on cases relevant to current learning, although the cases were more advanced and complex, and the students were provided with less information about the patient; the initial information was derived from a video-recording of a consultation from which the students had to take notes. Again, the group would later prepare a patient management/care plan. The simulated ward round was a final year activity concerned with team-working, pharmaceutical care planning, along with consultation and clinical skills. The skills addressed in the simulated ward round had been previously covered in a series of lectures, along with workshops on care-planning in complex patients and advanced consultation skills. In the observed session, the simulated patient (SimMan, a computerised patient simulator) was suffering from deteriorating chronic heart failure. The students were provided with clinical case notes, drug charts, and equipment to monitor the patient's vital signs, and the team was required to collect clinically relevant data, identify pharmaceutical problems,

and suggest suitable interventions and monitoring objectives in the form of a multidisciplinary care-plan. The final observed activity was a traditional lecture comprising part of a case for first year students, and was concerned with the bacterial species most commonly implicated in skin infections and how to treat these infections appropriately. The lecture discussed features of the skin involved in control of microbial colonisation, and included an introduction to the normal (resident) skin microbes. During the lecture, the staff member referred to the relevant case and signposted the students to material to be covered in subsequent years.

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

Conclusions

The team had the opportunity to observe a number of activities both during the event and on two previous satellite visits. The range of activities observed gave the team an insight into opportunities available to the Brighton students to develop their skills. The years 2 and 3 sessions observed on the satellite visits were both based around IPE with medical and pharmacy students, including some pharmacy students from the University of Sussex. These sessions showed good engagement by the students, who demonstrated communications skills and worked collegiately to understand other healthcare professionals. During the event itself, the team observed a year 1 lecture on causative agents of skin disease, which the team considered to be an appropriate activity for this level. The team also observed a simulated ward round using SimMan; this focussed on heart failure and the students engaged well with the activity which contributed to meeting the specified standard 10 learning outcomes.

The students articulated how the course enabled them to understand why they are learning various aspects of the course and described integration of their learning through the cases; however, the integration of the assessments was less clear.

Students appreciated the importance of their practice activities in developing their communication skills and confidence. They valued their experiences with patients, although they gave mixed responses around communication skills and professionalism; expanding this experience would benefit the students.

The outcome of this visit is that the team will recommend to the Registrar of the GPhC that the University of Brighton continues to be accredited for the remainder of the approval period, subject to two conditions; these relate to criteria 2.1.a, 2.1.b, 4.2, 5.7, 5.9, 5.10 and 5.11.

Appendix 1 - Activities

Observed activities

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

Activity number	Activity	Year/Level
1.	Inter-professional Education Workshop, Pharmacy and Medicine	2
2.	Inter-professional Education Workshop, Pharmacy and Medicine	3
3.	Simulated Ward Round	4
4.	Lecture: Causative agents of skin infections and their treatment	1

Appendix 2 - Standing conditions

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

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

Appendix 3 – Standards

GPhC standards for the initial education and training of pharmacists

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

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

Or by clicking on the following link:

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