



Master of Pharmacy
degree (MPharm)
and OSPAP

University of Brighton
Report of a monitoring event
May 2019

Event summary and conclusions

Provider	University of Brighton
Course	Masters of Pharmacy degree (MPharm)/Overseas Pharmacists' Assessment Programme (OSPAP)
Event type	Monitoring event
Event date	29-30 May 2019
Accreditation period	2015 - 2021
Outcome	<p>Continued accreditation confirmed with conditions.</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree provided by the University of Brighton should continue to be accredited for the remainder of the accreditation period, subject to two conditions (see below). The team also made one recommendation.</p>
Conditions	<p>i) The team noted that a module could be passed with some assessment components being failed, which is compensation by another name. It is a condition that this policy is reviewed and, if it is not changed, a rationale is provided to explain how it contributes to the maintenance of standards on an accredited course leading to registration as a healthcare professional. The University's attention is drawn to accreditation criterion 5.9, which states: "... as a general principle, all assessments must be passed. This means that condonation, compensation, trailing, extended re-sit opportunities and other remedial measures should be extremely limited, if they are permitted at all ...". The deadline for notifying the GPhC of the outcome of this condition is 1st December 2019.</p> <p><i>The team also remained concerned about student progression through the course.</i></p> <p><i>There were also concerns about the potential impact on the School of Pharmacy & Biomolecular Sciences of its possible involvement of the teach-out of an MPharm degree at another institution.</i></p> <p>ii) That the admissions strategy, as well as support for and attainment of students, are reviewed in light of low progression metrics, which are high in all years. This condition, which is to meet criterion 4.2, will be considered in depth at the reaccreditation.</p> <p>ii) As added by the registrar:</p> <p>(a) Given the atypical entry profile for the 2018-2019 academic year, provide the GPhC with an annual, anonymised breakdown of progression data for each student in this cohort until graduation in 2021-2022. Data must distinguish between students on the B230 MPharm degree and those on the B231</p>

	<p>MPharm degree (with integrated foundation year). The annual deadlines will be 1st December (that is, 1st December 2019 for an analysis of the 2018-2019 entry cohort and so on).</p> <p>(b) As so few students admitted with A levels met the stated grade for the B230 MPharm degree in 2018, provide the GPhC with the University's policy on MPharm contextual offers and a rationale for why each student who did not meet the stated tariff was admitted. The rationales must be anonymised. This condition is to ensure that accreditation criterion 4.2, that applicant are 'meeting academic and professional entry requirements', is being met. The deadline for this is 17th January 2020.</p> <p>(iii) Provide the GPhC with an analysis of the impact admitting so many students on to its B231 MPharm degree (with integrated foundation year) has had and may continue to have on course delivery, particularly student support. This condition is to gauge how accreditation standard 2, 'Students ... must be supported to develop as learners and professionals during their initial education and training', is being met. The deadline for this is 17th January 2020.</p>
Standing conditions	Please refer to Appendix 1
Recommendations	The team recommended that a teach-out lead should be appointed to manage Brighton's involvement in any teach-out activities at other institutions. This relates to standard 9 in order to protect the interests of the University of Brighton MPharm and OSPAP students and the teaching staff.
Registrar decision	Following the event, the Registrar of the GPhC accepted the team's recommendation that the MPharm degree provided by the University of Brighton should continue to be accredited for the remainder of the accreditation period, subject to two conditions. In addition, the Registrar decided to expand condition ii) and add a third condition.
Key contacts (provider)	Dr PK (Charley) Chatterjee (MPharm Course Leader) Dr Ananth Pannala (OSPAP Leader)
Accreditation team	Professor Andy Husband (Team Leader), Professor of Clinical Pharmacy and Head of School, Newcastle University Dr Adam Todd (Academic), Reader in Pharmaceutical Public Health, School of Pharmacy, Newcastle University Mrs Sandra Hall (Academic), Retired, formerly Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University Professor Helen Howe (Pharmacist), Retired hospital chief pharmacist Mr Alex Moore (Pharmacist – recently registered), Mixed sector pharmacist, employed by MD & AD Burdon Ltd Ms Leonie Milliner, (Lay member), Chief Executive & Registrar, General Osteopathic Council
GPhC representative	Mr Damian Day, Head of Education, General Pharmaceutical Council
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>

Background

Both the MPharm and the OSPAP at the University of Brighton are delivered by the School of Pharmacy and Biomolecular Sciences. The MPharm programme was reaccredited for six years in December 2014 with an interim visit at three years; there were no conditions or recommendations. An interim event took place on 6-7 March 2018 following which the 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. These were that the School was required to

- i. 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. This was because of the team's concern about the low entry qualifications specified for the Foundation Year, and the fact that Brighton graduates currently perform relatively poorly in the Registration Assessment.
- ii. 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 was to meet criteria 2.1.a, 2.1.b, 5.7, 5.9, 5.10 and 5.11. This was because of a systems failure in the resit assessments in 2017/18 as a result of a range of uncoordinated actions with no clear lines of responsibilities leading to, for example, duplication of examination questions from the main diet, and a lack of scrutiny of the papers both internally and by the external examiner.

The OSPAP was reaccredited in March 2018 for a full period of three years, subject to one condition. This was that the School was required to align the quality assurance of assessment of the OSPAP to the changes that were going to be implemented in the MPharm degree; these changes were to ensure that the standards of a professionally accredited course are upheld, that integration is supported, and that best practice is applied in the context of assessment of healthcare professionals. This was to meet criteria 2.1a, and 2.1b. The team had also noted that the recommendation made by the team during the

2015 reaccreditation of the OSPAP that the School should undertake a thorough and robust review of the OSPAP programme to reflect the changes in the MPharm degree; this review was to include quality assurance and the structure of the programme to enhance integrative learning, inter-professional education, practice activity (including placements) and patient exposure. While recognising during the 2018 reaccreditation that there had been some enhancements to the provision, the team was concerned that the OSPAP had not progressed as much as expected.

In light of these observations and conditions, the accreditation team agreed to revisit the School in the academic year 2018/19 to review the implementation of the changes, especially relating to assessment in both the MPharm and OSPAP, as well as in relation to the monitoring of student progress in the MPharm; the team would also review the progress of the OSPAP in meeting the 2015 team's recommendations. Accordingly, a monitoring event was held at the University of Brighton on 30 May 2019 and the following is a report of this event.

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, and the documents that they had read over the course of the visit. The purpose of this monitoring event was to consider the progress made in meeting the conditions imposed following the 2018 interim event.

A presentation by senior members of staff built on the information provided in the submission and gave an update on progress since the last visit in 2018. 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.

This standard was not addressed, having been met at the reaccreditation, and with no problems being identified at the interim visit.

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

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

The condition imposed at the interim visit had arisen from a systems failure in the resit assessments in 2017/18 as a result of a range of uncoordinated actions with no clear lines of responsibilities leading to, for example, duplication of examination questions from the main diet, and a lack of scrutiny of the papers both internally and by the external examiner. Moreover, the team learned of some errors that had occurred the last academic year in the compilation of module marks in combining marks from different examinations. The School has now revised its processes for the preparation of MPharm and OSPAP examination papers, the processes being overseen by the Deputy Head of School for Quality Assurance; there is also a School Examinations Officer, who is responsible for enforcing the production of examination papers to meet the deadlines, and supporting and monitoring the module leaders and the relevant processes, as well as leading on quality assurance, staff training and policy development in relation to examination setting. The setting, checking and moderation of all papers, as well as their sharing with external examiners, is now undertaken using SharePoint, a secure online system, which negates the necessity to use hard copies of the papers for these purposes. The new procedures and responsibilities, together with systems for checking the entry of marks, should ensure the absence of transcription and other errors. Work is also in progress to address poor results from the National Student Survey, which showed low levels of student satisfaction with

assessment and feedback.

Standard 3: Equality, diversity and fairness

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

This standard was not addressed, having been met at the reaccreditation and with no problems being identified at the interim visit.

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.

In view of the condition set at the interim visit requiring the School to monitor progress of all students admitted to the MPharm course with qualifications beneath the standard admission criteria, including those admitted through the Foundation Year, and to continue to review the admissions policy and its alignment to external indicators, the School provided the breakdown of entry qualifications of the 2018/19 first year cohort. Of the student intake in 2018/19 comprising 158 students, only 4% (18.9 % of those entering with A-levels) had achieved the A-level entry requirement of ABB-BBB, with a further 19% (81.1% of those entering with A-levels) admitted with A-level scores down to CCD (with a minimum of C in Chemistry); 42% came through the Foundation Year and 20% through University of Brighton International College (UBIC), with others entering with qualifications such as BTEC and 18% entering through clearing. An analysis of student performance in the first module of year 1 showed that A-level students performed slightly better, but the performance of students entering through UBIC was significantly worse than that of other groups, especially in answering written long-answer and short-answer questions, suggesting a problem with English; the average mark of UBIC students was a fail. The University's Senior management has now agreed to increase the IELTS (International English Language Testing System) requirement for UBIC entrants to an overall score of 7.0 (previously 6.0) with a minimum score of 6.5 (previously 5.5) in all areas. The analysis of student performance and its relationship with entry qualifications throughout the MPharm is ongoing as part of a longitudinal study to align student performance with external indicators; the School's admission policy will be reviewed in light of the findings and the School is taking measures to prevent the recruitment of students who are too weak to be successful on the programme. Entry qualification data are being looked at to determine any correlations with MPharm award marks; however, there is currently a relatively low student progression, even from years 3 to 4. Moreover, University of Brighton MPharm graduates also perform poorly in the GPhC's registration assessment, with the University being ranked 23 out of 25. In light of the fact that only a small minority of students entering with A-levels met the stated requirement (ABB-BBB), and noting that criterion 4.2 requires evidence that "the criteria in 4.2 are being applied", the team imposed a condition that the admissions strategy, as well as support for and attainment of students, are reviewed in light of low progression metrics, which are high in all years compared to sector norms; this condition will be considered in depth at the reaccreditation.

Standard 5: Curriculum delivery and student experience

Criterion 5.9 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.

There have been no major changes to the content and delivery of the MPharm and OSPAP programmes since the respective interim and reaccreditation visits. The delivery of the MPharm programme remains case-based and fully integrated. Assessments have been simplified so that there is now a single examination paper for each of the three modules in years 1 to 3, with all competencies being assessed in a skills-based, pass/fail module in each year; the examinations are held in January, early May, and late May/early June, with each paper comprising multiple choice (MCQs), short answer (SAQs) and long answer (LAQs) questions.

This new format now allows early engagement with long-answer type questions, which were previously introduced only in year 3, thus providing students with early experience of integrated assessments. Integration in assessments is in line with case-based teaching, with assessment now being broadly based within the cases used in course delivery. Each module mark includes a 30% summative coursework assessment, with the examination contributing 70%; students are required to achieve at least 35% in each assessment component to pass a module. External examiners had commented that some students' performance in coursework had allowed them to pass the module overall while having poor examination marks which were below the pass mark but at or above the threshold mark of 35%, and the team was concerned that such compensation did not appear to be consistent with the demonstration of safe and effective practice. Criterion 5.9 of the 'Standards for the Initial Education and Training of Pharmacists' specifies that "... as a general principle, all assessments must be passed. This means that condonation, compensation, trailing, extended re-sit opportunities and other remedial measures should be extremely limited, if they are permitted at all ...". Although compensation was not permitted across modules, the fact that a module could be passed as a result of high coursework marks with some assessment components being failed is compensation by another name. Thus, criterion 5.9 is not met and the team imposed a condition (see condition i) that the policy of allowing such intra-module compensation should be reviewed and, if it is not changed, a rationale should be provided to explain how it contributes to the maintenance of standards on an accredited course leading to registration as a healthcare professional.

At the 2018 OSPAP reaccreditation visit, the team had noted the recommendation made by the team during the previous reaccreditation that the School should undertake a thorough and robust review of the OSPAP programme to reflect the changes in the MPharm degree; this review was to include quality assurance and the structure of the programme to enhance integrative learning, inter-professional education (IPE), practice activity (including placements) and patient exposure. On that occasion, the team recognised that there had been some enhancements but was concerned that the OSPAP had not progressed as much as expected. Since the reaccreditation, there had been developments in IPE, patient exposure and integrative learning within the OSPAP. In the context of IPE, OSPAP students are now involved in an IPE conference involving MPharm students, along with students of biomedical sciences, medicine, midwifery, nursing, occupational therapy, physiotherapy and podiatry. This allows them to participate in several IPE workshops with a range of service users and covering a broad range of themes such as wellbeing, mindfulness, cancer and diabetes; the workshops are based on various scenarios and allow health and social care students to work together, for example, in dealing with a patient with severe mental health problems. OSPAP students also participate in an IPE activity in which they work alongside podiatry students at the Leaf Hospital, a placement also undertaken by year 2 pharmacy students. This is their first exposure to real patients, having initially had exposure to simulated patients played by actors, where their interactions are video-recorded to provide feedback. Their preparation for patient exposure includes learning communication skills, which are practised initially using role play, with feedback from colleagues; again, video-recordings are made, following which students and staff discuss these together. The students then have another opportunity to work with patients, where they are observed and provided with a marking scheme. Placements for OSPAP students now include community placements in GP practices, where they spend a half day observing patient consultations by GPs, practice nurses and GPs, as well as a half-day in Boots, where their activities include pharmacist consultations and MURs, as well as participating in health promotion activities and learning about the working of a community pharmacy. A hospital clinical placement has been arranged for OSPAP students in one of three sites, these being the nurse-led 'Thrombosis and Anticoagulation Service' at the Royal Sussex Hospital, the pharmacist-led antiretroviral clinic at the Royal Sussex Hospital, and the nurse-led 'Readmission Clinic' at the Princess Royal Hospital; visits to any of these sites offer increased patient exposure. In order to enhance integrative learning, delivery of the OSPAP modules now revolves around eight clinical cases covering hypertension, type 2 diabetes, neurodegenerative diseases, asthma, peptic ulcer disease, atrial fibrillation, autoimmune diseases and breast cancer; these cases are referred to during module delivery to highlight the importance of integrating science with practice and to allow students to apply their scientific knowledge alongside its practical implications in healthcare.

Standard 6: Support and development for students

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

MPharm students are supported through a personal tutor system, with students meeting their tutors five times per year through scheduled meetings, before each of which they are required to complete specified tasks. In the final year, while they can still see their personal tutor, research project supervisors, whom they see very frequently, take on this role. At scheduled meetings, the tutors meet their students in small groups, although if there are personal issues to discuss, students can see their tutors individually at any time; they can also speak to any other member of staff. In light of the relatively poor performance of the UBIC students (see standard 4) and the overall poor progression rates, the School is working with students on an individual basis with personalised support being provided, as well as that offered centrally through the University; personal tutors and year leaders are responsible for supporting and monitoring these students, looking at their attendance and investigating any problems. Students participate in activities with their tutors, these including writing essays, and peer assistance is also offered in the first year; struggling students are flagged. There are diagnostic tests in numeracy, writing and comprehension with targeted support for those who are struggling and a big effort being made to get students to progress. Additionally, the UBIC students currently on the programme are being interviewed by their tutors with a view to directing them to English language support, such as that provided by the University of Brighton English Language Institute.

Standard 7: Support and development for academic staff

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

This standard was not addressed, having been met at the reaccreditation, and with no problems being identified at the interim visit.

Standard 8: Management of initial education and training

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

The Head of School is ultimately responsible to the Vice-Chancellor but the day-to-day running of the School is the responsibility of several deputy heads of the School, with specific responsibilities including 'operations and resources', 'compliance', 'quality assurance', and 'teaching and learning'. The Deputy Head (Quality Assurance) looks at all data from the School and advises on the preparation of the action plan for the annual Academic Health Report, as well as ensuring that all processes are being followed, for example, in relation to the preparation of examination papers. Course leaders then prepare action plans in consultation with course teams.

Standard 9: Resources and capacity

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

The University is investing heavily in the development of the Moulsecomb campus; this development includes new sport and leisure facilities, a new academic building with flexible modern learning and social spaces, and will ensure the provision of campus accommodation for all first year students. In order to address a potential future deficit of £20M, the University is also running a 'Securing our Future' programme, which is a targeted, methodical and robust, cost-saving plan incorporating a voluntary severance scheme. This scheme is operating across the University with the intention that it will not be detrimental to degree programmes and will allow the development of the next generation of academic leaders; it has not impacted on the School of Pharmacy & Biomolecular Sciences, with the net number of FTE staff being unaffected. However, the School has withdrawn from some postgraduate MSc programmes, thus releasing staff time. Investments within the School include the purchase of e-Lab software to enable students to

engage better with laboratory classes, and of software to facilitate the management of assessments. Additional administrative support has been obtained and there is a plan to use graduate teaching assistants and technical instructors to support the staffing of laboratories and tutorials.

A possible impact on School resources may be the provision of support to a neighbour institution for the teach-out of its closing MPharm programme; this is currently subject to negotiation. It was emphasised to the team that this support would be provided only if fully costed to ensure no detriment to the University of Brighton students or staff. A memorandum of understanding between the two institutions is in place allowing for discussion of staff secondment, enhanced service teaching, co-delivery of teaching, bespoke support for slowly progressing students, and support for preparing students for the GPhC's registration assessment, and the vice-chancellors meet regularly to address the problem. As this is an inter-institutional matter, it will be left to the two institutions to decide how best to progress this, but the team suggests that a teach-out lead is identified to speak on behalf of the University of Brighton (see recommendation).

Standard 10: Outcomes

At the MPharm interim visit, and during OSPAP reaccreditation visit, the team had been satisfied that the both programmes continued to deliver all 58 outcomes at the appropriate level; therefore, these outcomes were not scrutinised further during the present monitoring visit.

Conclusions

One of the outcomes of the interim visit held in 2018 was the requirement for the present monitoring visit. The GPhC's accreditation methodology - *The accreditation of courses leading to registration and annotation in Great Britain* (2011) – states at 9.4 that the 'GPhC reserves the right to investigate any matter brought to its attention which may have a bearing on the accreditation of a course' and the monitoring visit was undertaken on that basis.

The accreditation team studied the University's submission, including internal and external metrics, and considered the points made by Brighton colleagues during the monitoring event. The team noted the clear commitment of the Vice-Chancellor to pharmacy and the evident enthusiasm of the staff. The team acknowledged that progress has been made in some areas. However, the team viewed the current metrics as describing a pattern of concerning performance; members of staff themselves stated that being towards the bottom end of the Registration Assessment pass-rate table is not a comfortable or desirable place to be. The team remained concerned about three things, these being i) the assessment strategy ii) the admissions strategy and iii) student progression through the course. The team therefore urges the University to reconsider these matters when preparing for reaccreditation and wishes to discuss these further with the GPhC's Registrar to make its concerns clear in advance of the reaccreditation.

The team imposed two conditions:

Condition 1: The team noted that a module could be passed with some assessment components being failed, which is compensation by another name. It is a condition that this policy is reviewed and, if it is not changed, a rationale is provided to explain how it contributes to the maintenance of standards on an accredited course leading to registration as a healthcare professional. The University's Brighton's attention is drawn to accreditation criterion 5.9, which states: "... as a general principle, all assessments must be passed. This means that condonation, compensation, trailing, extended re-sit opportunities and other remedial measures should be extremely limited, if they are permitted at all ...". The deadline for notifying the GPhC of the outcome of this condition is December 1 2019.

Condition 2: That the admissions strategy, as well as support for and attainment of students are reviewed in light of low progression metrics, which are high in all years. This condition will be considered in depth at the reaccreditation. This is to meet criterion 4.2.

Appendix 1 - 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.