

**University of Brighton Master of Pharmacy  
(MPharm) degree and MPharm degree with  
preparatory year reaccreditation part 1 event  
report, June 2023**



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## Event summary and conclusions

<b>Provider</b>	University of Brighton
<b>Courses</b>	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year
<b>Event type</b>	Reaccreditation (part 1)
<b>Event date</b>	15 – 16 June 2023
<b>Approval period</b>	2022/23 – 2030/31
<b>Relevant requirements</b>	<a href="#"><u>Standards for the initial education and training of pharmacists, January 2021</u></a>
<b>Outcome</b>	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree and MPharm degree with preparatory year offered by the University of Brighton are reaccredited, subject to a satisfactory part 2 event. There were four conditions that apply to both MPharm degree variants.</p> <p>Reaccreditation is recommended for a period of 6 years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserve 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>
<b>Conditions</b>	<ol style="list-style-type: none"> <li>1. You must provide a clear experiential learning plan which shows how student pharmacists are exposed to an appropriate breadth of patients to enable them to develop a sufficient level of skills and competence to meet the learning outcomes. In addition, you must expand the planned experiential learning provision for the two transitional cohorts (current year 1 and 2 students) to ensure it provides sufficient opportunities for these students to meet the learning outcomes. This is to meet <b>criterion 5.6</b>.</li> <li>2. You must submit a clear and detailed plan which sets out the teaching, learning and assessment for the two transitional cohorts. This must be mapped to show how students will achieve the learning outcomes in the 2021 standards at the required level of competency. This is to meet <b>criteria 5.1 and 6.3</b>.</li> <li>3. Although the team could see evidence of a standard-setting process for some assessments, the standard setting process for the</li> </ol>

	<p>calculations assessment is not fully clear. You must develop a clearly defined standard-setting process which provides a robust mechanism for setting pass criteria for the summative calculations assessments. This is because the current processes do not present a rigorous approach for defining appropriate pass criteria. This is to meet <b>criteria 6.4 and 6.7 and learning outcome 32.</b></p> <p>4. You must provide an updated action plan which incorporates regular monitoring and review of student progression data to help inform admissions, support and curriculum design and delivery to improve graduate performance in the GPhC Registration Assessment. The action plan must be continuously reviewed and implemented, and progress updates reported to the GPhC every 6 months between now and the part 2 event. This is to meet criteria <b>4.1 and 4.5.</b></p> <p>Evidence must be sent to the GPhC, for approval by the accreditation team by <b>31 August 2023</b> to demonstrate how these conditions have been addressed.</p>
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#"><b>here</b></a> .
<b>Recommendations</b>	No recommendations were made.
<b>Minor amendments</b>	<ul style="list-style-type: none"> <li>To remove out of date out-of-date references to 'pre-registration training' from websites and any programme documentation.</li> </ul>
<b>Registrar decision</b>	<p>The Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme, subject to a satisfactory part 2 event.</p> <p>Following the event, the provider submitted evidence to address the conditions and the accreditation team agreed that the criteria relating to conditions 1, 2 and 4 were now 'likely to be met' and would be reviewed further at the part 2 event. The team was satisfied that the criteria relating to condition 3 were met.</p>
<b>Key contact (provider)</b>	Dr Prabal K (Charley) Chatterjee, MPharm Course Leader and Principal Lecturer*
<b>Accreditation team</b>	<p>Ahmed Aboo* (Team Leader), Associate Professor in Pharmacy Practice, De Montfort University</p> <p>Daniel Grant (team member - academic), Associate Professor in Clinical Pharmacy and Pharmacy Education, University of Reading</p> <p>Lyn Hanning (team member - academic), Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath</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>

	Arshad Patel (team member - pharmacist newly qualified) PCN Clinical Pharmacist, Extended Access Pharmacist and OSCE Assessor Fiona Barber (team member - lay), Deputy Chair & Independent Lay member, East Leicestershire & Rutland CCG
<b>GPhC representatives</b>	Philippa McSimpson*, Quality Assurance Manager (Education), General Pharmaceutical Council
<b>Rapporteur</b>	Richard Calver (Rapporteur) Quality Manager, NHS England
<b>Observers</b>	Judit Montenegro, Data, Monitoring and Evaluation Officer (Education), General Pharmaceutical Council

\* also attended the pre-event meeting

## Introduction

### Role of the GPhC

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

This reaccreditation event was carried out in accordance with the **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 GPhC began accrediting MPharm degrees with a preparatory year as a separate course to the MPharm degree in 2020/21. Prior to this the accreditation of the MPharm degree component of the course was accepted to allow students entry to pre-registration training.

An MPharm degree with preparatory year is a single course that leads to a Master of Pharmacy award. It is recruited to separately from the accredited 4-year MPharm degree and is assigned a

different UCAS code. For most schools this will be a 5-year course which includes a preparatory year followed by four further taught years that mirror that of the accredited MPharm degree.

An MPharm with preparatory year must meet all of the GPhC's initial education and training standards for pharmacists in all years of the course. All teaching and assessment of the learning outcomes is expected to take place in taught years 2-5, with the first taught year being set aside for foundation learning only. For the purpose of accreditation, it is assumed that the course content for the four taught years following the preparatory year will be identical for students on the MPharm degree and the MPharm degree with preparatory year.

The GPhC last visited the University of Brighton's MPharm course in 2021 when reaccreditation was approved with no conditions. The University also delivers an MPharm course with a preparatory year which prepares students for the MPharm course should they lack the usual entry criteria. This was also accredited in 2021 with no conditions.

There have recently been significant developments to both the MPharm course and the University's structure. A merger of the former School of Pharmacy and Biomolecular Sciences with part of the School of Environment and Technology led to the creation of the School of Applied Sciences in January 2021. The subject area of Pharmacy resides in this new School. The MPharm course has been restructured to meet the GPhC's new Standards for the Initial Education and Training of Pharmacists (IET). The redesigned MPharm course is configured to include increased development of clinical skills and independent prescribing training in line with the new GPhC standards.

Since the visit in 2021, the GPhC's Council has been concerned that graduates of the University's MPharm course demonstrate persistently low pass rates in the GPhC's Registration Assessment. In September 2022, Council referred this concern to the GPhC's registrar and the University was required to devise and implement an action plan to improve graduate performance in the Registration Assessment. The accreditation team reviewed the action plan and considered the Council and Registrar's concerns as part of the reaccreditation event.

## Documentation

Prior to the event, the course provider ('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 June 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 15 - 16 June 2023 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with past and present students.

## Declarations of interest

Ahmed Aboo stated that one of the provider's lecturers had been appointed as an external examiner at De Montfort University.

Lyn Hanning stated that her department at the University of Bath is exploring placement positions across south eastern England.

## Schedule

### Day 1: 15 June 2023

09:00 – 09:30 Welcome: Management and oversight of the MPharm degree - part 1

09:30 – 10:00 Tour of MPharm teaching and learning facilities

10:00 – 10:45 Break and private meeting of accreditation team

10:45 – 12:30 Management and oversight of the MPharm degree - part 2

12:30 – 13:30 Lunch and private meeting of accreditation team

13:30 – 15:30 Teaching, learning, support and assessment - part 1

15:30 – 16:00 Break and private meeting of accreditation team

16:00 – 17:00 Student meeting

### Day 2: 16 June 2023

08:30 – 09:00 Private meeting of the accreditation team

09:00 – 10:00 Teaching, learning, support and assessment - part 2

10:15 – 11:30 Teaching, learning, support and assessment - part 3

15:15 – 15:30 Deliver outcome to programme provider

## Attendees

### Course provider

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

<u>Name</u>	<u>Designation at the time of accreditation event</u>
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Dr Kirsty Smallbone*	Dean, School of Applied Sciences
Dr Matt Ingram	Associate Dean Academic Operations, School of Applied Sciences
Dr Angelo Pernetta*	Associate Dean Education and Student Experience, School of Applied Sciences
Professor Martin Smith	Associate Dean Research, School of Applied Sciences
Professor Andrew Lloyd	Pro-Vice Chancellor Academic Operations
Dr Charley Chatterjee*	MPharm Course Leader
Dr Ananth Pannala*	Subject Lead Pharmacy
Dr Greg Scutt	Associate Subject Lead Pharmacy
Dr Joao Inacio Silva	Associate Subject Lead Pharmacy
Dr Alison Lansley	Principal Lecturer
Professor Graham Davies	Senior Academic Lead Pharmacy
Professor Bhavik Patel	Professor of Clinical and Bioanalytical Chemistry
Dr Fiona Ponikwer	Senior Lecturer, Course Leader Preparatory Year
Dr Simon Jeffs	Senior Lecturer, MPharm Admissions Tutor
Dr Mark Yeoman	Reader
Dr Dipak Sarker	Principal Lecturer
Dr Jon Mabley	Principal Lecturer
Dr Lara Barnes	Senior Lecturer
Connor Thompson	Senior Lecturer
Claire May	Senior Lecturer
Lisa Knox	Teacher Practitioner
Dr Sian Williams	Senior Lecturer
Samantha Ingram	Clinical Practitioner, Boots Pharmacist
Safoora Azimi	Senior Lecturer
Danny Bartlett	Senior Lecturer
Elma Still	Senior Lecturer
Fernando Perez	Lecturer
Dr Funmilola Fisusi	Lecturer
Dr Laura Hunt	Lecturer
Dr Lucas Bowler	Principal Lecturer
Dr Melanie Flint	Reader
Railton Scott	Senior Lecturer
Ravina Barrett	Senior Lecturer
Dr Stewart Glaspole	Senior Lecturer
Dr Wendy Macfarlane	Reader
Dr Yousif Shamsaldeen	Lecturer
Shane Costigan	Dean NHS England, South East
Kat Hall	Head of School NHS England, South East
Sarah Plumeridge	Academic Quality Services, University of Brighton
Gareth Evan	Academic Quality Services, University of Brighton
Manish Gadhavi	Head of Planning and Performance, University of Brighton

\* denotes members of the course provider's team who also attended the pre-event meeting

The accreditation team also met with a group of MPharm students:



Current year of study	Attendees
Year 0 (Preparatory year)	3
Year 1	3
Year 2	2
Year 3	3
Year 4	1
Foundation year trainee pharmacists/recent registrants	4
<b>Total</b>	<b>16</b>

## 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 degree with preparatory year. To gain additional assurance the accreditation team also tested a sample of 6 learning outcomes during a separate meeting with the provider.

The following learning outcomes were explored further during the event: **Learning outcomes 4, 9, 24, 28, 36 and 45.**

The team agreed that 54 learning outcomes were met or likely to be met but that one learning outcome was not met.

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

The following learning outcomes (LOs) are likely to be met:

- 1: Demonstrate empathy and keep the person at the centre of their approach to care at all times
- 2: Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing
- 7: Obtain informed consent before providing care and pharmacy services
- 10: Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action
- 14: Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care.

The provider offered written evidence that the new course would cover the **LOs 1 to 14** at the appropriate level, and the reaccreditation team used the event to explore the evidence in relation to **LOs 4 and 9**. The team was confident that appropriate skills are covered in modules centred on patient-practitioner interactions, which stress the importance of empathy and encouraging pharmacists to be mindful of their own and their patients' human rights and personal values. For example, Year 1 modules question what it is to be a professional, and focus on students' own beliefs and values before examining how patients' views and decisions should be obtained and used. Year 2 modules extend these concepts to a team debate on organ donation for patients from different ethnic, occupational or health backgrounds, and the Year 3 curriculum continues the spiralling approach to learning by asking students to consider the barriers to providing care in cases of substance misuse. Patients are invited to talk to students about their lived experience of substance misuse. Year 4 scenarios present students with challenging situations, including supplying contraception which may conflict with pharmacists' own values. Students demonstrate their knowledge by making appropriate decisions in Year 1 Objective Structured Clinical Examinations (OSCEs) and Year 4 *viva voce* examination based on a case in which the student has been challenged, for example where religious reasons may have prevented the student from discussing issues with an LGBT+ patient.

The team was therefore confident that **LOs 1 to 14** were either met or likely to be met, noting that the assessments for **LOs 1, 2, 7, 10** and **14** have not yet been implemented in the new course. The team, however, judged that the current assessment strategy is likely to be sufficiently robust to assess knowledge at the appropriate level, and the appropriateness of the strategy will be reviewed again during the part 2 event.

#### 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 <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 17 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>

Learning outcome 18 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 19 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 20 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 21 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 22 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 23 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 24 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 25 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 26 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 27 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 28 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 29 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 30 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 31 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 32 is	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Learning outcome 33 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 34 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 35 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 36 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 37 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 38 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 39 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 40 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 41 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 42 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 43 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 44 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The following learning outcomes are likely to be met:

16: Apply professional judgement in all circumstances, taking legal and ethical reasoning into account

17: Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to

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

19: Take responsibility for all aspects of health and safety and take actions when necessary

27: Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices

28: Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person

29: Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice

31: Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services

37: Prescribe effectively within the relevant systems and frameworks for medicines use

38: Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people.

The provider offered written evidence that the new course would teach and assess **LOs 15 to 44** at the appropriate level, and the team discussed this evidence in relation to **LOs 24, 28 and 36** with the provider during the event. The team was confident that the course content equipped students to take responsibility for evidence-based decisions which aligned with relevant ethical and legal frameworks and clinical guidelines. For example, the Year 1 *Fundamentals of Pharmacy* module introduces students to the theoretical principles of decision making, including the assessment of test reliability. This fundamental knowledge spirals into later modules which train students in specific skills, such as history-taking, specific tests including measuring blood pressure, and clinical decision-making. These are assessed during OSCEs. Students also gain useful experience during placements and through simulations, and responsibilities new to pharmacists, such as treating urinary tract infections, form part of the curriculum. The basic ethical concepts of beneficence, non-maleficence, consent and confidentiality are taught in Year 1 and knowledge of the Medicines Act features in all stages of the course, and Year 4 modules include the ethical challenges associated with end-of-life care. An ethics proposal forms an integral component of the Year 4 project. Students' knowledge is assessed using various methods, including OSCEs and portfolio evidence.

The team was therefore confident that **LOs 15 to 31, and 33 to 44** were either met or likely to be met, noting that the assessments for **LOs 16, 17, 18, 19, 27, 28, 29, 31, 37 and 38** have not yet been implemented in the new course. They are not yet met because the provider has not yet been able to show that assessments taking place in the workplace for transitional students will adequately assess the above learning outcomes (see **Conditions 1 and 2**) and these outcomes will be reviewed again during the part 2 event. The following LO is not met:

32: Accurately perform calculations

The team was concerned that assessment processes for calculations were not clearly defined. This was because, although a pass/fail criterion had been set, the provider had not produced a clear standard-setting process. The team was told, for example, that the pass mark was currently set at 70% but that this was subject to review and may change to 80%. The pass/fail standard is therefore not explicit and **LO 32** is therefore not met (see **Condition 3, and criteria 6.4 and 6.7**).

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

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

The following learning outcomes are likely to be met:

45: Demonstrate effective leadership and management skills as part of the multi-disciplinary team

46: Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities

The provider offered written evidence that the new course would cover **LOs 45 to 52** at the appropriate level, and the team further explored this evidence in relation to **LO 45** in discussions with the provider during the event. The team heard that students engaged in teamwork throughout the course. This starts in the preparatory year which includes teamwork, with further group activities, including group projects, arising in subsequent stages of the course. Year 2 students, for example, work in teams to deliver an assessed presentation on a medicine's journey: this task requires leadership, team-working and diplomacy.

Interprofessional education in Year 1 focuses on the pharmacist's role in the multi-disciplinary team, stressing that leadership and management also includes negotiation, ownership of decisions and resilience. Year 3 students are assessed on their multi-disciplinary team-working through a presentation to a multi-disciplinary panel, and Years 3 and 4 students attend simulation workshops which include discussions with other professionals: they are assessed by OSCEs and through evidence drawn from their portfolios.

The team met with students drawn from all stages of the course, and some cohorts reported that they had received limited multi-disciplinary learning to date. For example, they had participated in conferences with other healthcare students but such events were infrequent: some cohorts had attended only one conference and some conferences had been cancelled. However other students had attended conferences with medical students and thought that the experience was valuable.

Therefore, the team concluded that the curriculum provides adequate learning for **LOs 45 to 52** to be either met or likely to be met, noting that the assessments for **LOs 45 and 46** have not yet been implemented in the new course. Therefore **LOs 45 and 46** are not yet met but are likely to be met and will be reviewed again during the part 2 event.

### 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"/>

The provider offered written evidence that the new course would teach and assess **LOs 53 to 55** at the appropriate level. This documentation showed that the concept of reflective practice is introduced in the *Fundamentals of Pharmacy* module in Year 1. In subsequent years, students use their portfolios to reflect on, and record, their development. They also support their colleagues' learning through group work and peer mentorship throughout the programme. Students are introduced to the concept of

evidence-based medicine and the scientific process in Year 1, before applying these principles to the case-based modules, reviewing the primary literature on treatments, and evaluating how therapeutic interventions should be used in patient care. Year 3 students contribute to the design, data collection, and analysis of a clinical audit, presenting their results as part of the module assessment, and undertake an independent research project in Year 4. Assessment is through a *viva voce* examination, and written project report. The team was confident that **LOs 53 to 55** were taught and assessed at the appropriate level.

## 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 <input type="checkbox"/>	Likely to be met ✓	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 <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 1.9 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The provider submitted documentation explaining the admissions criteria for the MPharm course and the preparatory year and provided further information during discussions with the team at the event. The team was generally satisfied with the provider's evidence, which reassured the team that selection and admission procedures were clear and fair. Admissions procedures include interviews and numeracy tests, with offers being made once all interviews are completed. There are clear criteria for offering interviews, staff are trained in interviewing techniques, and applicants receive video-based guidance on the interview. The provider also uses widening participation (WP) initiatives, allowing those meeting widening participation criteria to receive an offer of BBB rather than AAB.

The team used the event to explore the processes for admitting students to the preparatory year and transferring them to the MPharm course. The provider explained that A-Level entry criteria will change from DDD to CCC for students applying for 2024/25 entry. The team noted that the UCAS website was already displaying the preparatory year's new entry requirements but that the university's own website was not: the provider explained that the university website would be

updated once the current application cycle had ended. The team also noted that the university's website still referred to a 'pre-registration year', which is now outdated: the provider assured the team that this term would soon be updated. The team therefore considered that **criteria 1.3** was likely to be met because plans were in place to correct these errors, and this criterion will be reviewed during the part 2 event. The provider also explained the process for transferring students from the preparatory year to the MPharm: they must meet clear criteria, including the requirement that they achieve a mark of 60% for the preparatory year as well as a mark of 60% in Foundation Chemistry before progressing to the MPharm.

The team discussed the use of UCAS's Clearing process for admitting students to the MPharm. The provider tries to avoid Clearing where possible, preferring to prioritise applicants who have applied to the University as this demonstrates their commitment to the course. Clearing would be used, however, if fewer than 100 students would otherwise be admitted. The team was surprised that the provider could not report the precise number of applicants admitted without the above A-Level grades, but the provider was confident that this number was held on record centrally and was likely to be small. The provider explained that it was challenging to maintain a cap of 100 students owing to uncertainties in the admissions system. Conversion rates from previous years are used to estimate the number of offers the provider should make. The provider also considers the likely number of students who do not enrol as expected.

Admissions processes are subject to annual reviews which draw on admissions and progression data. These reviews have sometimes led to changes in admissions policy: the course team noticed that applicants holding BTEC qualifications often struggled with the course and the admissions criteria were changed to include an additional requirement for an A-Level qualification in Chemistry.

The team noted the uncertainties and challenges inherent in maintaining an intake of 100 students but was confident that the provider's admissions criteria gave assurance that **criteria 1.8** was likely to be met, although student intake and adherence to these criteria will be reviewed again during the part 2 event.

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

The provider's written submission outlined the University's commitment to ensuring that the values of equality, diversity and fairness permeate learning and teaching throughout the institution. This aim is supported by a series of committees which monitor adherence to policies promoting these values. Discussions at the event gave the team assurance that all elements of this standard were met or likely

to be met. For example, it was clear that the provider maintained a system for monitoring the diversity of the student body and promoting fairness in teaching and assessment. An Equality, Diversity and Inclusion (EDI) committee analyses student attainment data and an EDI action plan is used to implement any recommended changes and monitor their impact. The team considered that these systems had not yet been fully implemented for experiential learning elements of the course, as the experiential learning elements have themselves not yet been implemented, but the team was confident that **criterion 2.2** was likely to be met and this will be reviewed at the part 2 event.

EDI principles also permeate the course curriculum. Teaching includes legal and ethical obligations regarding patients of different ethnic or religious background, and the team's meeting with students confirmed that students are satisfied that the course has made important strides in this area. For example, training on skin disorders emphasizes the effect of skin tone on the appearance and differential diagnosis of skin disorders. Recent graduates were impressed by this innovation to the course.

The team was confident that students' specific needs are taken into account during the placement allocation process and during the placements themselves. The placement manual advises supervisors on students' needs and a weekly 'check in' is used to check on students regularly. Pharmacies are given a university contact in case they are worried about a student. The provider reported that specific needs are accommodated. For example, the university could match students with specific needs to placements with appropriate facilities: this system had recently accommodated the needs of a student who used a mobility scooter. The provider was confident that these measures could be sustained if the student intake increased: a combination of manual and computer-based systems allow EDI data regarding disability to be flagged early, and practice link supervisors allow difficulties to be flagged to the university. The team also noted plans to train placement supervisors to apply the principals of equality, diversity and fairness. Supervisors currently receive information from their manual and the university's Quality Officer considers NHSE requirements when reviewing quality standards. Future plans include training for supervisors.

The provider's written submission had highlighted some significant differences in student progression and achievement data relating to ethnicity and entry qualifications, and the team was keen to discuss any actions taken to understand and address these differences. The provider outlined several general processes, including the following:

- diversifying the staff base
- incorporating action plans to close attainment gaps in the annual academic quality assessment
- including student representatives in discussions of module improvements
- offering one-to-one pastoral care
- retaining online lectures so they can be accessed later
- analysing assessment data to illustrate differences between mature students and other students.

The team noted that many systems were in place but there were few specific examples of measures taken to address the differences in student progression described above. Plans were in place for this, but they had yet to be implemented. The team was therefore confident that **criterion 2.4** was likely to be met when the course is reviewed at the part 2 event.



## Standard 3: Resources and capacity

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

Criterion 3.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 3.2 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 3.3 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The team was aware that the university had undergone significant changes to its structure since the last event and the team was keen to understand their impact on the programme. The University and School have new systems for managing resources and budgets following the restructuring, but still use a series of committees to monitor these matters and consider future plans. The provider's written and oral evidence generally reassured the team that the changes had not been to the course's detriment and the team was confident that all criteria of Standard 3 were met or likely to be met. For example, a tour of the teaching laboratories confirmed that facilities and equipment were sufficient to deliver the course. The provider reported that the amount of clinical space had been doubled and clinical simulators (*Sim Man*) had been purchased.

Staffing levels are currently uncertain although the provider is confident of maintaining sufficient staffing to deliver the course. There are currently 57 staff (44.4 whole-time equivalent: WTE) in the School with 31.7 WTE staff delivering the course. These include 19 pharmacists, of whom five are prescribers.

The university plans to make ten academic redundancies in the School, including two from the course. The team heard that one redundancy has been mitigated and therefore only one further redundancy remains. Three members of staff have applied for professorial positions and the number of professors is therefore likely to increase: the provider is confident that this should not impact the overall budget. The staff mix had also widened, with more pharmacist prescribers now in post. The team was reassured by this information and was impressed that professorial applications are being encouraged, however the team also noted that the impact of the redundancy scheme was not yet known. For this reason, **criterion 3.1** is likely to be met and will be reviewed at the part 2 event.

## 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 type="checkbox"/>	Not met <input checked="" 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 type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 4.6 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The provider's written submission explained the management chain for delivering and evaluating the course. The MPharm Course Leader is responsible for the running of the course, future planning and working with the GPhC, and answers directly to the School's Associate Dean for Education and Student

Experience. The Pharmacy Academic Subject Lead oversees management issues across all Pharmacy-based courses within the School, and is supported by two Associate Pharmacy Subject Leads. There are also four Assistant Course Leaders (ACLs) with responsibility for each specific year of the MPharm course. These key staff report to School-level committees, including the School Executive Board, which have responsibility for overseeing the course's academic quality and standards. Further discussions with the team gave assurance that most elements of this standard were met or likely to be met, with the exception of **criteria 4.1** and **4.5** which were not met.

The team was satisfied that the provider sampled a range of stakeholder opinion when delivering the course. This is achieved using a horizon-scanning stakeholder group which meets twice per year and includes community pharmacists, hospital pharmacists and patients. Placement supervisors submit feedback forms at end of placement and these can be used to inform the course delivery in the longer term. The National Student Survey is used to gather feedback from students, who also participate in a School student forum. Students also respond to module evaluation questionnaires at the end of each module and these are considered at the end of the academic year. Evaluation also takes place during the academic year, through mid-module meetings with student representatives each semester. Students use their logbooks to give feedback on their placements: this is reviewed by the module team. Student views form part of the School's Annual Health Review. Students confirmed that their views were sought but told the team that they were dissatisfied with the operation of the staff-student committee because they felt that no actions had been taken to improve their experience. Timetables had not been adjusted in response to their requests, for example. The provider confirmed that they had been responsive to student opinions, however: they had ensured online lectures are recorded and retained for future use, and have provided examination support when assessments returned to normal after the Covid pandemic. The team is therefore confident that the provider does seek students' views and uses them appropriately to inform the delivery of the course.

The team noted that placement supervisors are appropriately trained and have clearly defined roles and responsibilities. They complete an online training package which covers assessment, and must also self-declare their appropriate experience. Training for supervisors is scheduled for September and October before the first placements take place in February. Supervisors report to practice link placement supervisors, and the provider's placement co-ordinator (an administrator) has regular contact with students on placement. Any issues arising during placements are initially raised with the placement co-ordinator who escalates this to the module lead. The provider has made some progress in securing contracts with placement partners in preparation for the 2023/24 academic year, although some are yet to be agreed. Contracts have been signed with Boots, for example, and the provider is confident that agreements will be reached with Paydens and Day-Lewis. They plan to secure placements in community pharmacy for Year 1 and Year 2 students, and approximately ten general practitioner surgeries have agreed to receive Year 3 students. Placements are also used at the Brighton and Sussex University Hospitals NHS Trust which is keen to expand its placement capacity. The team notes that agreements with some pharmacies are in place but it is not clear that there are any with Primary Care Networks, for example, which would potentially widen placement provision, and some agreements have yet to be confirmed. Therefore, **criterion 4.2** is likely to be met and will be reviewed at the part 2 event.

It was also clear that the provider's MPharm Teaching, Learning and Assessment Committee is instrumental in ensuring that the course reflects contemporary practice. The stakeholder horizon-scanning group feeds into this committee, ensuring that the committee receives advice from practising pharmacists, and the provider's clinical staff continue to work in patient facing roles,

helping to maintain contact with contemporary practice. The provider has introduced a new module on pharmacogenomics to enhance the coverage of advanced medicine and technological changes, demonstrating the course's continuing evolution.

However, the team was aware that students' progression rates and success in the GPhC's Registration Assessment had been disappointing in recent years and that these results formed the basis of an action plan drawn up in conjunction with the GPhC. The team therefore paid particular attention to the provider's systems and policies for managing, evaluating and improving the course, but was unconvinced that current systems were effective in either managing the course delivery (**criterion 4.1**) or in evaluating and improving the course (**criterion 4.5**). For example, the provider currently uses a range of processes to evaluate the course. An Associate Dean has responsibility for student experience and academic quality but the course leader examines progression data at the end of each academic year, paying more attention to specific modules with unusually poor results, and consulting external examiners. The provider uses the *QlikView* system to facilitate data analysis. However, the provider's data show that only 53.1% of students entering in 2018 graduated in 2022 (20% of students were withdrawn from the course and 22% are still in progress). The team also noted students' poor scores in calculations. This was underlined by external examiners' comments on low performance in calculations, low Registration Assessment pass rates, and Oriel data for the 2022/23 academic year. The provider explained that they had already attempted to help students' numeracy skills: there is now a numeracy programme which includes formal sessions on specific numeracy topics, such as molecular weights and displacement, numeracy quizzes and drop-in 'numeracy cafes' to help students with problematic calculations. The team welcomed these measures, but noted that they have only recently been implemented and their impact is not yet known.

Overall, the team concluded that the data showed that the provider's processes were not effectively managing the delivery of the course, nor in evaluating or improving it. Therefore, **criteria 4.1** and **4.5** are not met. The team also observed that the provider's risk register did not include the GPhC action plan and that the action plan itself should include the regular review of student performance data. This is necessary to build a secure process for managing the programme delivery, given students' disappointing performance, and to offer reassurance that processes are likely to result in improvements to student progression. This is the subject of **Condition 4**.

## 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 <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 5.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.4 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.6 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 5.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" 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 provider's written submission and discussions with the team gave assurance that most elements of this standard were met or likely to be met, with the exception of **criteria 5.1 and 5.6** which were not met.

The team judged that, overall, the course curriculum was constructed to ensure graduates were well grounded in scientific, clinical and professional aspects of pharmacy. Delivery of the curriculum was based on the provider's 'teach-simulate-apply' pedagogical philosophy which uses case-based teaching and simulation workshops to prepare students for their experiential learning and foundation year. Clinical and professional skills modules use case studies to hone clinical and professional skills, whereas experiential learning modules encourage learning rather than teaching, and develop students' decision-making, reasoning, clinical intervention, monitoring and evaluation. The accreditation team was confident that the teach-simulate-apply system is appropriate and supports student learning.

The provider also outlined plans for interprofessional experience (IPE). It is managed by an IPE Strategy Group comprising members of the university's health and social care disciplines. The provider plans for each student to participate in an IPE conference in each year of their course: these will encourage students to think about themselves as pharmacists in the context of the healthcare team. IPE increases in complexity across the course, with conferences discussing social problems, such as loneliness, as well as medical problems. Real patients are included in Year 4 to discuss their own lived experiences, which might include amputation and sickle-cell disease. The provider expects that IPE will raise students' sense of professionalism, and is considering an IPE subcommittee to develop this area of the course. The team's meeting with students suggested that there was little IPE to date, however. For example, IPE appears to rely on a conference, with no specific IPE-related activities embedded within placements, and the students reported that a Year 2 IPE conference was cancelled and not rescheduled. The team, however, recognized that the provider has a plan to provide IPE, which appears to grow in complexity across the course, but that it has not yet been fully implemented. For this reason, **critterion 5.7** was judged likely to be met and will be reviewed at the part 2 event.

Placements form an essential part of the course and help to support students' clinical learning. The provider explained that placements increase in volume and complexity across course, and IPE is used throughout the course to improve students' understanding of other healthcare disciplines and encourage communication and practice across disciplines. The provider has worked closely with the placements team to link placement learning to taught elements of the course, ensuring that different LOs are covered in different placement sectors. The team noted that plans were in place to arrange increasingly complex experiential learning but that these plans had not been fully implemented. Therefore, **critterion 5.2** was judged likely to be met and will be reviewed at the part 2 event.

The team explored the planned placements' suitability for delivering the breadth and volume of experience that students need to cover the relevant LOs and gain sufficient clinical experience. The provider aims to use multisector placements so that each student experiences working in at least three sectors. Placements are offered at Brighton and Sussex University Hospitals NHS Trust as well as in community practices, which will include domiciliary work and experience at general practitioners' practices. Community Health Trusts have also been used for one week placements. The provider also hopes to arrange more specialized placements, such as in the prison system. Students must undertake community placements in Years 1 and 2 and hospital placements in Years 2, 3 and 4. The provider explained that the students' log books would tell students and supervisors the experience the student should be gaining and the skills to be covered. Since the participation of external parties involved in accommodating placements has been sought but not yet been guaranteed, **criterion 5.3** was judged likely to be met and will be reviewed at the part 2 event.

The provider offered assurance that students' learning experience would be consistent across all placement sites. For example, the students' log books states the expectations of supervisors and students, and potential placement sites must meet defined criteria covering such matters as the premises and the levels of supervision. Students are able to give electronic feedback on their placement experiences, including confirmation of the learning culture and that scheduled quality assurance events were conducted as required. Supervisors also receive a video-based training programme to instruct them on their duties.

The team was reassured of the provider's processes for quality assuring placements, however the team was not convinced that the planned placement arrangements will guarantee a sufficiently broad learning experience. The plans do not clearly support the provider's aims for multisector experience because some students will experience limited variety of sector experience until almost the end of the course. The provider also has no strategic plan to guarantee future placements capacity. The team is also concerned that plans for the transitional cohorts (the current Years 1 and 2) lack sufficient experiential learning. For example, the provider informed the team that current year 1 and 2 students will study the current Years 2 and 3 syllabuses, modified to include teaching and assessment to prepare them for the new Year 4. The team concluded that merely modifying the Years 2 and 3 teaching was insufficient preparation for a newly designed Year 4 syllabus, particularly given the lack of placement plans discussed above. Plans do not yet include a suitable breadth of patients or a suitable range of environments, either for the new course or the transition to the new course. For these reasons, the team judged that **criteria 5.1 and 5.6** were not met (**Conditions 1 and 2**).

## Standard 6: Assessment

Higher-education institutions must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards. The assessment strategy must assess whether a student pharmacist's practice is safe

Criterion 6.1 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.2 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 6.3 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 6.4 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 6.5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.6 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>

Criterion 6.7 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" 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 checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The provider's written submission and discussions with the team gave assurance that most elements of Standard 6 were met or likely to be met, with the exception of **criteria 6.3, 6.4 and 6.7** which were not met.

Students are assessed in accordance with an assessment strategy which uses various types of assessment, including written examinations, OSCEs, presentations, and written reports. Supervised learning events (SLEs) are used to assess students' experiential learning while on placement. The provider expects this strategy to encourage learning by engaging with the case-based curriculum assessing students' attainment in both academic and professional skills. Assessments harmonize with the course's spiral curriculum by concentrating on the assimilation of knowledge in Year 1, followed by assessments in subsequent years that test students' ability to solve more complex academic and clinical problems.

The provider submitted an assessment blueprint which summarises the method by which each outcome described by the GPhC's *Future Pharmacists: Standards for the initial education and training of pharmacists* (2021) is assessed across all years of the course. All outcomes are assessed at least once, and assessments apply Miller's pyramid of assessment by expecting students to move from acquisition and application of knowledge in the earlier years to demonstrable clinical competence in later years.

The team understood that the SLEs and extended placement activities (EPAs) would be assessed in practice and explored these assessments with the provider. The provider explained that these assessments will be formative and that students will undergo more practice and retake their assessments if they do not initially meet the requirements to pass at a 'does' level according to Miller's pyramid. The provider described these assessments as being a 'work in progress' and that they are currently working with placement providers to implement the plans and confirm governance processes. Students' experiential learning is recorded in a portfolio which notes the LOs covered during their placements and the SLEs taken. The provider was confident that assessment of students' portfolios would be consistent and that a passing standard was clearly defined. For example, students provide evidence that they have met the required LOs and this is mapped to a specific skills framework. The evidence is verified by academic staff. The provider has also agreed to offer a range of media resources for placement supervisors to instruct them in the expectations of them and the student whilst on placement. This will include a detailed breakdown of placement activities and SLE, as well as tutorial videos describing the role of a placement supervisor. The provider also explained that NHS England plans to work with the provider along with the other higher education institutions in the South East of England to help develop terminology and tools to provide regional level quality assurance.

The team concluded that the assessment plans seem appropriate to assess the relevant LOs in the new course but also noted that the plans have not yet been implemented: the portfolio has yet to be introduced, for example. For these reasons, the team agreed that **criteria 6.2** and **6.6** are likely to be met and will be reviewed at the part 2 event.

The team was concerned that assessment plans have not been adapted for transitioning students (those currently in years 1 and 2) who started on the 'old' MPharm and will graduate on the 'new' MPharm and concluded that more work is needed to develop an assessment plan for these students to reassure the team that students will meet all the LOs in the 2021 standards and will be assessed at the 'does' level, where required. This conclusion is also related to Standard 5 above, for which concerns were raised over placement capacity and which will impact on experiential learning.

**Criterion 6.3** is therefore not met (**Condition 2**).

The provider described in detail the process for standard-setting for OSCEs. A borderline pass in a OSCE is defined as the minimally acceptable standard required to progress to the next stage of the course. Assessors discuss the characteristics of a borderline pass for each OSCE station and each station has its own set of LOs. The provider is considering incorporating some concept of variability in future, by making use of standard error, for example. Students failing an OSCE can receive remedial feedback but must resit the OSCE. Resits use the same cut-off mark as the original OSCE, and use similar tasks but with different cases and questions.

Assessments involving calculations use a blue-printing process to standardize the text in each question, and questions are restricted to topics appropriate for the students' level of learning. Questions can therefore be made more complex in later stages of the course. The pass mark is 70%: this is chosen because teaching staff are comfortable that it ensures students have met the necessary level of competence to meet the relevant LOs. The provider also believes this pass mark encourages student learning: staff reported that raising the pass mark from 40% to 70% has encouraged higher standards among students and pass rates remain high. They have considered raising the pass mark to 80% to see whether this improves students' performance in the Registration Assessments, but a decision has not yet been made. Students confirmed that they were aware of the pass criteria, but the team considers that the standards are arbitrary: a pass/fail criterion is in place but the provider does not have a clear standard-setting process and the pass mark is still subject to review. Therefore **criteria 6.4** and **6.7** are not met (**Condition 3** and **LO 32**).

The team was generally assured that the provider's processes would be effective in monitoring students' progress in assessments throughout the academic year and that struggling students would be identified. For example, students' marks were monitored across the year and students were also monitored through tutorials, with advice given to those who were struggling. Students are asked to develop action plans to improve their performance and tutors check that students are following their plans. The provider also emphasized that formative assessments are now more frequently used and this should help identify academic problems. Systems were planned for monitoring students' progress during their placements and their personal tutors would use their log books for this purpose. The team was assured by these processes but noted that monitoring systems for interprofessional and experiential learning had yet to be implemented. Therefore, **criterion 6.8** was likely to be met and will be reviewed at the part 2 event.

The team also judged that **criterion 6.11** was likely to be met because training and instruction for assessors and placement supervisors was planned. Staff assessing OSCEs are shown a training video illustrating borderline candidates, for example, and placement supervisors undergo the training

discussed under Standard 5. The team notes that the measures for placement supervisors have yet to be implemented and this criterion will be reviewed at the part 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 <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.2 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.3 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.4 is:	Met <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.7 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.8 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The provider's written submission, and discussions with the provider and students, assured the team of the extent of support available for students and staff. Students are assigned personal tutors who monitor students' progress throughout the course. Most students appeared very satisfied with this system and complemented the provider on the levels of support they received from the course team, particularly during the pandemic, although one student reported that complaints about the course had not always been addressed. For example, a request for more laptop charging points in lecture theatres had not been successful. Students on the preparatory year benefit from similar systems and are encouraged to think of themselves as student pharmacists, and during this year and have contact with pharmacists on the academic staff.

Those students repeating a year are given extra help: they are supported by an assistant course lead specifically in place for repeating students who can direct students to any relevant additional support. Group sessions are available for students to discuss forthcoming examinations and action plans, and students appear satisfied with these methods, although they are recent innovations and their success is not yet known.

The team discussed the assistance available to students preparing for important professional events including Oriol applications and their foundation training. Students can attend talks by employers and are advised to consider factors such as location in making their decisions. The provider holds a training session regarding Oriol: the course team noted that this session initially had little impact on students' success in Oriol applications but there have recently been fewer failures on numeracy. This is encouraging the course team to persevere with these sessions. Students are also offered opportunities to take mock registration assessments, and the provider supports a blog which provides useful information on foundation training and assessment. Recent graduates appreciated the support they received for their foundation years.



As discussed under Standards 5 and 6, the provider offers training for assessors and but its plan for training placement supervisors, although clear, is yet to be implemented. Therefore **critterion 7.6** is likely to be met and will be reviewed at the part 2 event.

## Teach out and transfer arrangements

The provider's written submission included the arrangements for transferring students from the existing MPharm course to the new one, and the team used the event to explore these matters in detail. The team was generally assured by the transfer arrangements. The new course will be based on the GPhC's 2021 IET standards and will be introduced to Year 1 students in the 2023/24 academic year. New Year 2 and Year 4 curricula will be introduced in 2024/25 and a new Year 3 in 2025/6. The team questioned the reason for the new Year 3 curriculum not being introduced until 2025/6: this was because of uncertainty over placement capacity.

As discussed under Standard 5, the provider plans to deliver a new expanded 80 credit Year 4 module in the 2024/25 academic year: *Clinical and Professional Skills 4*. Current Year 1 and 2 students will take existing Year 2 and 3 modules, modified to include material and assessment to prepare them for the new Year 4. For example, current Year 1 and 2 students will receive some additional teaching on such topics as patient examination, consent, and history to help them transition to the new Year 4. Simulations will form a greater part of the curriculum throughout the course to provide transitioning students with the knowledge they need. However, as discussed under Standards 5 and 6, the plans do not yet include a suitable breadth of patients or a suitable range of placement environments, either for the new course or the transition to the new course, and assessment plans have not been adapted for transitioning students (**criteria 5.1, 5.6 and 6.3; Conditions 1 and 2**).

## 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).



