

**Cardiff University, Master of Pharmacy (MPharm)  
degree reaccreditation part 1 event report, May  
2023**



# Contents

<b>Event summary and conclusions</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>2</b>
Role of the GPhC.....	2
Background.....	3
Documentation.....	3
Pre-event.....	3
The event.....	3
Declarations of interest .....	4
Schedule .....	4
Attendees .....	6
<b>Key findings - Part 1 Learning outcomes</b> .....	<b>7</b>
Domain: Person-centred care and collaboration (learning outcomes 1 - 14) .....	7
Domain: Professional practice (learning outcomes 15 - 44).....	8
Domain: Leadership and management (learning outcomes 45 - 52) .....	9
Domain: Education and research (learning outcomes 53 - 55).....	9
<b>Key findings - Part 2 Standards for the initial education and training of pharmacists</b> .....	<b>10</b>
Standard 1: Selection and admission .....	10
Standard 2: Equality, diversity and fairness .....	11
Standard 3: Resources and capacity .....	13
Standard 4: Managing, developing and evaluating MPharm degrees .....	15
Standard 5: Curriculum design and delivery .....	17
Standard 6: Assessment.....	21
Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree .....	24
<b>Teach out and transfer arrangements</b> .....	<b>27</b>
Decision descriptors.....	29

## Event summary and conclusions

<b>Provider</b>	Cardiff University
<b>Course</b>	Master of Pharmacy (MPharm) degree
<b>Event type</b>	Reaccreditation (part 1)
<b>Event date</b>	23-25 May 2023
<b>Approval period</b>	2022/23 – 2030/31
<b>Relevant requirements</b>	<a href="#">Standards for the initial education and training of pharmacists, January 2021</a>
<b>Outcome</b>	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by Cardiff University is reaccredited, subject to a satisfactory part 2 event. There were no conditions.</p> <p>Reaccreditation is recommended for a period of 6 years after part 2 event, with an interim event at the mid-way point. The accreditation team reserve to amend this accreditation period if necessary, following the part 2 event.</p> <p>The part 2 reaccreditation event will take place in the 2024/25 academic year and is likely to take place virtually.</p>
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	No recommendations were made.
<b>Minor amendments</b>	The website should be updated with the updated placement offer as well as amending references to pre-registration training.
<b>Registrar decision</b>	<p>The Registrar of the GPhC has reviewed the reaccreditation report and accepted the accreditation team’s recommendation.</p> <p>The Registrar is satisfied that Cardiff University has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the initial education and training of pharmacists, January 2021.</p> <p>The Registrar confirms that Cardiff University is approved to offer the Master of Pharmacy (MPharm) degree for 6 years, subject to a satisfactory part 2 event. The part 2 event will take place in the 2024/25</p>

	academic year and is likely to be virtual. The Registrar notes that there were no conditions associated with this event.
<b>Key contact (provider)</b>	Dr Mat Smith, Director of Learning and Teaching
<b>Accreditation team</b>	<p>Ahmed Aboo (Team Leader), Associate Professor in Pharmacy Practice, De Montfort University</p> <p>Parbir Jagpal (team member - academic), Director of Prescribing, University of Birmingham School of Pharmacy, University of Birmingham</p> <p>Dr Tania Webb (team member - academic), Associate Professor in Molecular Pharmacology, De Montfort University</p> <p>Stephen Doherty (team member - pharmacist), Head of Foundation School, NHS England</p> <p>Charlotte Collins (team member - pharmacist newly qualified) Palliative Care Pharmacist, St Cuthbert's Hospice and Teacher Practitioner, University of Sunderland</p> <p>Fiona Barber (team member - lay) Deputy Chair &amp; Independent Lay member, East Leicestershire &amp; Rutland CCG</p>
<b>GPhC representative</b>	Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council
<b>Rapporteur</b>	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde
<b>Observers</b>	<p>Liam Anstey, Director for Wales, General Pharmaceutical Council</p> <p>Niall Stewart-Kelcher, Senior Registration Officer (Education), General Pharmaceutical Council</p>

## 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 MPharm programme at Cardiff University is delivered by the School of Pharmacy and Pharmaceutical Sciences, one of seven schools constituting the College of Biomedical and Life Sciences. The programme was reaccredited by the GPhC in April 2015 for a full period of six years, with no conditions or recommendations. An interim event was held in December 2017, when the team recommended that the accreditation should continue for the remainder of the accreditation period; there were no conditions or recommendations. In view of the introduction of the new (2021) GPhC standards for the initial education and training of pharmacists, a further interim event was held in March 2021, prior to the course being subject to accreditation against these new standards. On that occasion, the team recommended that the Cardiff MPharm programme should continue to be approved until 2022/23, at which point the provision would be accredited against the 2021 standards; again, there were no conditions or recommendations. Accordingly, a part 1 event was scheduled to take place in May 2023.

## Documentation

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

## Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 5 May 2023. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and Cardiff University to ask any questions or seek clarification, and to finalise arrangements for the event. The University 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 24 - 25 May 2023 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with students.

## Declarations of interest

Dr Tania Webb graduated from Cardiff University in 1989. However, this was not from the School of Pharmacy. The team agreed that this did not constitute a conflict of interest.

## Schedule

### Day 1: 24 May 2023

<b>09:00 – 09:45</b>	Welcome and introductions. Management and oversight of the MPharm degree - part 1 <ul style="list-style-type: none"><li>• Presentation from the University</li></ul>
<b>09:45 – 10:15</b>	Tour of MPharm teaching and learning facilities
<b>10:15 – 11:00</b>	Break and private meeting of accreditation team
<b>11:00 – 12:30</b>	Management and oversight of the MPharm degree - part 2 <ul style="list-style-type: none"><li>• Questions and discussions</li></ul>
<b>12:30 – 13:30</b>	Lunch and private meeting of accreditation team
<b>13:30 – 14:30</b>	Student meeting
<b>14:30 – 15:00</b>	Break and private meeting of accreditation team
<b>15:00 – 17:00</b>	Teaching, learning, support and assessment - part 1 <ul style="list-style-type: none"><li>• Presentation from the University</li><li>• Questions and discussion</li></ul>

### Day 2: 25 May 2023

<b>08:30 – 09:00</b>	Private meeting of the accreditation team
<b>09:00 – 10:00</b>	Teaching, learning, support and assessment - part 2 <ul style="list-style-type: none"><li>• Presentation</li><li>• Questions and discussion</li></ul>
<b>10:00 – 10:30</b>	Break and private meeting of the accreditation team
<b>10:30 – 11:45</b>	Teaching, learning, support and assessment - part 3: <ul style="list-style-type: none"><li>• A detailed look at the teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team</li></ul>

<b>11:45 – 15:15</b>	Private meeting of the accreditation team (including lunch)
<b>15:15 – 15:30</b>	Delivery of outcome to the School.

## Attendees

### Course provider

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

<b>Name</b>	<b>Designation at the time of accreditation event</b>
Birchall, Professor James	Deputy Head of School & Chair of RASG committee
Bowen, Dr Jenna	Lecturer
Davies, Wyn	Welsh Language Lead
Deslandes, Dr Rhian	Senior Lecturer
Doyle, Laura	Head of Undergraduate and Foundation Pharmacist, Health Education and Improvement Wales
Ford, Dr Will	Senior Lecturer
Gilbertson, Janet	Head of Clinical Education Cwm Taf Morgannwg University Health
Gumbleton, Professor Mark*	Head of School
Hughes, Dr Louise	Student Staff Panel Convener and OSCE lead
Hutchence, David*	Education and Student Manager
Ivory, Dr Matt	Lecturer
James, Dr Robert	Lecturer
King, Dr Helen*	Undergraduate Placements Lead
Lane, Dr Emma	Reader in Neuropharmacology
Lloyd, Catrin	Post-registration Foundation Training Programme, Educational Supervisor
Mehellou, Dr Youcef	Senior Lecturer
Smith, Dr Mat*	Director of Learning and Teaching
Taylor, Simon	Teacher Practitioner
Thomas, Cher	Lecturer
White, Dr Alex*	MPharm Programme Director & Senior tutor
Yemm, Dr Rowan	Independent Prescribing Programme Director

\* attended the pre-event meeting

The accreditation team also met a group of 15 MPharm students comprising four from each of years 1, 3 and 4 and three from year 2.



## Key findings - Part 1 Learning outcomes

During the reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree. To gain additional assurance the accreditation team also tested a sample of **six** learning outcomes during a separate meeting with the provider.

The following learning outcomes were explored further during the event: **Learning outcomes 3, 10, 14, 18, 21, and 28.**

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

See the **decision descriptors** for an explanation of the 'Met' 'Likely to be met' and 'not met' decisions available to the accreditation team.

The learning outcomes are detailed within the **Standards for the initial education and training of pharmacists, January 2021.**

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

Learning outcome 1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 2 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input 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 checked="" type="checkbox"/>	Likely to be met <input 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 type="checkbox"/>	Likely to be met <input checked="" 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 <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 13 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 14 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

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

- 1. *Demonstrate empathy and keep the person at the centre of their approach to care at all times*
- 9. *Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care*
- 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.*

This is because much of the evidence for meeting these outcomes will be obtained during periods of experiential learning and/or inter-professional learning, both of which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during the part 2 event.

### Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 16 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 17 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 18 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 19 is	Met <input checked="" type="checkbox"/>	Likely to be met <input 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 checked="" type="checkbox"/>	Likely to be met <input 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 checked="" type="checkbox"/>	Likely to be met <input 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 checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 32 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input 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 checked="" type="checkbox"/>	Likely to be met <input 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 team agreed that 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.
- 28. Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person.
- 37. Prescribe effectively within the relevant systems and frameworks for medicines use.

This is because much of the evidence for meeting these outcomes will be obtained during periods of experiential learning and/or inter-professional learning, both of which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during the part 2 event.

The team agreed that the following outcome is likely to be met.

- 32. Accurately perform calculations

This is because there was insufficient evidence that students failing a final year diagnostic calculations test remained capable of demonstrating this outcome at the 'does' level by the time of graduation (Please see the narrative under standard 6). This learning outcome will be reviewed again during the part 2 event.

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

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

- 45. Demonstrate effective leadership and management skills as part of the multi-disciplinary team.
- 46. Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines.

This is because much of the evidence for meeting these outcomes will be obtained during periods of experiential learning and/or inter-professional learning, both of which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during the part 2 event.

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

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

## Key findings - Part 2 Standards for the initial education and training of pharmacists

The criteria that sit beneath each standard are detailed within the [Standards for the initial education and training of pharmacists, January 2021](#).

### Standard 1: Selection and admission

Students must be selected for and admitted onto MPharm degrees on the basis that they are being prepared to practise as a pharmacist

Criterion 1.1 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.2 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 1.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.6 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.7 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.8 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.9 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The University's Coursefinder Catalogue and prospectus, as well as the School's website, provide information about the MPharm programme and the admissions and selection process, the GPhC standards for pharmacy professionals, and entry requirements, including health and character checks. Within the School, recruitment and admissions are overseen by the Recruitment and Admissions Strategy Group (RASG), which meets monthly to agree selection criteria and events, and to monitor admission figures and targets. The University's Central Admissions Team, in discussion with the School, undertakes initial screening of applications against the academic entry criteria, while considering contextual scores, which are based on a number of factors such as indices of multiple deprivation. All applicants who meet the entry criteria are invited for an interview. Interviews are conducted by trained members of academic staff. Each online interview lasts approximately 45 minutes and includes situational judgement test questions aligned to NHS values and the Professional Attributes Framework, as well as a numeracy assessment. The RASG makes all selection decisions, which are informed by interviewers' written comments and recommendations. Contextual offers are made one grade lower than the standard offer of AAB at A-level.

The School monitors information on the protected characteristics of the student population, ensuring that application, selection and admission processes promote equality of opportunity and eliminate bias. The recruitment data have not shown any significant bias in gender, ethnicity or disability.

Responding to the team's wish to learn more about the interviews, including how the School supports and trains the interviewers and ensures consistency between them, as well as fairness of the process, the staff described how this was a new process which had been revised in response to feedback; the School interviews all appropriately qualified applicants, including those applying through clearing. Consistency of the process is supported by the fact that the staff worked together to develop it. All interviewers undergo training, including in unconscious bias, and those new to interviewing observe interviews initially. The interviewers work to a script, making thorough notes, with comments and

marks on each criterion covering motivation, communication and decision-making, the last focussing on how applicants have reached their decision. Assessment of numeracy is based on a test, with a pass mark determined from the cohort data. Decisions on all applicants are deferred until the RASG reviews the interview assessments and makes the final decision on offering places; candidates failing the numeracy test are rejected.

The team sought clarification of statements in the documentation that some applicants are accepted with grades below those advertised, and that those with contextual offers receive special consideration if they narrowly miss their required offer grades. The staff explained that acceptance of students with qualifications below those advertised or who narrowly fail to achieve their offered grades is undertaken only where there are special factors such as additional experience, for example, gained while working as a pharmacy technician.

Noting that a large number of applicants declined to answer the ethnicity question on their UCAS applications and that a higher proportion of these applicants are not made offers, the team explored this further with the staff, who explained that this was a significant matter across the whole University and indeed the wider HEI sector. The School interviews most of such applicants and they are rejected only if they do not meet the criteria; rejection is frequently based on the interview. No other data on this matter are available and all relevant data are held centrally by the University. The team learned that the School hopes to gain more understanding of this through a new data dissemination system; this will be re-examined for further clarification at the part 2 event.

The team agreed that all nine criteria relating to selection and admission are met or are likely to be met by the part 2 visit.

## Standard 2: Equality, diversity and fairness

**MPharm degrees must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and be delivered in such a way that the diverse needs of all students are met**

Criterion 2.1 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.4 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 2.5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.6 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The University's Strategic Equality Plan (SEP), covering the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex/gender and sexual orientation, aims to promote equality and achieve equality improvements across Cardiff University as required under the Equality Act 2010. The implementation of the SEP and progress towards its objectives are formally considered annually and detailed in the University's Annual Equality Monitoring Report. A key element of the SEP is the systematic collection and analysis of data on the protected characteristics. The School monitors progression and attainment statistics by gender, ethnicity, disability and postcode, the last being a marker of social deprivation. There was a

significant and unusual attainment gap for male students in 2021-22; the School identified no such gaps relating to disability, and work is in progress at College level to examine black, Asian and minority ethnic (BAME) awarding gaps. The Student Disability Service develops appropriate learning support plans for students with disabilities; these allow reasonable adjustments to be made for such students.

All staff members must undertake training every three years through e-learning modules covering Equality, Diversity and Inclusion (EDI), Welsh Language Awareness and Unconscious Bias. There is also a range of optional training programmes related to EDI. The School incorporates EDI into all four years of the MPharm programme, starting in the first year 'Professional Development' module. Prior to students attending placements with the volunteering services in Aneurin Bevan and Cardiff & Vale University Health Boards, students complete NHS mandatory training which includes EDI. The range of simulated patients played by actors with whom students interact is now diverse in terms of age, ethnicity, and gender.

The documentation stated that the University actively promotes an equality impact assessment process in all policy and decision making. Responding to the team's wish to learn how the School uses this to embed equality, diversity and fairness in its systems and policies, the staff described how this is achieved through the School's EDI committee working closely with the Education Committee. EDI issues are considered by all committees, including the Board of Studies, and are integral to placement experience; students must understand EDI before they go out on placement.

In response to the team's request to learn more about the work in progress concerning the BAME awarding gap, including the attainment of good degrees by this group, as well as about the issue of harassment of students on placements referred to in the documentation, the staff described how the BAME attainment gap across the University was 15%, but significantly less in the School. Ethnicity data are held centrally and not by the School which means that tracking of students, for example, to determine at what point the attainment gap begins, must be undertaken centrally; however, the School is looking for quarterly reports. One contributory factor may be racial harassment and abuse on placements. A College group is examining this issue which has been identified through students' portfolios and this investigation forms part of ongoing quality assurance work with HEIW. This is being addressed by better preparation of students for their placements, as well as placement supervisor training and student support where required. InPlace software takes account of protected characteristics, allowing adjustments to be made for the need for certain dress, and the requirement for prayer rooms, as well as other issues such as allergies. The School is also considering if the awarding gap relates to particular assessments. Accordingly, more diverse assessment types are in use and the School is increasing the diversity of its actor pool and clinical skills equipment, as well as using a wider variety of patients in case studies, alongside diversification and decolonisation of the curriculum. Timetabling factors may also contribute and the School is addressing this, for example, to accommodate commuting students by reducing the 9.00 a.m. to 5.00 p.m. commitment, changing teaching groups and moving to more directed learning, so that students can pace their learning activities.

The team learned that analysis of the data of protected characteristics also identified a significant male-female awarding gap in 2021/22, with a 13% worse performance for males. The School is examining this to determine if it was a one-off event associated with the Covid pandemic, or is a continuing phenomenon.

The team also learned that Welsh language speakers do not always report this when applying to the University. The School wants to increase the use of the Welsh Language in pharmacy to help Welsh

speaking patients. Initiatives to attract more Welsh-speaking students include demystifying the University and the selection process to applicants, offering the selection interview in Welsh, offering Welsh speaking students a bilingual personal tutor and making simulations bilingual.

In response to the team's request to learn about the training undertaken by the School's staff and placement supervisors to enable them to provide students with appropriate support, the staff stated that all supervisors and placement providers are trained, and that all members of staff have an overview of the programme. New staff members undertake a standard training programme in teaching, learning and assessment for HEA fellowship and all members of staff undergo personal tutor training. Personal tutoring covers both pastoral care and academic issues and tutors are also to be involved in assessment of students' portfolios. Every member of the School's academic staff is therefore involved in placement-related activities, including access to the pre-placement workshops. The School works closely with Student Wellbeing Services and members of the central support team work in the School, for example, providing EDI training, including mental health wellbeing.

Responding to the team's wish to know how students with disabilities will be accommodated and supported on placements, the staff described how the School has introduced new software, InPlace, for the management and allocation of placements. In allocating placements, this software considers all protected characteristics including disability, as well as considering caring responsibilities and the ability to drive. The matching of students and placements using this software has been successfully piloted.

The students confirmed to the team that they were introduced to the principles of EDI. Although they reported no specific sessions on the topic, apart from a year 4 lecture on 'prejudice', EDI was built into case studies where they encountered a wide range of patients; they also met actors showing diversity and skin diseases were discussed using a variety of skin tones.

The team agreed that all six criteria relating to equality, diversity and fairness are met or likely to be met by the part 2 event and looks forward to seeing the outcome of further work on awarding gaps related to protected characteristics.

### Standard 3: Resources and capacity

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

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

The School is one of seven, along with Biosciences, Dentistry, Healthcare Sciences, Medicine, Psychology and Optometry and Vision Sciences, in the College of Biomedical and Life Sciences. The Head of School is directly accountable to the Pro-Vice Chancellor of the College. The School operates its own annual pay and non-pay budget through an Integrated Planning Process (IPP) which is formally agreed between the Head of School and School Manager, and the College Pro-Vice Chancellor and College Registrar. The IPP involves a three-year projection of income and expenditure, modelling all School-linked income against staffing and other School resource costs required to meet delivery

needs. The IPP allows mapping of the School's plans to the resource provision at College and University levels and identifies areas of synergy across the College's wide breadth of healthcare education and training.

There is an academic staff establishment of 40 FTE with currently 35.3 FTE in post, along with five (1.4FTE) teacher practitioners. There are also technical staff and professional services staff, the latter being funded through a central budget. Twenty members of staff are pharmacist registrants and a further five have a pharmacy degree.

The School is located in the Redwood Building. Formal teaching spaces include lecture theatres, and teaching laboratories along with specialist teaching areas comprising consulting rooms, a hospital suite, clinical skills areas and dedicated student learning space. The hospital suite is under development, starting in the next academic year, and will include a four-bed simulation hospital ward accommodating electronic simulation mannequins; this will complement the much larger College simulation suites based in the University Hospital of Wales. The nearby Bute library is also an important resource for the School.

Noting that the School plans to increase the target student number intake from 155 to 180 in 2025/26, the team wished reassurance that there will be sufficient members of staff to deliver the programme, and to ensure that there is capacity in terms of personal tutoring and supervision. The staff explained that in the integrated planning process although the staff/student ratio (SSR) is not strictly linked to the budget, it is an important factor and this is recognised for the School, with mapping across the SSRs in the sector and bearing in mind the importance of maintaining the School's research activity. In addition to the allocated budget of around £5 million, there is a high income, of about £12 million. The School is also changing the way that staff members are deployed, with science staff being now involved in clinical skills teaching. Currently the staff includes 20 GPhC-registered pharmacists, as well as some others who are pharmacy graduates but not registered. The School recognises the need to recruit in new directions but also for teaching to remain research informed. New areas include population health, epidemiology, medical statistics and the ability to deal with big data. Two or three out of five new appointments are in these areas, with the others being teaching/research appointments bringing in new expertise, for example, in the immune system and CNS areas. The staff stated that there was no concern about the ability to retain staff and teacher practitioners; if staff members leave, they will be replaced. Regarding teacher practitioners, pharmacists in practice view engagement with the University as important. While employers may be reluctant to release staff, they also appreciate the importance of this engagement to ensure the development of the required number of pharmacy graduates.

Responding to the team's wish to know how the staffing plans will also support the expansion of placements and experiential learning, as well as the embedding of prescribing into the curriculum, the staff described how HEIW has invested in staff, including the appointment of clinical placement facilitators, and how the School is working together with HEIW and Swansea to ensure the placement experience. The facilitators will participate in quality management and recruitment of placement sites to ensure standards, as well being involved in placement supervisor training; capacity in secondary care is being increased. All staff will be in post before the placements commence. There will also be an impact on the School's professional services staff; communication between the School and placement providers will be very important. The School already has strength in independent prescribing through its postgraduate programme and this will now feed into the MPharm programme as well as the



foundation training year. Some teacher practitioners are independent prescribers and pharmacist members of academic staff are being encouraged to train as such.

In response to the team’s wish to learn how the School ensures that placement sites are fit for purpose, the staff explained that the School was working with HEIW to address quality assurance of placements across both the MPharm and foundation training. All new sites will get a visit, while sites already in use will be visited if feedback suggests that this is needed.

When asked how they found the facilities available to them on the programme, the students told the team of the lack of study space in the School, thus requiring them to use space in other buildings; they were aware, however, of plans to convert an existing area into multi-use study space over the summer. They also found it difficult to access facilities for practising clinical skills, resulting in a lack of confidence in performing these activities. Some students were unaware that it was possible to book access to the clinical skills suite; this opportunity did not seem to be well publicised.

The team agreed that all three criteria relating to resources and capacity are met.

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

The School operates a senior executive group, advisory to and chaired by the Head of School which is concerned with major issues of policy relating to the School. The MPharm programme director has operational responsibility for day-to-day decision-making about the MPharm, working closely with appropriate staff including Module Leaders, Placement Lead, Senior Tutor, Assessment and Feedback Lead, Director of Learning and Teaching and Head of School.

The MPharm programme is under the aegis of the Taught Board of Studies, which is accountable to the School Executive, through the School’s Education and Students Committee. Responsibilities of the Board of Studies include the Annual Review and Enhancement (ARE) of the MPharm; this process focuses on student satisfaction, student progression/non-continuation, degree awards, module evaluation and outcomes, and curriculum design and delivery. One output of the process is a Student Experience Enhancement Plan (SEEP) comprising a number of actions that the School undertakes following its internal reflections and discussion at the College Annual Review and Enhancement Committee. The MPharm was also reviewed in the academic year 2022/23 as part of the University’s revalidation process which considers the School’s total education provision, including a review of the programme structure, content and delivery.

The School has a dedicated professional services placement team supported by an academic lead and having overall responsibility for the allocation, management and evaluation of placements in community, primary and secondary care, and other settings; it meets weekly, as well as meeting monthly with HEIW along with its academic lead and the Director of Learning and Teaching to address the management and oversight of HEIW/Welsh Government funded placements. Placement

management is supported by the InPlace software platform; this platform maintains information about the location of all students out on placement. The School has, or is developing, service level agreements (SLAs) with placement providers; these include the responsibilities of each party, risk assessments, insurance liabilities, how students will be assessed and by whom, arrangements for giving feedback, and placement evaluation mechanisms. Students complete feedback surveys on their placements and there are post-placement workshops, where students can discuss their various experiences together and also provide feedback.

The MPharm programme is designed and delivered with the input of a range of stakeholders. These include Health Education and Improvement Wales (HEIW) and its Pharmacy Advisory Board, placement practice supervisors, and patients and members of the public. The School also seeks feedback from students, who are represented on all of the School's education-related committees, as well as on several HEIW groups; feedback is also obtained via module evaluations. The School's undergraduate Student-Staff Panel meets at least three times a year. A recurring agenda item is a review of the School's Student Experience Enhancement Plan as part of the Annual Review and Enhancement process.

The team asked about the School's systems and policies for the management of inter-professional education (IPE) and experiential learning, and how the School ensures that students have a positive and meaningful learning experience during these activities (see also standard 5). Regarding IPE, the staff described how most of this currently is with dental, medical and optometry students. IPE has not been a priority for some partners and difficulties in implementing it include the geographical spread of the professions across Cardiff, different timetables of the various professional courses and differences in the numbers of students on these courses. The importance of IPE is now recognised within the University structure and the College is re-establishing its IPE steering group which will consider the impediments to running inter-professional learning, with a view to building it into the timetable. The new simulation facility will be multi-professional and there will be shared study spaces for students from the different professions. IPE sessions will be co-developed from the very beginning and will use facilitators from the different schools, ensuring that the sessions are not dominated by one profession. Student dynamics are important in the success of IPE; this includes having students from the different professions at the same stage of their courses and matching curricula across the courses. With regard to experiential learning, the staff explained that this falls into two categories, these being clinical placements funded by the Welsh Government through HEIW and experiential placements in hospital, community pharmacy and GP practices funded by the School. For clinical placements the Welsh Government provides £120 per student per day, as well as money for overnight accommodation and travel, with any further costs covered by the School. HEIW is responsible for quality assurance and quality management of these placements, and works with Cardiff and Swansea and placement providers to define roles and responsibilities. Work is in progress with external stakeholders to ensure that students have a positive and meaningful experience. The School will look at feedback to determine what has and what has not worked. Those sites which also offer foundation training provide a very positive experience and placements work better where pharmacists let students to undertake hands-on tasks rather than simply observing. The placement experience will be enhanced by providing students with a thorough grounding using simulation within the University. In this context, the School's collaboration with HiJinx, a theatre group offering neurodivergent actors, is very useful, contributing to students' experiences of a wide range of individuals before going out on placements; the students confirmed to the team the value of their interactions with actors from HiJinx.

Requesting an update on the progress in implementing service level agreements (SLAs) with placement providers, the team learned that all multiples are now contracted, with other providers moving from verbal agreements to SLAs. The staff described the importance of having a consistent approach across Wales and is working with Swansea University and HEIW in this context; the eventual aim is to develop a contract for Wales.

Noting the significant involvement of stakeholders, including patients and the public, the team asked for recent examples of where this has influenced course design. The staff described how stakeholders, especially placement providers from primary and secondary care, continue to be involved in the development of entrustable professional activities (EPAs). Stakeholders have also contributed to the inclusion in the curriculum of medicines optimisation and medicines management, as well as the continuity in transferring patient from secondary to primary care. Similarly, feedback from students has resulted in changes to the course, such as the introduction of rapid systematic reviews into year 3, as well as specific topics for these reviews. The students confirmed that they had several mechanisms for providing feedback on the programme and that the School responded appropriately; they told the team that their feedback opportunities included year group conversations with staff, held twice per semester, as well as the staff-student panel and providing feedback on all modules.

Responding to the team’s wish to learn how issues raised by external examiners have been dealt with, the staff described how these points are considered each year by the Board of Study, which undertakes a review of their feedback. The School is obliged to reflect on these and respond appropriately showing the actions taken. The external examiners had commented on the development of students’ clinical skills and had expressed a wish to see their portfolios. The School has made a major investment in clinical skills equipment and has increased clinical skills teaching. In response to the external examiners’ wish to see the portfolios, the School is working with the University to implement a better e-portfolio system that is suitably accessible.

The team agreed that all six criteria relating to managing, developing and evaluating the MPharm degree are met or likely to be met by the part 2 event. The team looks forward to seeing the finalisation of the agreements relating to clinical placements and inter-professional learning.

## Standard 5: Curriculum design and delivery

The MPharm degree curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards. The design and delivery of MPharm degrees must ensure that student pharmacists practise safely and effectively

Criterion 5.1 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.6 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.7 is:	Met <input type="checkbox"/>	Likely to be met ✓	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 programme is modular and is designed to deliver the 55 learning outcomes described in part 1 of the report. Year 1 is principally concerned with the healthy individual and self-care and includes demonstration of the journey from bench to bedside, exemplifying the professional, clinical and scientific roles of a pharmacist. Years 2 and 3 develop the core knowledge and skills, with year 2 focusing on the cardiovascular, respiratory, gastrointestinal, urinary, endocrine and immune systems and considering medicines in priority clinical areas under the theme ‘providing pharmaceutical care’. Year 3 focuses on neurodegenerative and psychiatric diseases, pain, infection and cancer; medicines usage in these complex clinical areas is addressed under the theme ‘optimising pharmaceutical care’. Year 4 emphasises clinical problem solving, challenging the students to draw upon their professional and personal competencies and reflective and critical analysis skills in decision making, as well as taking responsibility, managing change and dealing with complexity. Prescribing skills are woven throughout the programme; these relate to consultation skills, clinical and patient assessment skills, decision-making, clinical reasoning and safety-netting. There is a strong emphasis on patient safety, professionalism and expectations of student conduct throughout the programme; students learn about the GPhC Standards for Pharmacy Professionals at the outset of their studies, as well as about fitness to practise.

Experiential learning placements in community, hospital and GP practices are embedded across all four years, progressively increasing in volume and complexity. There are two types of placements, the first being largely observational (experiential visits) and the second, termed clinical placements, where students are actively involved in collaboratively delivering patient care; the clinical placements are funded through HEIW and focus on ‘entrustable professional activities’ (EPAs); these EPAs, currently covering medication history taking, responding to patient queries/signs/symptoms, medicines review, clinical checking and patient counselling, are under development and have been piloted through working with HEIW, Swansea University and various stakeholders. There are pre- and post-placement workshops in each year. Placements are complemented by exposure of students to a variety of expert patients, including organ transplant patients and those with diabetes or Parkinson’s disease; students also meet carers, for example, of patients with dementia, terminal cancer or chronic pain. The School is also working with the Medical School and other healthcare schools in the College to develop the ‘Virtual Hospital for Wales’, a multi-disciplinary, virtual environment that enables ‘virtual’ clinical placements for student healthcare practitioners.

Throughout the programme, students participate in inter-professional education activities with students from other healthcare disciplines, including medicine, optometry, and dentistry. These activities include basic life support and the use of automated external defibrillators, inhaler use, oral health, smoking cessation, decision-making in prescribing and the identification of patient-related harm as a result of prescribing.

The staff described the development of EPAs and how they will be embedded in placements. Five of these, which were not specific to any sector, were piloted in 2022/23; they comprised medication history taking, responding to patient queries/signs/symptoms, medicines review, clinical checking, and patient counselling, and students were asked to attain at least two during their placements. The EPA steering group is developing a wider pool. The team learned the importance of 'supervised learning events' (SLEs) in all EPAs; these comprise case-based discussions which summarise retrospectively the student's interaction with patients, and assessment of the student's consultation skills, details of which are recorded at the time of the patient encounter. The staff described the documentation required of both students and placement supervisors to demonstrate progress towards attaining EPAs.

Responding to the team's wish to learn how the School is assured that placements enable students to develop the skills and competence to achieve the relevant learning outcomes, and that students will encounter an appropriate breadth of patients, including those with disabilities, the staff described how this will be part of supervisor training and how the School will ensure that supervisors know which students are coming and their stage of the course. This will be facilitated by the InPlace software which will assist in the allocation of students, ensuring the appropriate environment and degree of complexity of their activities. Students will be required to interact with a specified number of patients, including more complex patients such as those who are sight or hearing impaired. The School is also planning for extended placements in years 3 and 4, where students can follow patient progress. The students told the team that they want more hospital placements and that they value the opportunity to have hands-on experience rather than simply observing; their limited exposure to the hospital environment made them feel less prepared for foundation training in hospital.

When asked how placement supervisors are supported to interact with, and integrate into, the MPharm programme team and how they interact with each other, the staff explained how all providers have an overarching view of the programme. There are monthly meetings and information is disseminated in staff forums so that everybody, including personal tutors has appropriate knowledge of placements; all tutors will be involved in the assessment of portfolios. Placement supervisors will undergo training and agreements will specify the minimum number of days that supervisors must be present. The placement activities, including the core skills and operational details, have been derived from the foundation year, the curriculum for which was co-produced by placement supervisors and the School. The School will ensure that supervisors are aware of the MPharm curriculum, including the latest developments, and that there is good communication with all placements and providers, so that any issues can be identified early and addressed. Evaluation will include what has worked, the understanding of EPAs, and what is needed to support supervisors and their teams.

The staff described how prescribing and clinical decision making will be embedded into all years of the course as well as how the programme has been adapted to include the additional clinical and diagnostic skills required for safe and effective prescribing. As well as addressing the act of prescribing, which includes clinical governance, the related law and ethics, pharmaceutical care and medicines optimisation, the teaching and learning will cover assessment of the patient, the identification of treatment options, reaching a shared decision, and providing information, as well as monitoring the patient and reviewing the treatment. The required consultation and patient assessment skills will be taught throughout; this will include the use of simulation facilities and the

School is continuing to invest in clinical skills equipment. Clinical skills will also be incorporated into EPAs and students will maintain a clinical skills log for placements as part of the portfolio assessment in each year. The teaching of prescribing will be supported by five members of academic staff and several teacher practitioners who are independent prescribers; many more prescribing practitioners are involved through the network and students will be exposed to clinicians and their skills on placements, with these prescribers also coming into the School to support the teaching.

Noting that science staff are to be upskilled in clinical and diagnostic skills, the team asked how they will be involved in teaching and assessment of these skills. The staff described how the School ensures that all staff members understand the profession. The materials concerned with teaching clinical and diagnostic skills is co-produced by clinical and non-clinical staff members, who also work together in workshops which are integrated, bringing everything together; for example, a teacher practitioner will work with a pharmacologist in contextualising anatomy, physiology and therapeutics in the teaching of skills. Noting that the students had told the team of limited access to facilities for practising skills, the staff confirmed that access to self-directed learning for clinical skills is to be extended, so that students can practise these skills in their own time; these facilities will be in the Redwood Building when the refurbishment (see standard 3) is complete; meanwhile, temporary facilities will be available in the building and students will be informed of their availability.

Wishing to learn how prescribing capability will be integrated into the placement provision, the team heard that HEIW is upskilling the workforce in prescribing and that students will encounter a number of IPs on placements, as increasing numbers of pharmacists are actually prescribing in practice; all GP placements include an IP pharmacist. The staff emphasised the importance of the decision log that students will maintain during the placements. Students will see other practitioners making prescribing decisions in practice and will learn that there is no single correct decision, as well as considering risk factors and learning how to deal with situations where they are uncertain how to proceed.

The staff described current and planned inter-professional education (IPE; see also standard 4). Currently, as confirmed by the students, there is IPE with medical students in all years covering, for example, basic life support, respiratory medicine and prescribing and therapeutics. In year 1, students undertake work with optometry students and in year 2 with dental students. The College of Biomedical and Life Sciences includes Medicine, Dentistry, Nursing and Midwifery, Pharmacy, Optometry, Psychology and Biosciences, providing significant opportunities for IPE development and the College is re-establishing its IPE steering group to prioritise activities in this area, which were disrupted during the Covid pandemic. There are also opportunities for inter-professional placements. The team heard that the College now expects all professions to work with others, with IPE starting in early years in order to promote multidisciplinary team working; IPE will also be expected for all professions across Wales. The staff also told the team of opportunities for IPE with the School of Social Sciences and that there are ongoing discussions with other colleges to incorporate more philosophical aspects of patient care through law, religion and ethics.

Noting the zero-credit 'Professional Development' modules in each year, the team wished to learn about the regulations applying to these and how the students are made aware of them. The staff explained that students in all years are informed of these modules and know that although not credit bearing they comprise summative assessments which must be passed in order to progress or to graduate, even if students have gained their full number of credits. Calculations and placements are

included in the zero-credit modules. A failure in calculations qualifies for a resit, although placement retake requirements are more complex. Student must satisfy all placement requirements including attendance and passing the portfolio and must be signed off. The portfolio was a formative requirement in 2022/23 but will be assessed summatively from next year, although details of this will be worked out across the summer, with students being informed at the beginning of the year. If students fail placements, contingency weeks are available for them to reattend. If they fail a second attempt, they will need to reattend the year.

In response to the team’s request for information about the processes for dealing with fitness to practise concerns on placement, the staff described how the placement team will consider the case, which, where appropriate, will be referred to the fitness to practise officer who will investigate the concern and, if necessary, present the case to the School’s Fitness to Practise Committee; if the matter is serious, a student can be suspended immediately. Serious concerns will be presented to the University’s Fitness to Practise Committee, which will include a School representative, as well as an NHS representative where the concern relates to a placement. It is made clear to students at enrolment that the GPhC will be informed of any upheld decisions of the School or University Fitness to Practise Committee. The students confirmed to the team that they were familiarised with fitness to practise from the beginning of the course and that this was reiterated each year.

The team agreed that all thirteen criteria relating to curriculum design and delivery are met or are likely to be met by the part 2 visit. The team looks forward to seeing the further development of inter-professional education; in this context, the team had noted that the staff had provided evidence for pharmacy students learning with and from students of other healthcare professions but had not explicitly mentioned learning about these professions.

## Standard 6: Assessment

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

Criterion 6.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.6 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.7 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.9 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" 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 checked="" type="checkbox"/>	Likely to be met <input 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 ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.14 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The documentation described how the assessments are aligned with the learning outcomes of the MPharm programme; these are informed by 55 learning outcomes described in part 1 of this report and are designed to ensure that students demonstrate safe practice. Students must pass all summative assessments to progress to the next year of the course and to graduate and will fail any practice-based assessment in which their mistakes would lead to patient harm.

Assessments, which all have clear marking criteria, and which are appropriately standard set and moderated, use a variety of formats, including multiple choice questions, essays, laboratory reports, integrated case-based questions, pharmaceutical care plans and objective structured clinical examinations (OSCEs). In-practice assessment during experiential learning placements is undertaken through entrustable professional activities (EPAs) such as medication history taking, responding to patient queries, medicines review, clinical checking, and patient counselling; students must provide evidence for EPAs based on, for example, supervised learning events, a reflective account of development against the EPA and a final sign-off by the practice supervisors, who must attend an online workshop to receive training on learning and assessment. Evidence for completion of EPAs is included in the students' e-portfolios; these portfolios must also include students' reflections on the year ahead and on previous years, personal development plans, continuing professional development entries, a log of their clinical skills and an annual reflective account of practice. Portfolios are reviewed by the students' personal tutors.

Students receive feedback to inform them of their performance and to enable them to improve in future assessments. Feedback is provided on electronically submitted coursework via the Learning Central virtual learning environment, and on portfolios via personal tutors. The School holds timetabled sessions to provide feedback on written examinations; students who fail a summative assessment may meet with the assessment/module lead to receive further individualised feedback. Simulated patients played by actors, members of academic staff and student peers provide feedback on formative OSCEs.

Noting that assessment of learning outcomes at the 'does' level is achieved through OSCEs and the portfolio, the team asked how this is holistically reviewed and signed off by the course team to ensure that the threshold for a minimally competent student is met. The staff described how borderline regression is used in OSCEs to define minimal competence; students must achieve a minimum level of competence to progress, and if they consistently fail stations demonstrating a particular competency such as communication, they will not meet the outcome. OSCEs will also detect matters such as repeatedly poor behaviours, which will also be revealed during summative assessment of the portfolios. Learning outcomes are mapped to EPAs and cross mapping is undertaken across the students' logs of clinical skills; the supervised learning events, an important feature of EPAs and comprising case-based discussions and consultation skills assessments, are all documented in the portfolio. When students are signed off on completion of an EPA, they are deemed 'entrusted'. Students' personal tutors and the module team will look at all of the logs to ensure that the students have met the relevant learning outcomes; this summative assessment of portfolio will consider assessments across the years.

Responding to the team's wish to learn more about the process for signing off students on EPAs, and how the School assures the assessment of EPAs by practice supervisors is fair, consistent and appropriate, as well as how the thresholds for minimum competence are defined, the staff explained



that this is work in progress across both the MPharm and the foundation training year; assessment of EPAs was formative in the current academic year but will be summative in future. The School is working with Swansea University over the summer to define collective expectations and to assure that everybody is assessing to the right level. The students will need to accumulate several pieces of evidence across the years and across different placements to assure completion of each EPA, so that they can be signed off as consciously competent; as part of their competence, students must demonstrate that they know when to seek advice elsewhere. The staff emphasised that there is not a single sign off point and that each EPA will be reconsidered across the students' future placements to ensure continuing competence; entrusted status can be removed if continuing competence is not demonstrated. The staff also told the team about how errors or other patient safety issues that arise on placements will be managed. Where students make mistakes or miss something, they must reflect on this and discuss the issue with their supervisor. If students repeat errors, this will be identified through the portfolio. Signing off the student and examples of good and bad practice will feed in to supervisor training and placement facilitators will work with supervisors where problems have been identified. The EPA steering group is also considering the standardisation of portfolio marking.

Noting that summative assessment of competence in calculations at the 'does' level (learning outcome 32) is undertaken in years 1 to 3, while year 4 students only take a diagnostic calculations test, the team wished to be reassured that students who fail this test are shown to remain competent at the 'does' level. The staff explained that the year 3 summative assessment at the 'does' level was previously in year 4 but was changed to a diagnostic test to reduce pressure on the students. This test allows students to see if they require further development in this area and, where weaknesses are identified, the test is followed by a mandatory workshop, with tailored support and further formative assessments. Calculations are also performed throughout the final year, for example, in OSCEs where there are critical fail stations dealing, for example, with calculations of doses for high-risk medicines in older and paediatric patients. Calculations would also feature in some EPAs, as well as in drug monitoring. The staff reassured the team that if a student failed the diagnostic test and could not demonstrate achievement of the numeracy outcome, for example, where assessed through OSCEs and calculations recorded in the portfolio, that student would fail.

Responding to the team's wish to know who will be involved in the assessment of students' knowledge, skills and competence in relation to prescribing, both in the University and on placement, the staff described how there is a good pool of staff to draw on for this, including teacher practitioners and clinical members of academic staff, the latter being expanded by upskilling of other pharmacist staff members as independent prescribers. When the pool of independent prescribers is sufficient, they will also assess students during their placements. Although the initial focus will be on pharmacist prescribers, as the EPAs evolve, a range of prescribers will be involved, including nurses and GPs.

Noting that borderline regression is used to determine the cut score for standard setting of OSCEs (see above), the team requested information on the standard setting processes for other summative assessments. The staff explained that the Angoff method will be used for standard setting in calculations assessments from next year. Scaling has also been used for some assessments when the School was concerned at the upward drift in marks during the Covid pandemic; external examiners endorsed the approach taken. Scaling is not undertaken routinely but is approved by the University in appropriate circumstances, where cohort performance is significantly different from that of previous cohorts, with marks that are too high being scaled down and those that are too low being scaled up.

Requesting information on how students receive feedback on their coursework, written examinations and placements, the team learned that the University requires feedback to be provided within 20 days of submission, except for research projects; students know in advance when to expect feedback. High-level feedback is given on end-of-year examinations, using a feedback sheet prepared by the module team showing common good and bad points and providing the module outcome statistics. Written examination scripts are annotated with comments by the markers, and the School puts on a feedback event early in the next academic year; failing students receive early feedback. Year 4 students do not receive formal feedback on their final examinations, although they can return to the University for feedback. Feedback on coursework is provided via Turnitin. Students receive feedback on their clinical placements through the portfolio, while direct feedback from supervisors is provided on experiential placements. The students told the team that generally receive feedback within the required 20 working day period. While feedback on OSCEs and calculations tests was satisfactory, they said that feedback on coursework, such as critical analysis in year 2 or systematic reviews in year 3, was lacking in detail and was not constructive.

The team agreed that all 14 criteria relating to assessment are met or likely to be met by the part 2 event. The team looks forward to seeing further details concerning the assessment of EPAs and the portfolio.

## 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 type="checkbox"/>	Likely to be met <input checked="" 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 checked="" type="checkbox"/>	Likely to be met <input 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 documentation described the support available for students, as well as for the staff involved in delivering the MPharm programme. Students undergo an induction during enrolment week, when they are introduced to the support services and resources that are available to them in the University including the library, the Students Union, IT resources, the Student Disability Service, and the Student Health and Wellbeing Team. They are also paired with a senior student within the School as part of the University's Student Mentor Scheme, which is designed to support them in their transition to university life. Year 1 students participate in an MPharm 'Welcome and Orientation Seminar', which provides an overview of the programme, including professional expectations and regulations; here, they receive a copy of the GPhC Standards for Pharmacy Professionals, the MPharm Handbook, the University Student Handbook, and a copy of the School Safety Manual. Students also meet their

personal tutor and are introduced to their tutor group. Personal tutors provide general welfare support and signpost students, where appropriate, to central support services, such as the Centre for Student Life which provides confidential advice on many matters, including money, health and wellbeing, disability issues, academic study skills and information about careers and employment. They also provide feedback to students in relation to Personal Development Portfolios and hold tutorials relating to first year essays. Tutors meet with their tutees at least twice per semester; students can arrange additional meetings when required. The School's 'Personal Tutor Advisory Team', supported by the University's 'Counselling, Health and Wellbeing Team' provide support and guidance for academic staff in their personal tutor role. Student engagement with the MPharm programme is closely monitored. An attendance register is taken at all learning and teaching events other than lectures and the School has established procedures to deal with non-engagement.

Extensive support is available for staff involved in delivering the MPharm programme. All new staff members undertake the University's 'Welcome to Cardiff' induction programme which is complemented by a School induction. All staff members complete mandatory training, covering Equality, Diversity and Inclusion, information security, unconscious bias, Welsh language awareness, fire safety awareness, and counter-fraud and anti-bribery. Recently recruited academic staff who have no, or limited, previous teaching experience must complete the Cardiff University Education Fellowship Programme (CUEFP), which is delivered and supported by the Cardiff Learning and Teaching Academy. This programme covers teaching, learning and assessment, including education theory, and successful completion allows staff members to achieve Fellowship of the Higher Education Academy. The University also offers a wide range of training opportunities for established staff members including the Cardiff University Education Fellow Development Scheme (CUEFDS) which offers a bespoke package of workshops and support.

Members of academic staff undertake an annual Personal Development Review (PDR) which provides an opportunity to reflect upon their performance and development and agree objectives and development plans for the forthcoming year. The PDR addresses learning, teaching and assessment, research and scholarship, citizenship and workload, the last being informed by Workload Allocation Model data. Informal review meetings are also held to discuss progress against objectives and development goals. The University has a number of central services to support the wellbeing of members of staff.

Responding to the team's wish to learn about the effectiveness of the personal tutor system, the staff explained that the School expects tutors to meet their students at least twice per semester; tutors record these meetings on the student management system and this is audited, with follow up if tutors are not engaging with the process. Tutors deal with both academic and personal matters. Meetings are on a one-to-one basis at the start of the year with later meetings sometimes in groups. Two staff members who have extensive experience in personal tutoring act as senior tutors; they provide training to tutors, as well as support where staff members are faced with challenging situations; although not mandatory, they also observe new staff members in personal tutoring, which is appreciated by these members of staff. When asked about their experience of personal tutors and the support they received from the staff, the students told the team that tutors were supportive, accessible, and responsive to their needs. In general, support from the School including module leaders was good, although there were inconsistencies among staff members, including dissertation supervisors; staff members were sometimes difficult to contact. Although they felt reasonably prepared for the Oriel process through an informative session in year 3, they had no practice and wanted additional support. The students also told the team about the Student Mentor Scheme, which

they described as very helpful and valuable. In this scheme, senior students are allocated six first year students as mentees; these senior students provide academic and other help, sharing their experience with their mentees.

Noting the increasing use of asynchronous, directed learning, the team asked how the School was promoting engagement with this activity. The staff described how the students find the 'learning calendar' difficult, this being responsible for problematic engagement with this form of learning; the School can identify if students are not engaging, and can provide additional support via personal tutors and central University services. The team heard that while first year students find it hard, those in higher years are familiar with it and like it. In the next academic year, senior students will advise their juniors on the calendar. The students confirmed to the team their issues with the learning calendar and the volume of work entailed by the directed learning. There were inconsistencies among staff members in the amount of material uploaded onto the system, with the workload sometimes becoming excessive. Students also reported that sometimes material was uploaded late in the week and changed at short notice, making time management difficult. They wanted a more even distribution of workload, more guidance and better communication with the staff on this matter; they also referred to the need for consolidation workshops on directed learning.

In response to the team's wish to learn about changes made to enhance support for MPharm students, and how the School supports students in difficult circumstances such as issues with health, or who may be struggling with their academic work, the staff described how since 2019/20 there has been a focus on student wellbeing and mental health. The School has engaged with University services and there has been a greater involvement of central services intervention officers to facilitate student access to mental health and central services. The University has also partnered with other local universities in providing mental health services.

Wishing to learn about the processes that students can use to raise concerns, the team heard that there are several mechanisms, including the personal tutor system, the Staff-Student Panel and module evaluations, as well as processes for raising concerns about placements; there is also a formal complaints procedure of which students are aware. Moreover, members of staff in leadership roles operate an open-door policy.

In response to the team's wish to know how the Head and Deputy Head of School are supported in reviewing and line managing the large number of academic staff members in the School, the staff explained that while the Head and Deputy Head still sign off on training and holidays, there is a distributed management structure, with many other staff members holding responsibilities. There is a well-established committee structure, with a broad spectrum of committee membership and regular staff forums, including teaching away days. The staff appraisal load and mentorship are shared across the School, and many staff members take leadership roles including leading modules and research themes, as well as providing support for personal tutoring.

The team asked how the School ensures that placement supervisors receive sufficient support, and mentorship, and about their training, including their awareness of the context of placements in the degree programme. The staff described how the School is working with Swansea University and HEIW on these matters. All placement supervisors must attend training sessions, which are held online and face-to-face and are based on the training manual and a presentation. The training explains where students are on their learning journey and provides an understanding of the course and the entrustable professional activities (EPAs) which form an important part of the clinical placements;

supervisors are familiar with much of the information about EPAs, the fundamentals of which come from the foundation training year. Supervisors learn how clinical placements differ from experiential placements, and how students are expected to meet learning outcomes at the appropriate levels; they are also introduced to the skills assessment and the tools used to assess students. Professional services leads in the School are the first points of call to deal with any issues. The clinical placement facilitators will work closely with the academic placement leads and there will be regular monthly meetings.

The team agreed that all eight criteria relating to the support and development for students and everyone involved in the delivery of the MPharm degree are met or likely to be met by the part 2 event. Noting the views of the students on the amount of directed learning, the team looks forward to the School adopting a more holistic view of student workload.

## Teach out and transfer arrangements

All students entering years 1, 2 and 3 in September 2023 will commence the new MPharm programme; thus, students currently in years 3 and 4 will graduate to the 2011 standards, respectively in 2024 and 2023. Students entering years 2 and 3 in September 2023 will have been assessed against the appropriate learning outcomes; however, they will have missed some of the additional reinforcement and more diverse content of the revised curriculum. Therefore, the revised content will be available to these students in the 2023/24 and 2024/25 academic sessions via the Learning Central virtual learning environment, supported by a 'catch-up' fortnight following exams in each of these academic years. Attendance at the catch-up fortnight and engagement with learning materials will be monitored.

Any current year 3 student who does not progress into year 4 and re-joins year 3 in the 2023-24 academic year will be on the new programme. In addition to completing any outstanding assessments they will also be required to take the revised year 3 'Professional Development' and the new 'Evidencing New Therapies' modules. They will also be required to complete the catch-up content as described above.

Noting that students entering years 2 and 3 in 2023 will have missed some material from the revised MPharm curriculum, and that this will be addressed by adding material to Learning Central, along with supporting sessions held in 'catch-up fortnights' in each of years 2023/24 and 2024/25, the team wished to learn about the associated student workload. The staff described how the 'catch-up fortnights' will be held after examinations but still in term time. The sessions will be delivered by clinical staff and teacher-practitioners and will be run as integrated workshops lasting 2 to 2½ hours each day. They will cover clinical skills that were not previously included in the course, along with clinical therapeutics and decision making, with treatment options linked to guidelines. There will be an increase in the number of clinical skills sessions in year 4, and students will have access to facilities enabling them to practise these skills. Any prerequisites from the previous years will be flagged and built into the learning calendar. Students will learn how the new material introduced in these sessions builds on their current knowledge. Concerning the workload, the staff stated that the amount of directed learning will not be huge and will include case studies with diagnostic and formative quizzes. Student engagement will be monitored. When asked about the students' knowledge of the increased workload, the staff acknowledged that this would be challenging. The School is rebalancing the curriculum by considering what can be removed to make room for new material and is monitoring

classroom learning and directed learning. Students are exposed early to what they are going to be doing in practice and understand what is expected of them in light of the developing role of the pharmacist.

## 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).

