

**University of Hertfordshire, Master of Pharmacy
(MPharm) degree reaccreditation part 1 event
report, July 2022**



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Event summary and conclusions

Provider	University of Hertfordshire
Course	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (part 1)
Event date	7-8 July 2022
Approval period	2021/2022– 2029/30
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	<p>Approval, subject to one condition</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by University of Hertfordshire is reaccredited, subject to a satisfactory part 2 event and one condition.</p> <p>Reaccreditation is recommended for a period of 6 years following the part 2 event, with an interim event at the mid-way point. The accreditation team reserve the right to amend this accreditation period if necessary, following the part 2 event.</p> <p>The part 2 reaccreditation event will take place in the 2023/24 academic year; it is likely to take place be on-site.</p>
Conditions	<ol style="list-style-type: none"> To include an individual element within the interactive part of the selection process. This is because the group interview process alone does not appear to be appropriate to present a fair process for all applicants that allows each individual's values and behaviours to be assessed in an equitable way. This is to meet criteria 1.1 and 1.7. <p>Evidence of how the condition has been addressed must be sent to the GPhC, for approval by the accreditation team. This must be done by the end of October 2022, or before the interviews for the 2023/24 intake, whichever is sooner.</p>
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	<ol style="list-style-type: none"> That all Clearing interviews are conducted via videoconference, when possible, rather than a combination of either telephone or videoconference. This is to provide a more equitable process to the standard application route, and for additional assurance of the candidate's identity and that they are not being supported with their responses. This is in relation to criteria 1.1 and 1.7.

Minor amendments	<ul style="list-style-type: none"> The University website and student handbook contain out-of-date references to 'pre-registration training' which need to be updated. From the 2021/22 academic year onwards the terminology to refer to this period of training is the 'foundation training year'. The University website contains an inaccurate description of a consultant pharmacist. To make sure that if providing descriptions of pharmacist roles on the University website and within programme documentation that these are accurate.
Registrar decision	<p>Following the event, the provider submitted evidence to address the condition and the accreditation team is satisfied that this condition has been met.</p> <p>The Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme subject to a satisfactory part 2 event.</p>
Key contact (provider)	Kelly Lefteri, Head of Pharmacy. Pharmaceutical and Regulatory Sciences*
Accreditation team	<p>Professor Antony D'Emanuele (team leader), Pharmaceutical and Higher Education Consultant; Emeritus Professor of Pharmaceutics, De Montfort University*</p> <p>Parbir Jagpal (pharmacy academic) Director of Postgraduate Studies, School of Pharmacy, University of Birmingham</p> <p>Dr Marisa van der Merwe (pharmacy academic) Associate Head (Academic) and Reader in Clinical Pharmaceutics, University of Portsmouth</p> <p>Dr Hayley Wickens (pharmacist) Consultant Pharmacist, Genomics and Pharmacogenomics, Central and South Genomic Medicine Service Alliance</p> <p>Kirsten Little (pharmacist - recently qualified) Senior Clinical pharmacist CAMHS (children and adolescent mental health services), NHS Forth Valley</p> <p>Liz Harlaar (lay) Independent Business Consultant</p>
GPhC representative	Philippa McSimpson, Quality Assurance Manager (Education)*
Rapporteur	Alex Ralston, Quality Assurance Officer (Education) GPhC
Observers	Dr Brian Addison, Academic Strategic Lead (Clinical Practice), Robert Gordon University

	Stephen Doherty, Associate Dean, Wider Workforce Medicines Optimisation, Health Education England Advanced Pharmacist Programme Lead, Royal Pharmaceutical Society
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*attended pre-event meeting on 23 June 2022

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 course was reviewed against the GPhC's **January 2021 Standards for the initial education and training of pharmacists**.

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

Background

The MPharm at the University of Hertfordshire was established in 2004, graduating its first cohort in 2009. The programme is provided by the Department of Clinical, Pharmaceutical and Biological Sciences (CPBS), which in turn is part of the School of Life and Medical Sciences (LMS). LMS is one of nine academic schools, which also function as Strategic Business Units (SBUs). Since the last event, The School of LMS has been restructured, changing from three departments to two, CPBS and Psychology, Sport and Geography (PSG). The restructure has brought together clinical and biological sciences together as a single department (biosciences was previously in the third department) allowing for better synergy of teaching and research. The Head of CPBS has changed since the last event.

Within CPBS there are four academic subject groups including Pharmacy, Pharmaceutical and Regulatory Science (PPRS) which was previously two separate groups. The Head of Pharmacy at the previous event is now Head of PPRS and is responsible for the Pharmaceutics, Pharmaceutical Chemistry, UG Pharmacy Practice and PG Pharmacy Practice teams.

The MPharm was re-accredited for a full period of six years in March 2019, with no conditions or recommendations. Changes were made at that stage to increase integration and allow for an increased clinical and prescribing focus within the final year. The 2019 revised programme has formed the basis for the changes proposed to meet the 2021 standards.

The submission indicated that the MPharm is expected to return to pre-COVID delivery in the 2022/23 academic session with all temporary changes coming to an end.

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 23 June 2022. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event and was told the learning outcomes that would be sampled.

The event

Due to the COVID-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference on 7-8 July 2022 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm course and a meeting with past and present students.

Declarations of interest

There were no declarations of interest.

Schedule

Day 1: 7 July 2022

	09:00 – 10:30	Private meeting of the accreditation team
1	10:30 – 11:15	Welcome and introductions - Management and oversight of the MPharm degree - part 1 <ul style="list-style-type: none">● Presentation from provider (maximum 40 minutes) covering:<ul style="list-style-type: none">○ Process for developing MPharm to meet 2021 standards○ High level overview of change key changes to meet 2021 standards○ High level updates since the last event○ Update on any developments to buildings/facilities (inc video tour/ photographs/floor plans)○ Overview of business strategy and financial stability of the programme○ Identified risks and mitigation○ Overview of progress to date and plans in place regarding collaboration with statutory education body and others

		<ul style="list-style-type: none"> ○ Overview of plans for managing the transfer of current year 1 students to the 2021 standards ○ Overview of plans for the managing teach out of the MPharm to the 2011 standards <p>Specific areas of standards 1,2,3,4, and 7 as identified by the team (shared at pre-event meeting).</p>
	11:15 – 12:00	Break and private meeting of accreditation team
2	12:00 – 13:30	<p>Management and oversight of the MPharm degree - part 2</p> <ul style="list-style-type: none"> • Questions and discussions <p>This session will focus on: Standard 1: Selection and admission Standard 2: Equality, diversity and fairness (Systems, policies and data monitoring aspects) Standard 3: Resources and capacity Standard 4: Managing, developing and evaluating MPharm degrees Standard 7: Support and development [...] everyone involved in the delivery of the MPharm degree</p>
	13:30 – 14:30	Lunch break and private meeting of accreditation team
3	14:30 – 16:30	<p>Teaching, learning, support and assessment - part 1</p> <ul style="list-style-type: none"> • Presentation from provider (maximum 30 minutes) covering: <ul style="list-style-type: none"> ○ Teaching, learning and assessment strategy, including: <ul style="list-style-type: none"> – Plans for experiential learning – Plans for interprofessional learning – Links and transition to foundation training ○ Specific areas of standards 2, 5, 6 and 7 as identified by the accreditation team (shared at pre-event meeting). • Questions and discussion <p>This session will focus on: Standard 2: Equality diversity and fairness (curriculum and student support aspects) Standard 5: Curriculum design and delivery Standard 6: Assessment Standard 7: Support and development for student pharmacists [...]</p>

Day 2: 8 July 2022

	09:00 – 09:30	Private meeting of the accreditation team
4.	09:30 – 10:30	<p>Student meeting</p> <p>To include students in all years of the MPharm</p>

	10:30 – 11:00	Break and private meeting of the accreditation team
5.	11:00 – 12:00	Teaching, learning, support and assessment - part 2 <ul style="list-style-type: none"> • Presentation (maximum 20 minutes) covering: <ul style="list-style-type: none"> ○ The teaching and learning that will be incorporated into the programme to embed the foundation of knowledge and core skills required for safe and effective prescribing. ○ The assessment of students' achievement of learning outcomes relating to independent prescribing ○ How assessments undertaken in practice are quality assured. • Questions and discussion
	12:00 – 12:15	Break
6.	12:15 – 13:30	Teaching, learning, support and assessment - part 3: <ul style="list-style-type: none"> • A detailed look at the teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team (As shared at the pre-event meeting)
	13:30 – 14:00	Lunch break
	14:00 – 17:00	Private meeting of the accreditation team
7.	17:00 – 17:15	Deliver outcome to programme provider

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Kelly Lefteri*	Head of Pharmacy, Pharmaceutical and Regulatory Sciences
Dr Stewart Kirton*	Head of Clinical, Pharmaceutical and Biological Sciences
Laura Kravitz	MPharm Programme Lead, Principal Lecturer and Team Leader Undergraduate Pharmacy Practice,
Waseeat Kareem-Alliu	MPharm Admissions Tutor, Senior Lecturer in Pharmacy Practice
Dr David Griffiths	Principal Lecturer and Team Leader Pharmaceutical Chemistry
Dr Chris Keating	Principal Lecturer and Team Leader Pharmacology
Dr Vicky Hutter	Principal Lecturer and Team Leader Pharmaceutics
Hershel Joshi	Principal Lecturer in Experiential Education (Pharmacy), Year 4 Lead

Nina Walker	Learning and Teaching Specialist, Student Experience Lead, Principal Lecturer in Pharmacy Practice
Marianne Rial	Assistant Associate Dean Academic Quality, Principal Lecturer in Clinical Pharmacy
Sarah Oliver	Senior Lecturer in Pharmacy Practice
Dr Nkiruka Umaru,	Pharmacy Foundation Head of School, Initial Education and Training Lead, Health Education England (East of England)
Dr Amirthan Amirthalingam	Lecturer in Clinical Pharmacy Practice, Year 1 Lead
Asma Gangat	Lecturer in Clinical Pharmacy Practice
Dr Mubinah Beebeejaun	Lecturer in Pharmaceutics, Year 2 Lead
Dr Laxmi Kerai-Varsani	Senior Lecturer in Pharmaceutics, Year 3 Lead
Dr Cathal Gallagher	Reader in Healthcare Ethics and Law
Dr Oluyinka Idowa MBBS	Principal Lecturer and Team Leader Physician Associate Studies

*attended pre-event meeting on 23 June 2022

The accreditation team also met a group of fourteen MPharm students comprising three from year 1, two from year 2, three from year 3, two from year 4 and four Foundation year trainees/recent registrants.

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 5 learning outcomes during a separate meeting with the provider.

The following learning outcomes were explored further during the event: **Learning outcomes 2,6,8,13,28.**

The team agreed that all 55 learning outcomes were either **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.

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

Learning outcome 1 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 6 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 7 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 8 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 9 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 10 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 11 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 12 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 13 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 14 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Learning Outcome 7: Obtain informed consent before providing care and pharmacy services.

The team felt that the way in which assessment occurs for this learning outcome at the 'does' level is not yet clear but that this would likely become apparent as the new experiential learning model is embedded into the MPharm curriculum. The team therefore felt that the outcome is likely to be met. This will be reviewed again during the part 2 event.

Learning Outcome 10: Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action

The team felt that the way in which assessment occurs for this learning outcome at the 'does' level is not yet clear but that this would likely become apparent as the new experiential learning model is

embedded into the MPharm curriculum. The team therefore felt that the outcome is likely to be met. This will be reviewed again during the part 2 event.

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met <input type="checkbox"/>	Likely to be met <input checked="" 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 type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 19 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 20 is	Met <input type="checkbox"/>	Likely to be met <input checked="" 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 checked="" type="checkbox"/>	Likely to be met <input 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 type="checkbox"/>	Likely to be met <input checked="" 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 checked="" type="checkbox"/>	Likely to be met <input 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"/>

Learning Outcome 15 - Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times

Learning Outcome 16 - Apply professional judgement in all circumstances, taking legal and ethical reasoning into account

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

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

Learning Outcome 19 - Take responsibility for all aspects of health and safety and take actions when necessary

Learning Outcome 20 - Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so

The team felt that the way in which assessment occurs for these six learning outcomes (15-20) at the 'does' level is not yet clear but that this would likely become apparent as the new experiential learning model is embedded into the MPharm curriculum. The team therefore felt that the outcome for each of these learning outcomes is likely to be met. These learning outcomes will be reviewed again during the part 2 event.

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

The team felt that the way in which assessment occurs for this learning outcome at the 'shows how' level is not yet clear but that this would likely become apparent as the new experiential learning model is embedded into the MPharm curriculum. The team therefore felt that the outcome is likely to be met. This will be reviewed again during the part 2 event.

Learning outcome 35: Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance

The team felt that the way in which assessment occurs for this learning outcome at the 'does' level is not yet clear and had not yet been demonstrated but felt that this would likely become apparent as the new experiential learning model is embedded into the MPharm curriculum. The team therefore felt that the outcome is likely to be met. This 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 checked="" type="checkbox"/>	Likely to be met <input 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"/>

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

The team felt that the way in which assessment occurs for this learning outcome at the 'shows how' level is not yet clear and had not yet been demonstrated but felt that this would likely become

apparent as the new experiential learning model is embedded into the MPharm curriculum. The team therefore felt that the outcome is likely to be met. This will be reviewed again during the part 2 event.

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

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

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

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

As part of the submitted document, it was stated that the University and Department support widening participation whilst ensuring entry requirements are maintained. The Pharmacy Admissions Team receives specific training on the University's selection and admission policies and practices, which include working with applicants with disabilities as well as equality and diversity training. An analysis of data on applications has not shown that any applicants are being disadvantaged.

The submitted document also stated that entry requirements including the UCAS tariff and the accepted qualifications are publicised on the University's website. The standard A level tariff is 120 points from 3 A levels (BBB). This includes a requirement for a minimum of a grade B in chemistry and another science A level at grade B. Further information on the course or the application process is available from the University Central Admissions Team or the MPharm Admissions Tutor. Selection criteria are explicit and offers state the academic requirements and the need for Occupational Health clearance and enhanced DBS checks. All students are interviewed by the Admissions Tutor prior to offer. The team were told that in the Clearing process, a group of academics from the course team are specifically trained to support the clearing process, undergoing training in unconscious bias and diversity. Colleagues shared a set of questions and attended a briefing early in the morning before the start of clearing and stayed in touch throughout the day to ensure consistency.

All students are required to have GCSE minimum grade 5 mathematics or an equivalent qualification, along with GCSE grade 5 English or an equivalent qualification on entry. First-year students sit a diagnostic maths test in induction week and may be required to attend numeracy support sessions. Students are required to attend English support classes provided centrally by the University should their personal academic tutor deem it necessary.

The Accreditation team ('the team') learned that applicants were made aware of what to expect on the course during their interviews. There were other opportunities such as open days or offer holder days, all of which were attended by the admissions tutor, who would give talks to students and show the facilities. The course provider ('the provider') explained that there was a shared mailbox for

queries from applicants, though the admissions tutor would also answer direct enquiries. The e-mail invite sent to applicants contained further information and a video about the interview process.

The team asked for further detail on the interview process. The provider explained that students are invited to an online group interview where they are assessed by the admissions tutor. The interview focuses on three elements – firstly, it explores why the applicant is interested in applying to study pharmacy, secondly, there is a situational judgement assessment, and thirdly, an observation of a group discussion. Students are invited to ask any questions at the end of the process. The admissions tutor carries out all the group interviews and completes the same pro-forma for each student. Specific situational questions are used to probe applicants. In Clearing, applicants are interviewed on a one-to-one basis, though situational questions are used so that applicants consider the questions from the group perspective. The same competencies are tested in both standard and clearing interviews. Students are given the option of having their interview on Zoom instead of telephone if they prefer. The team asked how the provider was satisfied that the person being interviewed on the telephone was giving their own answers. The provider explained that the course team receives information such as the applicant's UCAS number which would allow them to check the applicant's information against a database. It was taken on trust that applicants are who they say they are in a phone interview, but the provider highlighted those checks are undertaken when the students arrive which would flag if they were not the person that had been interviewed. Documents had to be provided by the students within 8 weeks of arrival.

The team was concerned about the equity of the selection process and whether applicants are assessed fairly in the group interview format. The team also noted that there was a reliance on a single person interviewer for the group interviews. The team recognised that group interviews are appropriate as part of a selection process but felt that a group interview alone did not appear fair in terms of assessing the attributes of all candidates. The team noted that it would be difficult to do the same selection process for clearing, so considered that the relevant **criteria, 1.1** and **1.7** were not met. The team therefore set a **condition** that the provider must include an individual element within the interactive part of the selection process. This is because the group interview process alone does not appear to be appropriate to present a fair process for all applicants that allows the values and behaviours of each individual to be assessed in an equitable way.

The team also made a **recommendation** that all Clearing interviews are conducted via videoconference, when possible, rather than a combination of either telephone or videoconference. This is to provide a more equitable process to the standard application route, and for additional assurance of the candidate's identity and that they are not being supported with their responses. This recommendation is in relation to **criteria 1.1** and **1.7**.

The team learned that there was a strict cut off in terms of the grades that could be accepted in clearing which was BCC. The provider stated that they looked carefully at the personal statement of the applicant, to consider their motivation to study pharmacy; exam results were also looked at to see if their A-level grades were atypical. The provider explained that it was clear to the course team which level of grades would mean that an applicant, if offered a place on the course, would likely succeed in passing the degree. This information had come from review and monitoring of the course over several years. Students with lower grades on entry would be provided with a range of additional support such as sessions with their personal tutor. There was a specially designed module in year 1 'Transition to Higher Education' aimed at supporting all MPharm students into their first year at university. Additional support included the academic support unit, diagnostic tests for numeracy and chemistry to help identify any learning needs. The programme lead also confirmed that she would

look closely at these students at the end of year 1 to see how they had got on.

The team explored how students are made aware that there are further checks to complete after an offer. The provider explained that a list is provided reminding applicants of the professional requirements attached to the course, and a list of documents required for the DBS check. A letter is also sent from the programme lead in August. There was support from day one of the course for students to go through the documentation and that there were meetings with the DBS coordinator and Occupational Health team in week 1. The team noted from the submission that some year 1 students had not had their occupational health checks undertaken until March. The provider explained that the reason for this delay was because some students had not been able to come to campus due to the pandemic, so they could not take early placements. This had been resolved by allocating them a later placement. Virtual placements had been organised during the pandemic to help students meet learning outcomes and that there were alternative opportunities available for later placements if required. The team were also told that the University was aware that resource would be needed for occupational health checks due to the change in pharmacy standards and increased experiential learning.

The team asked about the analysis that had been undertaken of applicants' data versus entrants by protected characteristics. The provider explained that the University used a system called Tableau to analyse this data. This system checked applicants against protected characteristics and enabled the provider to track trends. The provider noted that there were no real trends that had emerged and that entrant data matched applicant data. The team noted that in previous years a third of the student intake was aged between 25-34, whilst in the 2020/21 intake, this had dropped with a marked increase in applicants aged under 24. The provider explained that this was a national trend, pointing out that more students were coming to university straight out of school, and were also more likely to do vocational courses such as pharmacy. It was also noted that these students tended to be more traditional A-level students and were also likely to have had less experiential background before entry. In the case of students aged over 34, the provider observed that these students were perhaps more likely to have jobs and family, and that this might explain why some of these students had preferred to wait until the pandemic was over before undertaking the course. The provider expected the age intake to return to pre-pandemic levels.

The team queried how entry information was made available to potential applicants, noting that information did not appear to be readily available on the main University website. The provider explained that they were required to follow a standardised website process from the University, so the information was not available on the website landing page. The provider noted the team's concern with regards to the visibility of the information and had made a recent request for the site to be changed so that content would be in a more accessible format. The website was reviewed through an annual review process and input from the programme lead and central University marketing team. It was not yet possible to provide a definitive timescale for this to be resolved but the provider indicated that concerns about the accessibility of information about programmes such as pharmacy had been fed back to the University. The team noted that **criteria 1.3, 1.4 and 1.5** in relation to admissions guidance and selection criteria are likely to be met once the website has been updated and will be reviewed again at the part 2 event.

The team asked that a **minor amendment** be made to the information provided as the University website and student handbook both contain out-of-date references to 'pre-registration training' which need to be updated. From the 2021/22 academic year onwards the terminology to refer to this period of training is the 'foundation training year'. The team also asked that a further **minor**

amendment be made as the University website contains an inaccurate description of a consultant pharmacist. The team asked that the provider make sure that if providing descriptions of pharmacist roles on the University website and within programme documentation that these are accurate.

The team asked about how the advice regarding not undertaking more than 12 hours of paid work a week was given to applicants. The provider explained that this is discussed during the group interviews, at induction week and is listed on the Canvas virtual learning environment (VLE) page and in the student handbook. Personal tutors are also aware of the rule and can emphasise it to students. A monitoring system was used to check virtual engagement of students; if the student dips below the required level, then they are contacted by a personal tutor to investigate. Students are required to scan their ID cards to record attendance at teaching sessions.

The team learned that the 'study needs agreement' serves as an introduction to services that support teaching and learning. Students were assessed, which determined if an agreement was needed. If so, adjustments were then set out. Information on the adjustments are then sent to the programme lead, and then on to the respective module leads. A formal meeting would be held between the personal tutor and the student so that information could be provided about the available support. The provider noted that the course team would try to explore if the student had required previous help. It was noted that information such as this was confidential, but available to the teaching team so that module leads, for example, were aware of when a student might need slides in advance or extra time for an assignment. In the student meeting, students commented that personal tutors responded quickly to e-mails and that support services at the University were also helpful. The students observed that the personal tutors were proactive in trying to resolve issues.

The team noted that unconditional offers for the MPharm are not permitted unless the student already holds qualifications and has met the entry requirements such as when they have taken a gap year.

Standard 2: Equality, diversity and fairness

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

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

The submission stressed that the University is committed to promoting equality and diversity through all its policies, with the Equality Office situated within the Office of the Vice-Chancellor. It is responsible for all aspects related to equality, diversity and inclusion in relation to staff and students. Continuous review ensures that specific steps are taken to promote equality. A chartered psychologist has been appointed to the new position of Executive Lead: Equality, Diversity and Widening Participation on the School Senior Executive Group (SEG). They have overall strategic leadership

responsibilities for equality, diversity, and inclusion within the Department and chair the newly formed departmental EDI action group. Equality-related information is captured and analysed annually, and the protected characteristics of the Equality Act (2010) are reviewed against success criteria such as employment relationships, recruitment, progression, contract type and working patterns. An institution-wide BAME strategic plan has a focus on reducing the BAME-awarding gap by 50 percent.

The departmental Admissions Team undertakes University training in admission procedures, which includes applicants with disabilities. The students and staff in the Department are from a diverse range of backgrounds. Alumni from similar backgrounds are current members of permanent teaching staff or are visiting lecturers and act as role models for students. Equality and diversity issues are managed with examination timetabling and special needs and learning agreements, as well as with the use of learning and teaching approaches such as wikis and the provision of support material through media such as podcasts. The recording of lectures is being introduced throughout the University to support students with a range of learning support requirements.

Reading resources and course materials have been reviewed to include more information around race-related illness, including dermatological conditions and their appearance on differing skin tones. A student experience lead, a member of the Pharmacy Schools Council Student Success Group, shares best practice on inclusion and success for all matters including equality and diversity. Attrition rates are broken down by protected characteristics as are details of student entry, progression and achievement.

Newly appointed lecturing staff members are required to attend the University's induction, including an equality and diversity session, and to complete the Continuing Professional Academic Development (CPAD) Programme in which equality and diversity issues are addressed. All staff members complete an online equality and diversity course and test along with an unconscious bias course every three years. The staff that lead on admissions participate in training provided by the University, which covers equality and diversity issues in the admissions process.

Students must follow the Standards for Pharmacy Professionals, one of which is that students must supply person-centred care, treating patients as individuals. This includes factors associated with working with patients from diverse backgrounds. Students are exposed to the relevant legislation in practice in placements within all four years.

The team asked about the work undertaken to decolonise the curriculum. The provider explained that they were proud of their commitment to diversifying the curriculum and had undertaken several actions to support this. It was noted that the University had committed as an institution to work on decolonising the curriculum. Actions included staff representation on a working group in partnership with students. Staff had also participated in workshops on decolonising the curriculum and had focused on building identity in the programme. The provider highlighted that areas in the curriculum had been identified such as considering the differences in the treatment of sickle cell anaemia, or the issue of oxygen saturations for different ethnicities. Work has also been carried out in terms of identifying more global authorship for reading lists, case studies had been reviewed for diversity, and the *Mind the Gap* handbook had been introduced, with a focus on understanding signs and symptoms of disease on black and brown skin. The provider had also looked at the staff mix and alumni for role modelling so that aspiration could be shown to current students.

The students confirmed that they felt that the provider was offering a diverse course. The students noted that they had been taught to talk to people from different backgrounds; they felt that lecturers

understood the diversity of the students. The students also agreed that the provider used a diverse range of names in the teaching material from the start of the course and had worked hard to include different conditions and groups in the curriculum such as mental health, children and elderly. The students praised the provider for focusing on topics that otherwise might be overlooked such as rashes in people of different colour. Recent graduates noted how this had helped them in their foundation training. The team felt that it was clear that the provider was putting a lot of work into this area, which was mirrored by positive feedback from the students. The team felt that the provider's approach to decolonising the curriculum was an example of good practice.

The team also explored the processes in place for monitoring student progression data by protected characteristics. The team were told that the provider used a Continuous Enhancement Planning (CEP) document. This document includes a series of data sets including one monitoring progression by protected characteristics. The CEP document looks at risk, though it was clarified that if no risk was flagged, the programme lead was not then obliged to report on it. The provider highlighted that the data showed there was no Black, Asian, Minority ethnic (BAME) awarding gap for the University of Hertfordshire MPharm course. It was also noted that the Office for Students (OFS) will require more information to be reported on a detailed level and that the institution will modify its system accordingly. If patterns arise in the data, plans will be put in place to respond.

The team explored how BAME students less likely to complete formative exercises or attend revision sessions are supported. The provider explained that staff sit on a BAME student success working group, which enables good practice to be shared. BAME advisors were also embedded in the school and could also provide feedback to the course team. The provider gave an example of how feedback from BAME students had resulted in moving numeracy sessions online which has resulted in better attendance. Work had also been done on mentoring, such as year 4 students meeting with other year groups, thus developing their leadership and mentoring skills whilst the provider was currently setting up a mentorship scheme for male students. The provider was proud of their interaction with students, noting that the course team got to know the names of students quickly. This was supported by the students when reflecting on the support they received from staff. The team was satisfied that **criterion 2.4** had been met but noted that they would be keen to see more of this data in detail in Part 2 of the reaccreditation event.

The team questioned how the provider assured themselves that the principles of equality, diversity and fairness were embedded in placement sites and that placement supervisors received training in this area. The provider explained that there was a structured process to the organisation of placements. This ensured that placement allocations are fair – students are asked to select three choices for placement sites in community. Students are placed within a certain distance to the placement site based on their postcode. Students also receive training to know what they should expect on placement, whilst noting that the provider would investigate any student complaints on placement thoroughly. Placement supervisors receive staff mentor training, equality, diversity, and bias training in a bespoke session. Placement staff and sites are periodically revalidated so that the provider can check that mentors are appropriately trained and the placement site suitable.

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 Head of Department is the overall budget holder for CPBS and approves and monitors expenditure daily. In consultation with the Finance Department and subject to the approval of the Dean, the Head establishes appropriate expenditure budgets for staffing and non-staffing costs. The Department is supported by an accountant as Finance Manager. The submission explained that departments are attributed a share of student income according to the numbers of students registered on academic programmes. In this respect, the MPharm intake targets for the duration of this reaccreditation are expected to remain at a total of about 120 students made up of approximately 110 home/EU students and 10 overseas students per year. The provider gave further detail in the presentation on the financial position of the MPharm, noting that in 2021-22 the department had a total income of around £21 million, with an expenditure of around £10 million (including £7.1 million on staff costs). The provider noted that this income allowed the school to make a return of 51% to the centre before overheads. As a result, the provider confirmed that the MPharm programme was financially stable.

The Head of PPRS has devolved responsibility for operational oversight and strategic development of resources and staffing of the MPharm degree. Pharmacists on the staff are spread across the disciplines of pharmacy practice, postgraduate medicine and pharmaceuticals and have a range of backgrounds and experience. Additionally, several staff members have pharmacy degrees without being registrants. The PPRS team works closely with pharmacology and bioscience staff from the Bioscience, Agriculture, Nutrition and Dietetics group (BAND).

There has been continued investment in teaching accommodation for the MPharm illustrated by the opening of a purpose-built £50M Science Building in November 2016. The building houses the Department's teaching laboratories along with a clinical simulation suite. The original simulation suite in the Health Research Building with two observation rooms and a range of clinical simulation rooms continues to be managed by the Department.

The team asked about the resources in place to coordinate such a large number of placement sites. The provider explained that there were service level agreements (SLAs) in place for placements. There is also a team of administrative staff who are responsible for putting together the agreements. An allocated placement administrator maintains records of feedback from supervisors as well as any complaints and records of placement allocations for students. Processes had been put in to place to help monitor and support students, such as setting up a 'pitstop' form on Canvas that the student is required to complete to confirm they are ok. If the student does not complete the form, they are contacted that day. A new appointment had been made to the full-time role of Experiential Education lead. The provider also confirmed that there was additional resource available centrally to support placements if they increase, noting that additional posts have been agreed.

The team learned that there is a clear annual business planning process should additional funding for staff or equipment be required to meet the new standards. Capital expenditure is managed at faculty level, such as the purchase of chemistry analytical equipment, or the recent refurbishment of the

simulation suite. The Head of Faculty has an operational budget for costs below £70000 which Pharmacy has a proportion of. The budget is reviewed on a quarterly basis and there is some flexibility in the event of unexpected business need, such as the head of pharmacy having delegated ability to recruit staff. The Experiential Education lead noted that the school management were very responsive and had provided funding to pilot new placements. The team were also told that the provider has some discretion at faculty and school level with regards to surpluses.

The team also explored the staffing challenges that will come with the introduction of a significant element of independent prescribing (IP) throughout the 4 years of the MPharm programme. The provider explained that there were already qualified Independent Prescribers teaching on the University IP programme and that it had been budgeted to use a senior lecturer from this course to help increase independent prescribing input to the MPharm. In addition, the provider planned to use more visiting lecturers and upskill the current staff, with 4 staff members enrolling in the IP programme in the 2022/23 academic year. Clinical assessment skills will be taught by colleagues in the School of Postgraduate Medicine. Expertise would also be drawn on from qualified IP staff, as well as the staff undertaking the training in 22/23. The course team would draw on multi-disciplinary team (MDT) expertise from the current IP course and reciprocal agreements were in place for pharmacy staff to teach other disciplines. The provider also explained that they intended to draw upon the expertise of their wide network of placement providers which included a range of independent prescribers. The close working relationship between the Postgraduate Medicine lead and the Undergraduate MPharm lead meant that teaching sessions and personnel have already been identified to teach across the four years of the MPharm.

The team were told that 15 staff on the MPharm were personal tutors. 4 of these staff members are non-pharmacists. The number of students allocated to each tutor varies per year group, but tutors usually have between 5-7 students per year group. The provider noted that it was the intention that the personal tutor remained the same throughout the MPharm course and that allocated personal tutees would normally be from one discipline. The students confirmed that they were very happy with the access and support they received from their personal tutors, noting that tutors were quick to respond to e-mails. The students also described how tutors were proactive when students faced difficulties. The students explained that they usually had 1-2 formal meetings per term with the personal tutor, but they were able to meet with the tutor more often if required. Students also noted that support often extended beyond the time at the University with some personal tutors still in contact with their tutees after graduation.

The students reported that they felt that the resources provided by the University were very good, highlighting the new science building and the learning resource centre. Students described how the learning resource centre could lend laptops if students forgot them. They also appreciated the range of facilities available, such as the aseptic suite to the main University library which was open 24 hours.

Standard 4: Managing, developing and evaluating MPharm degrees

The quality of the MPharm degree must be managed, developed and evaluated in a systematic way

Criterion 4.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.3 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.4 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.6 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

As part of the submitted document, it was stated that the Head of Department has executive responsibility for the strategic direction of the Department, and the Head of PPRS has responsibility for the operational delivery and strategic development of the MPharm. A new Student Administration Service has consolidated all student administration services into a single organisational unit within Academic Registry and is based in three hubs across the University campuses. The aim of the new administrative structure is to drive consistency and prevent single-person dependency. Thus, there is no longer a named MPharm programme administrator, with the programme now supported by the Innovation Centre administrative hub.

The Head of PPRS is accountable for the delivery of the MPharm and the Associate Dean of Academic Quality oversees the academic quality systems and procedures. In the context of the MPharm the key staff are the Programme Leader, the Learning and Teaching Lead, the Academic Quality Lead, the Student Experience Lead, the Module Leaders and Year Leads, the Departmental Academic Conduct Officer, Lead for Fitness to Practice, Lead for Experiential Education, and the Admissions Team.

The allocation of students to placement sites each year is coordinated by a placements administrator. Relationships with all placement providers are the responsibility of the Associate Dean for Community, International and Partnership. The Lead for Experiential Education assures the quality of placement provision. New placement sites are visited to check their suitability. Placement supervisors receive training on an annual basis and the sites are revalidated every 3 years.

Feedback is collected from external examiners, students, alumni, patients and employer stakeholders. Graduate performance in the GPhC Registration Examination is used to identify elements for review and improvement; this has led to two previous extensive revisions of the programme. A mid-Module Feedback Questionnaire (MFQ) enables students to provide feedback and end-of-module questionnaires are also used for anonymous feedback. Elected student representatives contribute to the Programme Committee and in meetings with the Year Lead and Programme Leader. 'Feedback Fridays' are an informal means of gathering information, and staff members speak informally with students at the beginning or end of lectures to seek feedback. Current students and alumni have been consulted during the revision of the MPharm, using online surveys, individual interviews and small focus groups.

A new University Continuous Enhancement Planning (CEP) approach supports programme teams in maintaining academic standards. This includes improving the quality of learning opportunities and enhancing the student learning experience. This is an evidence-informed monitoring process operating in real time with action points at intervals. It allows School/Department and University oversight to identify and develop strategic improvement initiatives. The CEP is a risk-based approach and is informed by core metrics and qualitative evidence which will allow programme teams to

understand where to focus improvement measures. The input of current stakeholders and the teaching team, including visiting lecturers and teacher-practitioners ensures that the programme is relevant and current.

The team were told that more community pharmacies had been contacted to increase placement provision for the planned experiential learning from 2022/23. Expression of interest forms had also been sent to the hospitals to identify placement provision and available expertise. Service level agreements (SLA) are drawn up by the University legal team, and include issues around insurance, indemnity, placement capacity, checks and expectations. The person responsible for sign off of the SLA varies according to the setting, such as the superintendent for a community pharmacy, or the person responsible for education at a larger pharmacy chain. The provider noted that initial conversations had been held with Health Education England (HEE) East of England with regards to how the enhanced levels of experiential learning on the MPharm will be managed and monitored. The discussions have initially focussed on the transition from the MPharm to the foundation year and the alignment of the portfolio.

The provider highlighted that pilot placements have been running which are providing useful information on capacity and the impact of planned placements. These pilot placements included a GP placement and a hospital placement with a local NHS trust. Workbooks had been put together which mapped the standards to the placements. Students were then asked to complete a set of workplace activities and get them signed off. Feedback from the GP pilot placements had so far been very good, highlighting that students had really valued seeing other professional prescriber clinics as well as the experience being a really useful opportunity for inter professional education. Feedback from the hospital pilot had been equally valuable as this had highlighted that year 2 MPharm students were not yet ready to undertake clinical tasks as they did not have the relevant clinical knowledge. This feedback was helping the course team with their planning, particularly in understanding the kind of entrustable tasks that students could be asked to undertake on placement and when these tasks should take place.

The team learned that the new placement plans represented a move away from observational placements to placements where students would need to demonstrate competencies. The team were told that this would be quality assured through the organisation of a training day for practice supervisors. This would include training on assessment, Miller's triangle, how students should be assessed and what can be signed off in terms of their competencies. All practice supervisors must attend the training which is mandatory; examples would be given of students meeting competencies. Placement provision would also be quality assured through sites being visited in person or virtually. Clear lines of responsibility were outlined for both supervisors and students in the event of a problem. During longer placements, there will be checkpoints for students to report back. Students were then required to submit work which would enable the provider to check that the required work had been completed. The team considered that **criterion 4.1** and **criterion 4.2** are likely to be met because of the need to see how the experiential learning element will work. These will be reviewed again at the part 2 event.

The team asked what process is used to monitor attendance both on placement and at university and what happens if there is repeated non-attendance. The team learned that attendance at the University was managed centrally by the Associate Dean of Learning and Teaching. Students were required to scan their ID cards when attending teaching sessions. The MPharm programme lead is also able to review attendance weekly. Students are contacted if there are any issues. Student engagement can be checked on the module sites. Escalation e-mails are sent because there is a risk of

failure because of non-attendance, even if the modules have been passed. The emails will come from the central services and the programme lead. The provider highlighted how Canvas had been helpful in enabling the staff to check student engagement because of the data analytics available. This had also been a useful tool for the external examiners, and in 21/22, students are now able to see their own progress using Canvas. The provider highlighted how the data had helped the course team in identifying cases of internet poverty among students during the pandemic which meant that they could look to support students facing these difficulties. The team felt that there was a good system in place for monitoring attendance and recognised that the information provided by Canvas and the way the provider had used the information had been really helpful and supportive of students. The team could also see that this approach demonstrated how much the course team really care about the wellbeing of the students.

The team explored how the views of patients and the public were sought to help inform the design and delivery of the programme. The provider explained that the Head of Pharmacy hosted a meeting with patients and the public which was very helpful. Patients and public will also be invited to come to future programme committee meetings and other events. The provider recognised that arranging meetings had some challenges as some patients preferred to meet online and some face to face. An example of how feedback from these groups had helped influence the programme was shown in discussion of why people sometimes do not take the medicines they have been given (non-adherence) – this had been incorporated into year 4 as a result. Patient interviews also meant there was an informal mechanism for feedback to be provided on student performance at different points. The provider also highlighted a Parkinson's disease research group which can filter back in terms of teaching MPharm students who will deal with Parkinson's patients.

The team asked how feedback was gathered from the students and then acted on. The provider explained that there were a range of opportunities for students to feedback on the course. Formally, students could feed back at the end of a module, as well as in the National Student Survey (NSS) in their final year. In terms of informal feedback, staff were encouraged to seek mid-module feedback so that any changes could be made. The provider also highlighted the 'two stars and a wish' approach, which asked students to consider the holistic experience by giving feedback on what is going really well and what they would like to fix. Student reps also feed into the programme committee, and there are forums with the programme and year leads. The team learned that students were informed about outcomes to feedback in a number of ways. If the matter was easy to adapt within a module, then it would occur straight away. If the issue raised is more significant then it will be considered through more formal mechanisms such as feeding into the CEP. The MPharm Programme Lead sends a weekly e-mail to students which they use to feed back on solutions to issues raised or to explain why changing something isn't possible. The students confirmed this, noting that there were many opportunities for them to feedback on the programme. They also noted that tutors would ask in any meeting how things were going and would try to solve problems if they arose. Students pointed to the opportunities to feed back to the programme lead, year lead or student rep and gave an example of where the course team had organised a workshop to provide clarity on assignments in response to student feedback that the information was not clear. The provider gave an example where student feedback concerning the availability of public transport on campus in the evening was causing difficulty, so it was agreed with central timetabling that no sessions would be scheduled later than 6pm.

The provider highlighted that the course had a strong alumni network that enabled them to reflect on the course, what worked and what didn't and how the course could be improved. The team noted

the detailed response from the provider and the positive feedback from the students which mirrored the importance attached to student feedback by the provider.

Standard 5: Curriculum design and delivery

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

Criterion 5.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.2 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.3 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.4 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.8 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.9 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.10 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.11 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.12 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.13 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The programme is modular with four 30-credit modules and one zero-credit module in each of Years One to Four. The submission explained that the provision aims to balance subject-specific knowledge and understanding with transferable and practical skills. Independent learning skills are developed from the start of the programme; students are introduced to the concept in the induction week of the First Year.

Modules contain a significant element of directed independent learning, including preparation for workshops and completion of preparation exercises and assignments, along with self-directed independent learning. More support is delivered early in the programme, leading to a subsequent transition to effective independent learning as the programme progresses.

Small-group, team-based learning is introduced from the beginning of the programme and all modules include independent assignments in addition to any group activities. The curriculum is designed to be integrated, and case based. Each module includes elements of science and practice in an integrated, contextualised manner. Clinical cases are used throughout to motivate learning, increase information retention and facilitate transfer of learning. The level of integration is increased with the increasing complexity of the clinical conditions and patients covered. When considering the skills required for prescribing, as well as the associated prescription law detailed above students learn the communication techniques needed to assess patients and are introduced to minor ailments in a series of lectures and simulation workshops in the first year.

The module and programme teams hold regular meetings to ensure effective delivery of the programme. Programme committees include stakeholders. A regular steering group includes chief pharmacists and education leads from the hospital trusts and as well as other relevant placement providers.

The team asked about the provider's plans to embed the increase in experiential learning in the MPharm programme. The provider explained that there was now an emphasis on work-based learning in the redesigned MPharm, and a shift from the classroom to the workplace. This meant that some content taught in the classroom was now undertaken in practice such as looking at controlled drugs storage and record and procurement, which now took place as part of a three week community placement. In year 1, students undertake a week placement in community pharmacy; in year 2, they undertake a three week placement in community pharmacy and a half day in industry. In year 3, students will do three weeks of placement comprising of one week in community, one week in hospital and one in a care home. In the final year, students will complete six weeks of placement, spending two weeks in community, hospital and primary care. The provider highlighted that students would now spend the same amount of time in their GP primary care placement in final year as they would in community and hospital, thus ensuring the same amount of exposure to each sector.

The team were told that experiential learning was integrated into the programme. Each activity on placement is linked to the learning outcomes. The provider explained that for years 1, 2 and 3, the experiential learning sits within the zero credit modules, Preparation for Professional Practice (PPP) 1,2 and 3. In the final year, the experiential learning sits within the Clinical Skills for pharmacists module as this is where the competencies will be signed off. The provider noted that no topics had been removed from the curriculum, but some teaching had been streamlined. The portfolio was embedded in the PPP modules which are pass/fail. Students are expected to put together their portfolios and link the standards to their supervised learning event. This makes it clear which standards can then be signed off. The portfolio also includes a range of reflections that the student completes such as CPD, personal reflections or reflections on professionalism. The provider noted that students should be collecting evidences throughout the year, and some are set so that they should have been signed off. The ultimate sign off for the portfolio is in year 4 as part of the Clinical skills module. The team learned that current placement pilots were helping the provider work out which standards apply best to which placement. This information was also helping the course team consider what additional things might be needed to enable sign off. A structure was in place which enabled the provider to audit the placements. The team noted that the provider was still piloting some experiential learning, so this will be reviewed at the next event.

The team also asked about how independent prescribing would be developed across the four years of the MPharm. The provider explained that there was no specific IP stream within the curriculum but that consideration of prescribing applied across different areas such as looking at well patients to patients with more complex needs. It was noted that prescribing is introduced in a lecture in year 1 on shared decision making. Students also look at prescribing activities in dispensing workshops such as an error on a prescription with students then considering how they would re-prescribe it. In year 2, students undertake clinical simulations and use guidelines showing them where to look, focusing on identifying problems. In year 3, students have more independence and are expected to build on evidence assessment and the care plans they will have produced during the course. In year 4, there is a focus on how prescriptions are documented and how students use an evidence base to make clinical decisions. The provider noted that students are not just writing a prescription, but considering elements such as the monitoring and review of the prescription.

The team asked how students would be exposed to prescribing roles, skills and activities in practice. The provider explained that this would happen through the range of experiential learning activities, such as the placements in a care home linked to a GP surgery, where students would be able to consider rationalising prescriptions, whilst in the hospital environment, antibiotic prescribing would be embedded so that students would review patient notes and use antimicrobial guidelines to set out treatment and explain the rationale to the pharmacist. In community pharmacy, students would be asked to reflect as if they were a prescriber, and in year 4, they would undertake a primary care placement which would involve the students sitting in on a prescribing clinic. This would enable the students to record a log, consider what information was needed and then develop an action plan and consider how to monitor the patient. As part of their GP placements, students would be given entrustable tasks such as taking blood pressure.

The team questioned which elements of the professional portfolio will support the development of prescribing. The provider explained that supervised learning events would be incorporated as well as case-based discussions. Students would also be asked to reflect on activities that they had observed in the workplace or undertaken in OSCEs. Other issues that could be reflected on included medicines management, medicines reconciliation logs as well as a reflection on a prescribing clinic. In the year 4 community placement, focused on minor ailments, students were expected to produce logs on what is the most appropriate treatment, or when referring the patient on, considering what prescription might be appropriate. The team noted that they were not quite clear how this would be signed off and would have found a model useful to explain the process.

The team were satisfied with the outline of how IP will be taught in practice, noting that this will be tested as the placements are embedded, though the team considered that the basic structure was in place. The team were also told that several activities were underway to finalise the introduction of IP into the curriculum such as identifying the support needed from the physicians associate course to module leads reviewing case studies to see where prescribing takes place and ensuring that some case studies will reflect prescribing scenarios. Two visiting lecturers were already building up some case studies and the provider confirmed that MPharm students would be properly trained on observations before they were practising on real patients. The provider felt that MPharm students would be ready to complete the foundation training in year 5 at the relevant level of Miller's triangle, which if passed would then enable them to qualify as an independent prescriber.

The team felt that a short overview of the overall teaching and learning strategy for the course might have been helpful, focussing on where topics are taught and where they are assessed, with further detail of how each specific learning outcome is taught and assessed in the programme. The team noted that the provider had explained how independent prescribing would be introduced, and the support required. The team had some concerns about the nature of the zero credit module as it was not clear about the specific standard being used. The team considered that **criterion 5.1** would therefore be likely to be met as the revised experiential learning and independent prescribing are embedded into the course. This would be reviewed again at the part 2 event.

The submission document stated that students are required to conduct themselves in a professional manner both on and off the University campus. Academic integrity is discussed during induction week for each cohort, with specific reference to the GPhC's Standards for Pharmacy Professionals and the University Fitness to Practise Procedures. Students complete a Personal Development Portfolio (PDP) each year to help with self-evaluation and reflective practice.

There is an interprofessional education (IPE) and patient engagement strategy as well as a proposed increase in placements, and competency assessments. Simulation exercises are also being increased. Placements activities are closely linked to learning and teaching at all levels of study. Based on feedback from providers, hospital and primary care placements are left until the latter half of the programme. For IPE, pharmacy students work with students from dietetics, physiotherapy, optometry, law and paramedical sciences to solve problems in case studies.

The team asked about what had been done to explore opportunities to increase the range of professionals who take part in IPE to include groups such as student nurses and doctors. The provider explained that there were already plans to interact with student nurses in the current programmes but in terms of doctors, this was more difficult as there was no undergraduate medical school at the University. The provider highlighted that in the current pilot placements, students were able to engage with medical students on MDT ward rounds. The provider indicated that interaction with medics was something the course team would be working on for the future.

The team were told that students would gain experience of IPE when on practice placements through a range of activities. In year 2, it was noted that students will be in a community pharmacy with a well supported team. In year 3, students will have consideration of how healthcare assistants do observations as well as having MDT interaction and attending MDT meetings. In year 4, students have designated time spent working with other healthcare professions. The provider also noted that tasks in the portfolio that must be completed were designed to encourage interaction with other colleagues. The team noted that the provider had been ambitious in terms of plans for other professions to be involved in the course. The students also reflected that they had enjoyed being involved in activities with other professions such as optometrists. The team noted that a strength of the course was the links with other professions. The team would be keen for an update on how this progresses, particularly future interaction with medics. The team considered that **criteria 5.6** and **5.7** are likely to be met as the experiential learning is embedded and opportunities for students to interact and engage with other professions can be seen when they are in the practice setting. This will be reviewed at the part 2 event.

As part of the submitted document, it was stated that the MPharm regulations are more stringent than the University norm. Thus, in addition to the standing University regulations the MPharm has several programme-specific regulations to maintain patient safety and to operate within legal frameworks. In this respect the dispensing, aseptic, numeracy and OSCE assessments contain critical elements that must be passed to ensure patient safety. The GPhC Standards for Professional Practice apply in all settings, and the fitness to practise processes apply in all settings including placements.

The team asked how the provider dealt with fitness to practise concerns. The provider emphasised that their approach to Fitness to Practise (FTP) was to take care of student wellbeing as well as protecting the public. The provider described a recent case where a concern had then been raised by a member of staff about a student. The issue was checked to see if the facts were correct, and the student subsequently referred to the FTP process. The provider explained that for FTP issues, the student is informed that they are going through the process, but also given support such as signposting the student to the student rep and student wellbeing. The provider committed to arranging FTP meetings as soon as possible, but not on Fridays, so that the student would be more likely to be able to speak to someone if necessary. If the result of any FTP hearing is relevant to the regulator, then the head of pharmacy would write to the regulator with the relevant information. The timescale of the FTP process was that there were 2 working days to let the FTP lead know of an issue. There were then 5 working days to tell the students of any issue (the timescale might depend on how

serious the issue is). The full investigation must be completed in 20 working days. Student interviews are written so that the student has the opportunity to review the minutes and approve the transcript.

The team learned that there was an effective student wellbeing system in place to support students during an FTP process, which included an out of hours support line, the Dean of students' office being available and FTP administrative staff would also check on students. The provider also noted that all FTP template letters included information about accessing student wellbeing. The meetings themselves would be stopped if the student was upset and needed time to compose themselves. Support can also come from a personal tutor or the programme lead and students could also be signposted to pharmacist support or the Pharmacists Defence association (PDA). The team noted that the processes outlined by the provider demonstrated good support for the student. The provider confirmed that University regulations did permit them from holding back the award of the MPharm degree if there were unresolved FTP concerns, even if the student had met all academic requirements. It was also clarified that FTP regulations are school specific.

The provider stated that additional regulations applied to the MPharm including all modules must be passed (including zero-credit modules), 480 credits achieved and students must attend all aspects of theory and practice. No compensation or condonement is permitted. The provider also confirmed that a process was in place in the event that the programme was closed or withdrawn. The provider stated that a course closure plan would then be agreed with the GPhC before the course closure date was announced.

Standard 6: Assessment

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

Criterion 6.1 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.9 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.10 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.11 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.12 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.13 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.14 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The submission stated that the assessment strategy emphasises the ability of the students to demonstrate clinical focus and competence as well as to embed professionalism and scientific rationale to all aspects of independent practice. Diagnostic, formative and summative assessments

are used throughout the programme. Diagnostic assessments during induction include assessment of numeracy and the principles of safety in the laboratory in order to identify gaps in the knowledge base within these areas and to revisit in subsequent teaching. Formative assessment is used to provide a benchmark of performance and to provide students with experience of summative assessment formats.

The aim of the assessment strategy is to use authentic assessment as a measure of intellectual achievement or ability. Assessments reflect the learning outcome descriptors at each level. Students are required to demonstrate deep understanding, higher-order thinking, and complex problem-solving through the performance of tasks or the demonstration of competencies. Minimum pass criteria are set at the level of basic competency. No assessment can be passed if patient safety is compromised. Summative assessments incorporate a range of assessment methods to ensure that the breadth of knowledge, understanding, skills and attributes are assessed appropriately. They include written tests, multiple choice questions (MCQ) tests, written assessments including letters, journal articles, essays, posters, oral and masterclass presentations, OSCEs, case studies, and placement competencies with sign-off. OSCEs in the third and final year contain critical 'must-pass' elements.

Formal procedures are in place to ensure that assessment is undertaken appropriately, including internal moderation, double-marking, blind-marking and external examination. Reasonable adjustments are considered individually by module and overseen by the Programme Leader. Guidelines on academic integrity and what constitutes cheating, collusion and plagiarism are provided in the MPharm Student Handbook and in each module Canvas site. Assessments, performance and attrition are continually monitored. The programme has three external examiners that complete an Annual Report detailing the rigour of the assessment process and the setting of standards.

Coursework with feedback is returned to students no later than four weeks after the submission deadline, in line with University regulations, and before further summative assessment. An online submission system at the University has an automated feedback process with banks of generic statements to support staff to provide prompt feedback. The Turnitin plagiarism detection software is also available on Canvas to provide students with formative feedback on their work. Student peer assessment is used throughout the programme as part of the small group approach.

The team learned that the provider had detailed regulations with regards to academic quality assurance. Clear processes are in place for how assessments are developed, moderated, and reviewed internally and externally to ensure that they meet the relevant learning outcomes. There were also clear processes in place for the marking and moderating of assessments and samples of work provided to the external examiners. The provider noted that it is made clear to the students what is considered a pass at either 40% or 50% level. Drop-in sessions are organised for students with queries about assignments and clear information about the marking criteria and moderation process provided. The team asked if any traditional standard setting methods were used. The provider explained that most assessments are case based where specific points need to be made to get the marks.

The team questioned how standards were set in the OSCEs. The provider explained that there was a clear process for this, noting that academics are involved in the writing and moderation of the stations to ensure the correct learning outcome and level. The stations are also reviewed by the external examiners. An electronic system called CliniQuest is used to help mark the OSCEs. Staff involved in

OSCEs receive training, including observation of OSCE stations before they take part in the process. The provider noted that there was a risk of ambiguity in the marking of OSCEs, so ensured that it was clear in the marking criteria as to what is a right and wrong answer. The team were told that a mark of 50% was required for students to pass the OSCEs as well as causing no patient harm. The provider explained that 50% is a minimal competency by ensuring that the standard needed for the student to pass and be safe is set first. It was noted that this might mean some stations are easier than others, but the 50% mark reflects what is safe for that station. OSCE stations are recorded so they can be watched afterwards for moderation purposes.

The team learnt that the provider was exploring options for the use of e-portfolios for students on placement and were considering the use of systems such as PebblePad or OneNote. It was noted that Canvas could be easily used to set up assignments, as well as providing check in/pit stop points to help monitor and record assessment for students whilst on placement. The team considered that **criteria 6.2, 6.3, 6.4, 6.7 and 6.8** are likely to be met as the experiential learning and assessment in practice are embedded. The team was interested in how these processes develop and will review them again at the part 2 event.

The submission document stated that failure to meet safe and effective practice represents a barrier to progression. Individual student performance in each of the competency-based assessments is reviewed by the Patient Safety Panel pharmacists. Any attitude or behaviour during placements that does not meet the standards described in the GPhC Standards for Pharmacy Professionals is referred to University Fitness to Practise Procedures.

The team learnt that there are clear mechanisms in place if problems arise. Students are taught what patient harm is. A patient harm grid is used to assess the level of patient harm. For practice supervisors, if they feel that there is patient harm, they should contact the experiential education lead. If something happens outside of the assessment criteria, the student would be asked to implement a root cause analysis to reflect and avoid repeating the error. The student should also complete a compulsory reflection as the provider must be assured that the student has learnt from the error and understood the problem. The team asked how this is managed in the community placement environment. The provider explained that when pharmacies are selected for placements, there is a check carried out to ensure that the pharmacy has the capacity to take the student and that they will not then adversely affect the service. Sites are audited to check that busy sites will have support in place. The provider confirmed that there are check-ins with students during longer placements. The team considered that the provider was moving in the right direction in terms of how the portfolio is going to work for issues such as this and felt that **criterion 6.6** is likely to be met. This will be reviewed again at Part 2 of the event.

The team explored how learning outcomes at the 'does' level will be assessed using OSCEs and practice-based assessment. The provider explained that in the initial years on placement, behaviours and communication will be assessed at the 'does' level. They are also assessed in supervised learning events. In the case of OSCEs, 'does' elements will be linked to professionalism and integrating scientific knowledge into clinical practice. At the 'shows how' level, the elements may be simulated or real life, but at the 'does' level, this is when the student is acting independently and consistently. The provider noted that repeatability of a task assures that something is a 'does'.

The team were told that clinical and physical skills will be incorporated into the programme to support the readiness of students to be independent prescribers. The provider explained that this would be

assessed both in university and on placement. The skills would be assessed in the OSCE and other problem-based learning sessions so that students can understand why they are being tested. Students will be assessed on placement on the delivery of skills. The provider noted that the MPharm students will spend time with physician associates and healthcare assistants and will carry out observations, blood pressure checks and taking a pulse. The skills tested in the OSCE will be at the 'shows how' level. The team highlighted that the portfolio needed to be checked to ensure that the skills were being signed off in practice. The team also felt that a more clearly defined plan of the resources that might be required to ensure the delivery and assessment of physical and clinical skills was needed so considered that **critterion 6.2** was likely to be met and would be reviewed again at the part 2 event.

The team questioned how the provider was assured that methods for assessing the learning outcomes are appropriate to achieve valid and reliable assessment competency at the required level. The provider explained that the pilot placements would demonstrate which standards could be assessed reliably. The provider noted that there was a lot of experience to draw upon from the postgraduate pharmacy team, and the experiences of other professions at the University such as Dietetics, Optometry and Physicians Associates as these professions have used placements for assessment, so their experiences of assessment criteria showing competency of students on placement could also be drawn upon. The provider also highlighted that a lot of the outcomes are assessed at the 'shows how' and 'does' level, but that they are taught and assessed at 'knows how' level at university before the students go out on placement, thus demonstrating how the student is building their knowledge.

The team asked how patient feedback is collected and used in the assessment of students. This included feedback provided to the programme committee, feedback from interviews and focus groups and formative feedback from patient actors. It was noted that patients involved with final year OSCEs also provided feedback that fed into the scoring of the station. The provider noted that the pandemic had made it more difficult for patients to give active involvement/feedback in sessions. The team felt that it was not quite clear what happens with regards to feedback from patients in practice, so considered that **critterion 6.10** was likely to be met once experiential learning had been embedded and would be reviewed again at the part 2 event.

Further questioning from the team established that after the placement, portfolio sign offs were moderated by the school. This process involves staff reviewing the professional portfolio submitted during the PPP modules. This academic sign off is to ensure the quality of evidence collected by the student reflects what is happening in practice. The review is carried out by pharmacists. The team considered that **critterion 6.3** was likely to be met and noted that moderation took place. The team felt however that the provider should consider providing a clear definition of a minimally competent student for each year as that would help ensure clarity and that everyone on the team is on the same page, as well as ensuring that there is a robust quality assurance process in place. This would be reviewed again at the part 2 event.

The team asked what guidance or training is provided to placement supervisors on what is expected of the assessment and pass criteria of competences. The provider explained that during the training event, clear standards are set, which explain what is expected at each level of Miller's triangle, noting that focus groups could be run at this session to look at examples of work from students who are barely passing. As noted, the MPharm course team intended to seek knowledge from other health courses with regards to assessment on placement in terms of examples of activities to fit in with learning outcomes or examples of what is competent or not competent. The provider highlighted that placement supervisors are signposted to e-learning help and can also approach the experiential learning lead if help or clarification needed. The team considered that **critterion 6.11** was likely to be

met as it was still being worked on as part of the revised and expanded experiential learning process. The training and guidance provided for placement supervisors will be reviewed again at the part 2 event.

The team was satisfied from the submission that the external examiners report on the assessment processes on an annual basis and that the responsibilities of the external examiners are clearly documented.

Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree

Student pharmacists must be supported in all learning and training environments to develop as learners and professionals during their MPharm degrees. Everyone involved in the delivery of the MPharm degree should be supported to develop in their professional role

Support for student pharmacists

Criterion 7.1 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Support for everyone involved in the delivery of the MPharm degree

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

As part of the submitted document, it was stated that the Department has implemented initiatives to ensure a structured progression into higher education for entrants. Support starts before the commencement of studies, when prospective students are emailed by the Student Experience Lead. This is followed by a one-week induction programme. An early module provides several experiential learning sessions designed to introduce and develop competence in differing topic areas, aligned to higher education. This is designed to help bridge the gap between secondary and tertiary education.

Each student is allocated a personal academic tutor whom they retain across the programme. Each personal academic tutor administers a small group of students that meets regularly from the early part of the programme. The meetings cover standards of professionalism and academic conduct in addition to the development of the student skillset. Attendance is compulsory and is recorded. Support changes from a more intensive support within the first year to a facilitative process in the Final Year; this aligns with the student's development of independence and self-regulation. Thus, there are four meetings with the personal academic tutor in both the first and second years, and three meetings in both the third and final years. Meetings in the final year include students from other years in order to develop leadership and mentoring skills; meetings are coordinated and led by the final year students.

The submission document noted that the Academic Support Unit (ASU) provides one-to-one appointments to students or group sessions within the school for topics such as dissertation support, revision techniques and statistics support. The Department has Learning and Teaching, Academic Quality and Student Experience Leads that lead the strategic direction of the Department in these

areas, including developing and optimising support mechanisms for students. The University has a Student Wellbeing service which delivers a range of professional and specialist services to support student emotional and mental health and assist with issues related to disability and health.

MPharm students show a value-added score of greater than 1 regardless of ethnicity, indicating that all groups are performing better than expected in terms of degree classification when their previous qualifications are taken into account. This is supported by the appointment of dedicated BAME student advocates in the Department to champion constructive actions to reduce any potential for an attainment gap, and by active staff participation in the University-wide BAME working group. The MPharm shows no attainment gap for BAME students.

The team asked how the provision of student support had been affected by the pandemic and what lessons had been learnt. The provider highlighted that they were proud of the level of support that had been offered and noted that there were a variety of forums available online to enable students to raise issues such as through an open door policy, special discussion forums on Canvas, ensuring that students have access to Zoom and Teams. The programme lead had worried that being online would make things more difficult for students to communicate, but the reverse had been true as it was noted that students who did not always come forward often felt more able to do so online.

The students told the team that the staff had made particular efforts to provide support during the pandemic such as zoom meetings being held to catch up on what was said, or the use of zoom meetings making it easier for students to raise concerns with staff.

The team learnt that support was also available to students away on practice placements. This included clear lines of communication in case students has particular concerns. Students also had a nominated clinical supervisor. In community this was likely to be the supervisor they are working directly with, whilst in hospital, there would be a nominated pharmacist. Students also have access to the bleep numbers of their supervisors which would be listed in the workbook. Students could also contact the Experiential Education lead if they had particular concerns and can declare it so that the issue can be discussed ahead of placement allocation.

The team noted that the provider had put good support mechanisms in place for students. The team noted in particular that the first thought of the course team was to check on students and their wellbeing. The feedback from the students had been very positive in this area as they felt able to access a range of support. The team highlighted the way in which the provider had paid attention to the issue of digital/internet poverty amongst students during the pandemic as an example of good practice.

The submission document stated that there is a range of support available within the University for staff members to enable learning and teaching and academic quality-related continuing professional development (CPD). Staff training and development opportunities are available in the areas of technology-enhanced learning, assessment and feedback, and curriculum design. An induction programme is mandatory for all new staff. Established staff members engage in an annual peer review process, guided by the Learning and Teaching Innovation Centre, and organised by the Department's Learning and Teaching Strategic Lead. Line managers are responsible for no more than 10 FTE members of staff to guarantee effective management and supervision. Line managers are responsible for ensuring that all staff have a realistic workload proportional to their contracted hours of work and commensurate with their experience. The University has also developed and launched, in partnership

with the Students' Union, an online 'Speak Out' system which enables students and staff to anonymously report or seek advice for any issues.

The team asked how non-pharmacist members of staff are mentored/supported to enable them so support and tutor student pharmacists. The provider explained that staff tended to have 5-7 students as personal tutees per year group. The University was committed to ensuring that all students should have a personal tutor. The Academic tutor's role included reminding students about issues such as plagiarism, as well as explaining what a pharmacist is and looking at career pathways. The team learnt that non-pharmacist tutors would be asked to visit a local pharmacy so they can better understand the role; they could also be shown around a hospital pharmacy. Non-pharmacist tutors are also encouraged to sit in on the personal tutor meeting of a more experienced pharmacist/personal tutor. Pharmacist staff will support/mentor non-pharmacist staff members. There is also a staff handbook with information on personal tutoring. The provider also explained that the appraisal process is used to discuss teaching and learning practice. Appraisals occur twice yearly and adopted a holistic approach looking at research, identifying training needs and any additional support needed by the appraisee. The team noted that they were satisfied with this approach and noted that good support was being provided for non pharmacist tutors.

The team were told that the School has a clear workload model. This is managed by the Head of Faculty. Staff report their workload to the head of faculty which generates a percentage. There is an aim of 80% in order to allow some contingency. The spreadsheet is then checked by the line manager, subject lead and reviewed by the head of faculty and head of school. Workloads are then summarised between teams and the head of subject will feed this into an annual review. The overall process is overseen by the Deputy Dean. The team asked how staff were given time to learn and take part in CPD and research as the submission stated that only 22 days were allocated for research and scholarly activity. The provider clarified that this was actually the minimum protected time for research before other workload activities were assigned. It was noted that for some staff, specific research allocations will be factored into their role/research aspirations. The team noted the workload model and were satisfied that the provider had been able to clarify that the allocated days for research were a baseline figure.

The team asked how placement supervisors were supported in their role and how they were able to develop their skills in assessment for students on placement. The provider explained that the study day is the main element that supervisors attend. Specific training is given on workbooks before the placement. Year 2 students are also given a recorded presentation on the workbook. The provider highlighted that regular updates are given to supervisors, such as sharing responses to questions and queries, or sharing of ideas. These are collected and put in a quarterly newsletter sent to all supervisors. The team noted that the provider had provided further information on the plans for experiential learning and the training that will be provided for placement supervisors during the reaccreditation event. The team considered that **criteria 7.5,7.6 and 7.7** are likely to be met and will be reviewed again at the part 2 event as the support and guidance required for practice supervisors in the revised experiential learning plans become clearer.

Teach out and transfer arrangements

As part of the submitted document, it was stated that the new programme would be introduced progressively one level at a time. This would commence with the new level 5 in September 2022. Year 4 was unchanged, so students would progress to level 5 seamlessly. It was noted that the 2011

programme would be taught for the final time in 2021/22 for level 5, 2022/23 for level 6 and 2023/24 for level 7. If any students needed to repeat any elements, they would be automatically transferred onto the new programme.

In the presentation to the team, the provider outlined specific arrangements for each year group to ensure that if any students needed to transfer onto the new programme, there were plans in place to arrange this. The provider highlighted that programme specific progression regulations meant that there were likely to be only a very small number of students that might require these arrangements. The provider noted that bespoke timetables would be created for any students affected. These students would also be supported by the relevant MPharm staff (personal tutor, module leads, year lead, experiential education lead, programme lead). It was also noted that fee waiver arrangements are in place.

The provider detailed the specific arrangements in place for each year group. It was noted that students who failed level 4 could not re-enrol on the programme, but where some students were still in level 4 because of a deferment or appeal, they would continue with the 2021 standards but would participate in the one-week community placement. For any students repeating Level 5 in 2022/23, they would repeat the elements not completed and be required to undertake the three-week community placement to achieve the required competencies.

Students re-enrolling in year 3 would join the new programme at the start of the 2023/24 academic year. In addition to repeating any failed elements, they would be required to complete all required placement elements from Years 1-3, as well as completing the pharmacy law and clinical governance module. The provider noted that programme specific regulations ensured that there would be very few students re-enrolling in the third year, but if this occurred, a bespoke timetable would be mapped to ensure they had met the required learning outcomes. For Level 7 students, any referred or deferred final year students would be enrolled on the new programme at the start of the 2024/25 academic year. They would be required to complete the prescribing governance elements from the third-year module Pharmacy law and prescribing governance. This would be taught and assessed in Professional Practice 4. These students would also complete the Clinical Skills for Pharmacists module and elements not passed or new from the remaining modules. Students would also need to complete placement activities from all years of the revised MPharm.

The provider noted that bespoke timetables and assessment schedules would be created by the programme lead and experiential education lead to ensure that these students would complete all required elements of the new programme.

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).

