

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



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## Event summary and conclusions

<b>Provider</b>	University of Huddersfield
<b>Course</b>	Master of Pharmacy (MPharm) degree
<b>Event type</b>	Reaccreditation (part 1)
<b>Event date</b>	21-22 June 2023
<b>Approval period</b>	2022/23 – 2030/31
<b>Relevant requirements</b>	<a href="#">Standards for the initial education and training of pharmacists, January 2021</a>
<b>Outcome</b>	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by the University of Huddersfield is reaccredited, subject to a satisfactory part 2 event and 3 conditions.</p> <p>Reaccreditation is recommended for a period of 6 years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserve 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 2024/25 academic year and is likely to take place on-site.</p>
<b>Conditions</b>	<p>1. To revise the selection process for consistency, quality assurance, integrity and equality, diversity and fairness to provide equity of experience. The team could not see the consistency and quality assurance of the decision making process, the integrity of the online selection test in terms of the provider being able to fully ensure the identity of the applicant, or the lack of the online test being used during clearing which does not present an equal and fair process for all applicants. The interview format also needs to align more closely to the admissions criteria for the foundation training year and the interview questions must be reviewed for equality, diversity and fairness by undertaking an appropriate EDI review. The provider must review the selection process to address these issues. This must be done before the 2024/2025 admissions cycle, but the online test must be incorporated into the clearing cycle for 2023/24. The plan for the admissions cycle in 2024/2025 must be submitted to the GPhC by <b>31st August 2023</b>. The provider must confirm that the online test will be integrated into the 2023/24 clearing cycle by <b>31st July 2023</b>. This is to meet criteria 1.1, 1.6 and 1.7.</p>

	<p>2. The course provider must submit an updated experiential learning plan and associated assessment strategy. This is because the accreditation team noted that although these plans such as the portfolio assessment and the implementation of EPAs have been developed, they are still in early stages of development. There is a potential risk to the planned delivery against the 2021 IETP standards particularly for the cohort expected to graduate in summer 2025. These plans must be submitted to the GPhC by <b>30th June 2024</b>. A progress update must be provided by <b>31st December 2023</b>, which must include specific reference to the experiential learning plan for the two transition cohorts who will be the first to graduate to the 2021 standards. This is to meet criteria <b>5.6, 6.2 and 6.3</b>.</p> <p>3. Although the team could see evidence of a standard-setting process in OSCE assessments, there was limited evidence of appropriate standard-setting methods across other assessments. The provider must review standard-setting processes across all summative assessments and develop a plan for using an evidence based standard-setting methodology where appropriate. The programme specification should also be updated to reflect this. Evidence of how you have addressed the condition must be sent to the GPhC by <b>31st August 2023</b>. This is to meet <b>criteria 6.4 and 6.7</b>.</p>
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	<p>1. The team recommended that the provider should review the professional practice assessments to ensure the pass criteria reflect safe and effective practice. The team noted the extended resit opportunities available for professional practice assessments and recommended that these be reviewed to ensure that students cannot potentially pass where they may not be competent. This relates to criteria <b>5.8, 6.5, 6.6 and 6.14</b>.</p> <p>2. To consider reviewing the assessment burden on students as plans for experiential learning and assessment in the portfolio are developed and embedded in the course. This is because the team considered that there is a high burden of assessment on students which may increase as experiential learning activities are added to the pass/fail portfolio. This relates to criterion <b>6.1</b>. A response to the recommendations should be sent to the GPhC for review by the accreditation team by <b>31 August 2023</b>.</p>
<b>Minor amendments</b>	<ul style="list-style-type: none"> <li>• 5.8 -Please update the programme specification document to amend the wording relating to the following:</li> </ul>

	<ol style="list-style-type: none"> <li>1. the three reassessment opportunities for Enhanced Pass Marks as this is not a GPhC requirement for the 2021 IETP standards, and;</li> <li>2. the 70% pass mark for the GPhC Registration Assessment which is no longer current practice (this also relates to recommendation 1).</li> </ol> <ul style="list-style-type: none"> <li>• 5.9: Please update and amend the wording for the possible outcomes of the Cause for Concern panel (stage two) to reflect that the “conditions” outcome at this stage is not the same as the outcomes from the fitness to practise process (stage three) which must be reported to the GPhC.</li> </ul>
<b>Registrar decision</b>	<p>The Registrar of the GPhC has reviewed the reaccreditation report and accepted the accreditation team’s recommendation. However, the Registrar has additionally amended Condition 2 so that a progress update must be provided by <b>31 December 2023</b>, which must include specific reference to the experiential learning plan for the two transition cohorts who will be the first to graduate to the 2021 standards. This is in light of the substantial nature of this condition so that the accreditation team can be assured that the condition will be met by the deadline. The Registrar has also made minor amendments to the wording of condition 1, Recommendations 1 and 2.</p> <p>The Registrar is satisfied that the University of Huddersfield has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the initial education and training of pharmacists, January 2021.</p> <p>The Registrar confirms that University of Huddersfield is approved to offer the Master of Pharmacy (MPharm) degree for 6 years, subject to the remaining condition and a satisfactory part 2 event. The part 2 event will take place in the 2024/25 academic year and is likely to be onsite.</p> <p>The Registrar notes that that conditions 1 and 3 have been moved from ‘not met’ to ‘likely to be met’ and will be reviewed further at the part 2 event. The Registrar notes that condition 2 is due to be submitted by the 30<sup>th</sup> June 2024 with an update due to be submitted by 31<sup>st</sup> December 2023. Approval is subject to meeting the remaining condition described by the date stated in the report.</p>
<b>Key contact (provider)</b>	Dr Alison Astles, Subject lead, Pharmacy
<b>Accreditation team</b>	*Professor Ruth Edwards (Team Leader), Head of School of Pharmacy, University of Wolverhampton

	<p>Dr Andrew Sturrock (team member - academic), Associate Professor of Public Health, Northumbria University</p> <p>Ravi Savania (team member - academic), Director of Teaching and Learning, Lecturer in Pharmacy Practice, School of Pharmacy, University of Reading</p> <p>Laura Doyle (team member - pharmacist), Head of Undergraduate and Foundation Pharmacist, Health Education and Improvement Wales</p> <p>Ausaf Khan (team member - pharmacist newly qualified) Clinical Pharmacist, The Royal Wolverhampton NHS Foundation Trust</p> <p>Katie Carter (team member - lay) Consultant in Healthcare Regulation and Education</p>
<b>GPhC representatives</b>	*Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council
<b>Rapporteur</b>	Richard Calver, Quality Manager (Medicine and Nursing), NHS England

\*denotes members of the accreditation team present at the pre-event meeting

## Introduction

### Role of the GPhC

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

This reaccreditation event was carried out in accordance with the **Adapted methodology for reaccreditation of MPharm degrees to 2021 standards** and the programme was reviewed against the GPhC **Standards for the initial education and training of pharmacists, January 2021**.

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

### Background

The MPharm programme at the University of Huddersfield is delivered by the Department of Pharmacy, one of four constituent departments of the School of Applied Sciences. The MPharm programme received full accreditation in 2012, and was subsequently reaccredited in 2014. An interim visit in 2021 confirmed reaccreditation until 2022/23 with no conditions or recommendations. The current reaccreditation visit took place in the light of recent changes to the GPhC's educational requirements set out in its *Initial Education and Training for Pharmacists (IETP, 2021)* document.

## 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 1 June 2023. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event, and was told the learning outcomes that would be sampled.

## The event

The event took place on site at the University on 21 - 22 June 2023 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with past and present students.

## Declarations of interest

There were no declarations of interest.

## Schedule

### Day 1: 21 June 2023

<b>09:00 – 09:45</b>	<b>Welcome and introductions</b> <b>Management and oversight of the MPharm degree - part 1</b> <ul style="list-style-type: none"><li>• <b>Presentation from provider</b></li></ul>
<b>09:45 – 10:15</b>	<b>Tour of MPharm teaching and learning facilities</b>
<b>10:15 – 11:00</b>	Break and private meeting of accreditation team
<b>11:00 – 12:30</b>	<b>Management and oversight of the MPharm degree - part 2</b> <ul style="list-style-type: none"><li>• <b>Questions and discussions</b></li></ul>

<b>12:30 – 13:30</b>	Lunch and private meeting of accreditation team
<b>13:30 – 15:30</b>	<b>Teaching, learning, support and assessment - part 1</b> <ul style="list-style-type: none"> <li>• <b>Presentation from provider</b></li> <li>• <b>Questions and discussion</b></li> </ul>
<b>15:30 – 16:00</b>	Break and private meeting of accreditation team
<b>16:00 -17:00</b>	<b>Student meeting</b> To include students in all years of the MPharm
<b>Day 2: 22 June 2023</b>	
<b>08:30 – 09:00</b>	Private meeting of the accreditation team
<b>09:00 – 10:00</b>	<b>Teaching, learning, support and assessment - part 2</b> <ul style="list-style-type: none"> <li>• <b>Presentation</b></li> <li>• <b>Questions and discussion</b></li> </ul>
<b>10:00 – 10:30</b>	Break and private meeting of the accreditation team
<b>10:30 – 11:45</b>	<b>Teaching, learning, support and assessment - part 3</b>
<b>11:45 – 15:15</b>	Private meeting of the accreditation team (including lunch)
<b>15:15 – 15:30</b>	<b>Deliver outcome to programme provider</b>

## Attendees

### Course provider

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

<b>Name</b>	<b>Designation at the time of accreditation event</b>
Professor Michael Ginger	Dean of The School of Applied Sciences
*Professor Barbara Conway	Head of Pharmacy Department
*Dr Alison Astles	Subject Lead, Pharmacy
Dr Kofi Asare-Addo	Senior Lecturer, Admissions Tutor
*Dr Rob Allan	Director of Teaching and Learning, School of Applied Sciences
Vicky Constantine	School Manager
Emma Clark-Smith	Deputy School Administration Manager
*Sarah Frank	Senior Lecturer in Experiential Learning
Paul Highley	Pharmacy Practice Support Officer
Sarah Khan	Senior Lecturer in Pharmacy Practice
Reshma Pindoria	Senior Lecturer in Clinical Pharmacy



Elizabeth Horncastle	Senior Lecturer
Dr Nicola Gray	Senior Lecturer in Pharmacy Practice
*Rachel Whiley	Pharmacy Course Administrator
Dr Hayley Gorton	Senior Lecturer in Pharmacy Practice
Ellie Boothroyd	Student Placement Officer
Sallianne Kavanagh	Senior Lecturer in Pharmacy Practice/Clinical Pharmacy, IP Programme Lead
Hugh Peters	Academic Skills Tutor
Christopher Essen	Service User and Carer Development Lead
Dr Benedict Brown	Senior Lecturer in Clinical Pharmacy
Leanne Flis	Lecturer Practitioner
Karima Bertal	Lecturer Practitioner
Dr Patrick McHugh	Reader in Pharmaceutics
Dr Adeola Adebisi	Senior Lecturer
Professor Roger Phillips	Professor of Cancer Pharmacology, Associate Dean (Research) for the School
Dr Cathy Kirby	Senior Lecturer
Professor Alan Smith	Professor of Biopolymer Science
Dr Jessica Senior	Lecturer
Dr Karl Hemming	Reader in Chemical Sciences
Prof Laura Waters	Professor of Pharmaceutical Analysis
Dr Farideh Javid	Reader in Pharmacology
Dr Olumayokun Olajide	Reader in Pharmacology
Dr Simon Rout	Lecturer in Biological Sciences
Dr Duncan Gill	Senior Lecturer in Chemical Sciences

\* denotes representatives of the provider who attended the pre-event meeting.

The accreditation team also met a group of MPharm students as detailed below:

Current year of study	Number of students present
Year 1	3
Year 2	0
Year 3	2
Year 4	1
Graduate	1
<b>Total</b>	<b>7</b>

## Key findings - Part 1 Learning outcomes

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

The following learning outcomes were explored further during the event: **learning outcomes 6, 10, 18, 24, 28 and 54**

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

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

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

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

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

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

- 1: Demonstrate empathy and keep the person at the centre of their approach to care at all times
- 3: Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person
- 4: Understand the variety of settings and adapt their communication accordingly
- 5: Proactively support people to make safe and effective use of their medicines and devices

- 6: Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences
- 7: Obtain informed consent before providing care and pharmacy services
- 9: Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care
- 10: Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action

The provider's written submission offered evidence that the new course would cover the **LOs 1 to 14** at the appropriate level, and the accreditation team used the event to test the evidence in relation to **LOs 6 and 10**. The team was confident that appropriate skills are covered in modules centred on patient-practitioner consultations, which stress the importance of empathy and encouraging pharmacists to be mindful of theirs and their patients' human rights and personal values. For example, Year 1 students are encouraged to recognize patients as humans, based on theoretical understandings of impairments to hearing and sight, and awareness of non-English speaking patients. Their assessment is an objective structured clinical examination (OSCE) station in which they must counsel patients on drugs and health, with the marking reflecting their communication skills. In Year 2 students work in teams to run a public health campaign and communicate their campaign message to their peer group. Year 3 students study uncomfortable situations, including transgressions of sexual boundaries, discrimination and classes on drug misuse (**LO 6**). They also consider the most appropriate courses of action in clinical scenarios, and communications workshops include shared decision-making: students must discuss their clinical decisions with the workshop tutor to gain marks.

*Precision Medicine* classes in Year 4 examine sensitive conversations using patient-facing language, and workshops on genetic counselling are also held. Equality and human rights legislation, introduced in Year 1 law lectures, is considered in more detail in Year 4. Students are presented with assessment scenarios and must demonstrate that they can treat all patients effectively and sensitively. The marking scheme reflects their ability to do this and therefore assesses students at the 'does' level. Year 4 students also engage in a debate on a topical theme, working in teams to formulate an argument. They are assessed in a written examination on the content of the debate (**LO 10**). Case presentations include patients with complex multi-morbidities and students must decide which problem takes priority before making an appropriate decision. They demonstrate knowledge at the 'does' level in a patient consultation as part of an OSCE (**LO 10**). The provider also reported that some students can take part in a consultation with a patient under supervision during their placements, although the team recognizes that this is not available to all students. The provider expects to assess these consultations using mini-clinical evaluation exercises or direct observations of professional skills.

The team was therefore confident that **LOs 1 to 14** were either met or likely to be met, noting that the assessments for **LOs 1, 3, 4, 5, 6, 7, 9 and 10** are to be assessed by work-based assessments and portfolios completed during placements in the new course. These have not yet been implemented but the team, however, judged that the proposed assessment strategy is likely to be sufficiently robust to assess knowledge at the appropriate level, and the appropriateness of the strategy will be reviewed again during the part 2 event.

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

Learning outcome 15 is	Met <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 checked="" type="checkbox"/>	Likely to be met <input 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 type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 28 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 29 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 30 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 31 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 32 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 33 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 34 is	Met <input type="checkbox"/>	Likely to be met <input checked="" 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 type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 37 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 38 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 39 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 40 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 41 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 42 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 43 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 44 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

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

15. Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times
16. Apply professional judgement in all circumstances, taking legal and ethical reasoning into account
17. Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to

18. Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate
20. Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so
27. Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices
28. Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person
32. Accurately perform calculations
34. Apply the principles of effective monitoring and management to improve health outcomes
35. Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance
36. Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing
37. Prescribe effectively within the relevant systems and frameworks for medicines use
38. Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people

The provider's written submission offered evidence that the new course would cover the **LOs 15 to 44** at the appropriate level, and the accreditation team used the event to explore the evidence in relation to **LOs 18, 24 and 28**.

The team was assured that the curriculum would equip graduates with the skills and knowledge to safely deliver pharmacy services (**LO 18**). Students are introduced to contracted pharmacy services in Year 1 and encouraged to reflect on service delivery from the patient's perspective, considering the behaviour and duties of a pharmacist. They also participate in role plays in which they counsel each other regarding symptoms, and undergo a practical assessment in which they must write drug formulations. The Year 2 syllabus builds on this knowledge using patients from the provider's Public Participation Group (PPG) for consultations and counselling, and the provider hopes that students could also practise these skills in practice placements, provided that placement supervisors allow students to counsel patients under supervision. Students also take a practical examination in which they must review and prepare drug formulations. The Year 3 classes on care-planning consider the whole patient experience, including questions surrounding the suitability of medicine for specific patients. Aseptics are also covered, so that students are able to provide safe products and ensure the safety of their colleagues. Students also consider the pharmacist's role in prescribing. Assessment includes a scenario in which students must decide the correct action to take when an incorrect drug is prescribed. They must also produce a preparation as part of an OSCE assessment. The provider also discussed the embedding of entrustable professional activities (EPAs) within all years, integrating with placement activity.

Students develop their knowledge of new technologies throughout the course (**LO 24**), with their understanding of such topics as precision medicine and genetic medicine building over the first three years. They also study concepts such as numbers needed to treat, which is assessed using an

examination. Genetic medicine is studied in detail in Year 4 and includes DNA sequencing and genomics. The provider plans to include other topics, such as the influence of artificial intelligence, in the curriculum. Students are well trained in data analysis, with the Year 4 pharmaco-epidemiology assessment testing their understanding of data. They are also encouraged to understand the impact of data on public health: they investigate information held in databases in their Year 1 public health campaign (see above), and are also assessed on their understanding of information governance, including record-keeping, confidentiality, social media, and rights to access data. Information governance is also discussed in relation to portfolio entries when students are preparing for placements.

The team was assured that students' diagnostic skills were taught and assessed appropriately (**LO 28**). Students record fellow students' physiological parameters in Year 1, and basic diagnostic skills are introduced. An assessed group exercise covering a differential diagnosis and a management plan. Year 2 classes build on this knowledge to develop students' skills in physical examination, initially using role playing. Fellow students must consent to these examinations and they feed into peer discussions on their experience as a 'patient'. Skills are assessed in an OSCE. Year 3 classes concentrate on diagnostic tests for conditions important to public health, including hypertension. Students must use the correct diagnostic tests and consider appropriate clinical guidelines and epidemiology to arrive at a diagnosis. Assessments in Year 4 include OSCE stations in which students must make management decisions and therefore test their knowledge at a 'shows how' level.

The team was therefore confident that **LOs 15 to 44** were either met or likely to be met, noting that the assessments for **LOs 15, 16, 17, 18, 20 and 35** are to be assessed by work-based assessments and portfolios completed during placements in the new course. These have not yet been implemented but the team, however, judged that the proposed assessment strategy is likely to be sufficiently robust to assess knowledge at the appropriate level, and the appropriateness of the strategy will be reviewed during the part 2 event. Similarly, **LOs 27, 28, 34, 36, 37 and 38** centre on prescribing which forms part of the new course curriculum. Plans for these assessments appear adequate but are still being embedded. The team judged these likely to be met and they will be reviewed at the part 2 event. The team recognized that students are assessed on their ability to perform calculations but also found that the standard-setting criteria were unclear for calculations (see also **criteria 6.4 and 6.7**, and **Condition 3**): **LO 32** is therefore likely to be met and will also be reviewed at the part 2 event.

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

Learning outcome 45 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 46 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 47 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 48 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 49 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 50 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 51 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 52 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The following LOs are likely to be met:

LO 48. Actively take part in the management of risks and consider the impacts on people

LO 49. Use tools and techniques to avoid medication errors associated with prescribing, supply and administration

The team did not discuss the above LOs with the provider at the event, but the provider's written submission offered evidence that the new course would cover the **LOs 45 to 52** at the appropriate level.

Leadership skills run throughout the course (**LOs 45 to 47**), and are taught in *Pharmacy Practice* modules, covering standards for pharmacists in Year 1, and then considering working with others in Year 2, focusing on the status of pharmacy in the NHS. Clinical leadership, including decision-making, is taught in Year 3, before students are encouraged to consider their own resilience and wellbeing, as well as their influence on other people, in Year 4. These modules include interprofessional learning with medical students to discuss patient management scenarios, and they work with drama students to simulate challenging situations requiring difficult decisions. Examination questions cover professional standards and law, or require students to engage in a debate question. Strategies to optimize safety with medicines evolves throughout the course. Year 1 students, for example, study dispensing checking processes and safety-netting when counselling patients. They also study the concept of risk in the workplace. Year 2 students pay more attention to public health and issues surrounding the choice of medicines, and are encouraged to use evidence-based medicine. In year 3, students explore the risks associated with medicine choice, and multidisciplinary team working assumes greater emphasis: these concepts strengthen students' awareness of the role of the pharmacist, clinical leadership and confident risk-based decision-making. Year 4 *Pharmacy Practice* and *Applied Therapeutics* modules deepen this knowledge, considering risk at individual and population levels.

Students' resilience to errors and challenges (**LOs 50 to 52**) begin with relevant communication skills. Students are also expected to accept responsibility for errors from Year 1 within laboratory-based modules and the *Pharmacy Practice* module as part of Responsible Pharmacist learning. They are exposed to 'near-miss' error logs on placement and asked to reflect on situations of their own where error has occurred. Years 3 and 4 cover the influence of human factors in error and how safe systems can be implemented. Group working in Year 4 encourages leadership and teamworking, and the Year 4 *Applied Therapeutics* module requires a case report with students reflecting on the impact of their performance in the review. Decision-making in the context of uncertainty is explicitly addressed in Year 3 and Year 4, considering relevant clinical, social and ethical concepts. Year 4 case discussions allow students to witness patients' views, encouraging students to make decisions involving complex and nuanced concerns

The team was therefore confident that **LOs 45 to 52** were either met or likely to be met, noting that the syllabus and assessments for **LOs 48 and 49** centre on prescribing which forms part of the new course curriculum. Plans for these assessments are still being embedded. The team judged these likely to be met and they will be reviewed at the part 2 event.

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

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

The following LO is likely to be met:

LO 54. Support the learning and development of others, including through mentoring

The provider's written submission offered evidence that the new course would cover the **LOs 53 to 55** at the appropriate level, and the team discussed **LO 54** with the provider at the event. The provider reported that students used to participate in a voluntary peer mentoring scheme but that this is no longer used, although it could be restored in future. However, students work in pairs or small groups in role plays throughout the course, and discuss their 'consultations' with their peers.

Interprofessional education takes place across the course, enabling students to learn alongside optometry, podiatry and mental health nursing students. Year 2 students undergo group assessments for formulating tablets, assigning specific roles to each other for this task. The provider sees this task as demonstrating their leadership and supporting peer learning and mentoring. For example, one group concentrates on a specific aspect of the task and they are encouraged to instruct their peers on this topic. Group work is also needed to research drug formulation in Years 3 and 4, with Year 4 students actually making the drug. This means that they must decide how to manage their time and work as a team, electing their team leader. The provider explained that assessment at the 'shows how' level are expected to use peer discussions in which students challenge each other's thoughts. Although the team was confident that **LOs 53 to 55** were either met or likely to be met, the team agreed that plans were not sufficiently clear to offer assurance that **LO 54** was met at this stage as there were limited formal opportunities for students to engage in mentoring. Nevertheless, the team was sufficiently confident that this LO was likely to be met and it will be reviewed at the part 2 event.



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

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

### Standard 1: Selection and admission

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

Criterion 1.1 is:	Met <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 checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.4 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input 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 type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" 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"/>

The provider submitted documentation explaining the admissions criteria for the MPharm course, and provided further information during discussions with the team at the event. The admissions process uses an admissions test and an interview and the team was satisfied that prospective applicants are given suitable information on the application process as well as the course structure. They receive this information through the provider's website, open days and by email.

The provider also publishes clear criteria for admitting applicants who do not meet the usual academic requirements. They consider those who narrowly miss the requirements, for example those with BBC A-Level grades, but refer applicants to the provider's Science Extended Degree (a science foundation course) if they miss by a larger margin. These students are told that progression to the MPharm course is not guaranteed and depends on their completing the foundation year with an overall score of 70%. They are also interviewed to assess their interest in Pharmacy, but this differs from the usual interview.

The provider also assured the team that admissions data is reviewed annually by a school-level Equality, Diversity and Inclusion (EDI) committee and the course team then reviews it at departmental and course level. The provider noted that the cohort is diverse but that there are very few white male students, so outreach activities are in place to address this.

The team was keen to explore specific elements of the admissions processes, namely the consistency of the online test, the interview strategy, and whether the process, at all stages, demonstrates compliance with the principles of the place of equality, diversity and fairness. The provider explained that it emails applicants with details of the test, which can be accessed over a 24-hour period. The admissions team then reviews the test results before inviting applicants to an interview, and

applicants are directed to a *Pharmaceutical Journal* article that they need to read before the interview.

Staff undergo EDI training and are also trained in interview techniques and questioning. The provider was confident that consistency and fairness are maintained by using standardised questions, and by ensuring that the online test is anonymised. Some applicants notify the admissions team that they require special adjustments, such as extra time in assessments, and this is permitted for the test. Interviews are usually held online, but applicants have been allowed to attend in-person for interviews if they are more comfortable with such a format. The online test can be replaced with the same test taken at the applicant's school if they do not have access to a computer: this ensures that applicants from families with low incomes are not disadvantaged. The test can be done over a 24-hour period to account for applicants' personal commitments. The course staff and admissions staff mark the test and ask interview questions about certain test questions if they note something unusual about the result: this helps validate the test. However, the team was not assured that these measures would ensure fairness in the admissions process. The team noted, for example, that the online test cannot be properly validated because the identity of the person taking the test cannot be verified. In addition, it was unclear how the principles of equality and diversity were embedded in the process: for example, the provider only described how the process accommodated applicants with special requirements and did not consider protected characteristics. The team therefore judged that **criterion 1.1** is not met (see **Condition 1**).

The team also considered the admissions criteria in detail, particularly in relation to numeracy, English language competence, and health checks. The provider supplied examples of numeracy questions at the event. The numeracy element has six questions, with applicants required to correctly answer two questions to meet the minimum requirements. The provider acknowledged that applicants rarely fail the numeracy elements, and the low pass score is chosen because the provider prioritizes the professional elements of the admissions process. The team noted that applicants must also meet the academic requirement of a GCSE in Mathematics.

A pre-session English course is available for those lacking the required IELTS score. The University International Office determines the length of the pre-session course: this depends on the student's English skills and might last for two to three weeks if their IELTS score is 6.5 instead of 7. There are very few international applicants, so few have taken the course to date, however it is compulsory and must be completed before admission. The team queried the pre-session course's pass criteria, as it was unclear whether a specific pass mark must be achieved. The provider explained that students must engage with the course.

The team also noted that the provider does not currently stipulate precise occupational health requirements. For example, a health questionnaire is issued at start of the course, and new students are told that they need up-to-date vaccinations, but the provider does not verify students' vaccination status unless required by placement providers (and they have not been required by any placement provider to date). The team agreed that **criterion 1.5** was likely to be met because there is some uncertainty regarding English language skills and health requirements and this will be reviewed at the part 2 event.

The team also explored the way the admissions process considers learning in practice. The team noted that the written submission said little about the link between the admissions process and NHS England's admissions criteria for periods of learning in practice. The provider confirmed that students must complete Disclosure and Barring Service (DBS) checks within three weeks of starting the course,

and are chased up if necessary. Students failing their DBS check are referred to the provider's fitness to practise system. However, the team was concerned that the admissions process otherwise showed little engagement with NHS England criteria. The provider explained that the interview poses questions which are aligned with NHS values, exploring applicants' appreciation of ethics, for example. The provider also asks applicants to describe instances when they have taken on a caring role, and about their views on pharmacists' role in the NHS. However, the team agreed that the admissions process showed little alignment with NHS England criteria and that **Criterion 1.6** was not met. (See **Condition 1**).

The team noted that admissions processes did not adequately assess applicants' suitability for careers as pharmacists and were applied inconsistently to different groups of applicants. The provider supplied copies of the interview questions during the event but the team noted that many questions were highly subjective and placed emphasis on characteristics that were difficult to judge. It was noted that applicants entering the course having completed the Science Foundation year are given on-site interviews rather than online ones because they are used to taking on-site assessments. The provider assured the team, however, that the interviews included the same content as those taking online interviews. The team explored the provider's approach in relation to applicants applying through Clearing as it was noted that applicants through the clearing cycle do not take the same test as those applying through the main admissions cycle, taking a situational judgement test instead. The team therefore set a **condition** that the provider must revise the selection process for consistency, quality assurance, integrity and equality, diversity and fairness to provide equity of experience, and that the interview format also needs to align more closely to the admissions criteria for the foundation training year and the interview questions must be reviewed for equality, diversity and fairness by undertaking an appropriate EDI review. **Criterion 1.7** is therefore not met (see **Condition 1**).

## Standard 2: Equality, diversity and fairness

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

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

The provider's written submission emphasized the School's commitment to promoting equality. This is achieved by including standing items on committee agendas in addition to the School's dedicated EDI committee whose membership includes the course leader and Head of Pharmacy. The School's Teaching and Learning Committee receives reports of matters compromising equality, and staff are asked to take action where possible. The provider realises that non-protected characteristics, including social deprivation status and carer status, may affect students' academic success, and

regards these as equally important when considering issues of equality and fairness. The team discussed these matters at the event and concluded that the relevant criteria in Standard 2 were met or likely to be met.

The provider demonstrated that the principles of EDI permeated the curriculum. For example, recent innovations included discussions on age discrimination and the use of different skin tones to illustrate dermatological conditions. Students confirmed to the team that they had also received valuable information on health inequalities and how they can be overcome. All staff, including part-time hourly-paid staff, undergo EDI training, and external partners are closely engaged with a diverse local population.

Important aspects of the new course depend on external placement partners who must also consider issues of equality. The provider's contract with placement providers does not require the latter to observe the principles of EDI, but all placement providers would be expected to adhere to these principles because, as pharmacists, they are bound by their NHS contract. The provider also explained that a process now exists for handling discrimination by patients to students on placement. This process was introduced recently after a student suffered discrimination by a patient, and the provider now issues guidance to staff, advising them how to handle similar situations. The team concluded that there are robust processes dealing with discrimination, but noted that EDI training for placement supervisors, though part of the new course, is not yet embedded in the placement provider's contract. Therefore, **criterion 2.5** is likely to be met and will be reviewed at the part 2 event.

The team noted that the provider's written submission included some EDI data which seemed implausible such as the data provided for sexual orientation. The provider agreed that this data was surprising and had discussed its reliability with the University senior staff. The provider also emphasized that the course curriculum discusses cultural differences and sensitivities, recognizing that these may have affected the EDI data. The provider uses EDI data to investigate student attainment, although this is not exclusive to protected characteristics. For example, the provider has analysed the attainment gap for students entering the course with BTEC qualifications, and this gap was addressed in classes on study skills and examination techniques. The provider believes that these measures have improved students' examination techniques, but this will be formally reviewed in the future. Progression data is broken down by sex, ethnicity and disability, and feeds into the Course Committee and annual course evaluation exercises. The course team has had to request this data, however, as it is not usually available at this level. The accreditation team was confident that the provider has processes in place to review student progress in relation to their protected characteristics, but that this has not been fully embedded as the relevant data has had to be requested and some aspects may be unreliable. Therefore, **criterion 2.4** is likely to be met and will be reviewed at the part 2 event.

## Standard 3: Resources and capacity

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

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

The provider's written submission explained that the University operates a transparent system of devolved funding, with income directly related to student numbers supplemented by funding from innovation, research grants and the sale of services. Resources and capacity are therefore related to each other. Budgets are part of the School Plan and monitored at School and departmental level by the Dean, and discussed with Heads of Department. Each department has its own income and expenditure streams, allowing autonomy in relation to spending both in-year and within a plan. The provider's oral evidence confirmed that risk feeds into the School Management Committee and is then managed at Vice Chancellor's level.

The team used the event to explore the provider's plans for generating extra capacity for placements. The provider explained that the course team works with partners across the region and has secured funding from Health Education England (HEE: now NHS England) for seconding staff responsible for sourcing placements. The provider expects to increase placement capacity in 2023 and procure all new placements by 2026 but this extra placement capacity has not yet been confirmed: service level agreements have been issued but not yet signed. The provider will also need funding and administrative support to run the placements. For example, some HEE/NHS England money can be used to support student travel but more resourcing will be needed for students to attend placements outside the Huddersfield area. The team questioned the provider regarding placement capacity, noting that it is sufficient in the short term but may not be for future cohorts. The provider explained that they were confident that capacity will be adequate by 2026 but service level agreements must be confirmed. Therefore, the team agreed that **criteria 3.1** is likely to be met and this will be reviewed at the part 2 event.

The team was confident that the provider's premises and staffing were adequate to deliver the course. The provider confirmed that staffing was being maintained. Two part-time hourly-paid staff are now part of the academic staff, one new post has been created and the provider is recruiting one 0.5 full-time equivalent (FTE) and one 0.4 FTE Teacher practitioner staff. The provider uses staff from other disciplines within the school to deliver the course, but assured the team that they are familiar with the needs of the course and the students. These staff attend committees and are recognised as pharmacy staff even if they are employed in other departments.

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

The provider has developed a set of strategy documents for learning, teaching and assessment, and for experiential learning. The experiential learning strategy also describes the processes of quality assurance for student and partner activities. Experiential learning is supported by a placement officer and senior lecturer for experiential learning, and the provider's Practice Assessment Record and Evaluation (PARE) system gathers student feedback on placements: it is monitored weekly by the student placement officer. An experiential learning report feeds into the Course Committee.

At the event, the provider confirmed that the Subject Lead was responsible for managing experiential learning, and also acknowledged that workplace learning and assessment activities should be more robustly tracked. At present, this is handled by the provider's virtual learning environment (Brightspace), but the provider noted that it will need a system that allows multiple partners to interact and envisages a system to allow placement providers and students to feed information into a database for quality assurance purposes, as well as offering a platform for allowing interaction between PebblePad and Brightspace. This is still under development: plans are underway to source such a platform, and the provider plans to achieve this fully over the next two years. The team noted that there were robust systems for managing the taught elements of the course, and that plans were in place to establish more robust systems for managing placement activities. However, it also noted that the latter had yet to be finalised. Therefore, **criteria 4.1** and **4.2** are likely to be met and will be reviewed at the part 2 event.

The provider outlined the role of stakeholders in the design and delivery of the course, and showed that placement providers, patient groups and other colleagues from other universities were all involved. For example, a joint stakeholder meeting with colleagues from the University of Bradford discussed current GPhC standards when the course was designed. Placement providers and patient groups have also contributed to the design of the course. Stakeholder input is reviewed annually but there is regular interaction with placement providers, along with monthly meetings with the provider's Workforce Group. The team was therefore assured of the processes for engaging stakeholders' views, but noted that engagement with students was lacking. The provider reported that students had been informed of changes to the course but had not sought their views in detail. Students told the team that the provider had not engaged with them when designing the new course and that only their representatives had been told of the changes. Some students were aware that the new course would include prescribing but had received little information on the transition arrangements. The team therefore judged **critterion 4.4** likely to be met because, although there was some engagement with students it had so far been limited. This will be reviewed at the part 2 event.

## Standard 5: Curriculum design and delivery

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

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

The provider described its teaching and learning strategy in its written submission and during a presentation at the event. It uses a strategy which integrates science with practice, guided by a 'patient first' principle and the needs of the local workforce. Experiential learning is central to producing pharmacists capable of making mature, balanced decisions, and the provider, in collaboration with the University of Bradford, is aiming to develop placement opportunities. The provider ultimately aims to build students' placement activities throughout the course, but acknowledges that these plans require further discussion with external partners and will not be met until 2026. Students gain additional clinical experience working with volunteer patients from the PPG and through interprofessional learning with students from other clinical disciplines. The team used the event to discuss these matters in detail, particularly those relating to placement learning, and concluded that all criteria were met or likely to be met, except **criterion 5.6** which was not met.

The team was assured that the course efficiently integrated science and practice, and that departmental research successfully supported learning and teaching. For example, students are taught to use scientific skills to formulate drugs for specific patients, also considering clinical guidelines. Lecturers from other disciplines contextualise their material for pharmacy students, and different departments work together to ensure that the GPhC's LOs are met. The provider also explained that the curriculum is based on research and that students are exposed to research projects currently undertaken by staff and PhD students.

The provider also discussed its arrangements for transitioning to the new course. Current students will be supported by a plan to deliver additional learning on the new course. For example, some material from existing Year 2 modules will be taught in the new Year 3 syllabus. Basic clinical skills from Year 1 will be delivered within the Year 2 *Pharmacy Practice 2* module from 2023. Material on

law, ethics, basic diagnostic skills and prescription writing from Year 1 modules will be also delivered in Year 2. Assessments will be adapted and incorporated in the Year 2 assessment framework. Year 3 material on law, basic diagnostic skills and prescription writing, will be drawn from Year 1 and 2 *Pharmacy Practice* modules. These will be assessed specifically within the examination and OSCE in the *Pharmacy Practice 3* module. Experiential and interprofessional learning will also increase in each year of the new course.

The taught content has also been adapted to include the additional clinical skills required to develop safe prescribers. For example, students will be taught the key topics important to pharmacists and patients, including common colds and other winter diseases. Students will study techniques such as blood pressure testing, otoscopy and throat examination. The provider would like students to practise these techniques during placements but they are currently only able to practise on fellow students and PPG patients. These techniques are being transferred Year 3 to Year 2 in the new course and are expected to be examined in OSCEs. A case review in Year 4 currently includes a template covering the patient journey, with a drug list to be completed and prescribing recommendations required. In future, this assessment will include a discharge prescription and de-prescribing.

The team questioned whether the provider's plans for experiential learning were sufficiently advanced to meet the GPhC's IETP (2021) standards, with the cohort graduating in 2025 at particular risk. The provider explained that experiential learning is integrated with the formal taught curriculum by using patients from the PPG in modules on drug interactions and prescribing. The provider also expects student to receive some teaching on placement, but acknowledged that this has not yet been implemented and that module teams have not yet developed syllabuses for these activities. The provider expects these plans to be implemented fully by 2026, and noted that students entering Year 1 in 2023/24 will participate in the new placements. The provider explained the volume of experiential learning available on the new course. Year 1 students will experience a day's placement in community pharmacy and another day in a care home. This will increase to a one-week placement Year 2, a two-week placement in Year 3 by 2026, and 3-week placement in Year 4 by 2026. Specialised placements, in sectors such as the prison service, may also be available but these have not been confirmed. The provider noted that these were long-term plans, due for completion in 2026, and some placements would not be introduced immediately. Placement activities also include experience in mental health trusts, but there are too few to allow all students to attend. The provider is also trying to arrange placement experience at a children's hospital in Sheffield. Placements will be allocated after students rank their choices: if students are not given their preferred placement, they will still receive teaching in these topics as well as receiving information from those who have experienced placements in specific sectors. The provider reported that there are sufficient placements overall for the next academic year, but that there are insufficient primary care placements: sourcing for more primary care placements is in progress but is at an early stage. Students indicated that they were dissatisfied with the volume and range of placements currently available, reporting that few hospital or primary care placements were available, and that industry placements would also be welcomed.

The provider also explained the prescribing experience students will get on placement. Students may not get this experience in the community but they should all gain hospital experience. The provider also hopes to make use of hub pharmacists and is opening discussions with their independent prescribing students (numbering about 80 per year), some of whom are community pharmacists. Students, however, told the team that they had received little information on prescribing.



While recognising that plans for experiential learning were in development, the team noted that they would not be fully implemented until 2026 and some plans, such as access to specialist placements, had not been formally agreed. The team noted that placement capacity remains very uncertain. It is also not clear how equitable access to specialist placements can be guaranteed. Therefore, **critterion 5.6 is not met** (see **Condition 2**).

The team questioned the provider about the number of assessment attempts available to students for some assessments. Most examinations are assessed in May, with a July resit. Students can then resit the examination with attendance the next year, effectively having four attempts in total. However, students are permitted three attempts for assessments incorporating professional requirements, including calculation examinations, OSCEs and law examinations. Students may also resit these with attendance, thereby potentially receiving six attempts. The provider explained the rationale for this in the context of OSCEs. The provider noted that OSCEs are subject to 70% pass marks, and this justifies more attempts, especially as OSCEs are stressful and somewhat artificial in that they are strictly timed. The provider also explained that they had found that learning from errors had been beneficial for the students. The team noted that additional reassessment opportunities may allow students to pass assessments even if they are not competent, and that assessments on critical techniques might in fact merit fewer resits. The provider stated in the programme specification documentation that the GPhC sets a limit of three reassessment opportunities for assessments with enhanced pass marks and that is what had formed the basis of the provider’s approach to these assessments. The team noted that the GPhC has not set such a requirement in the 2021 IETP standards, so there should be a minor amendment to the information in the programme specification document (see **Minor Amendment 5.8** and **Recommendation 1**). The team therefore judged that **critterion 5.8** is likely to be met and will be reviewed at the part 2 event.

The provider clarified the circumstances under which its Fitness to Practise processes would lead to a case being reported to the GPhC. Cases would initially be reported to the provider’s Cause for Concern panel. This panel may issue a student with a condition or task to complete: these conditions are not reported to the GPhC. Matters referred from the Cause for Concern panel to the provider’s Fitness to Practice panel are reported to the GPhC. The team asked for a minor amendment to the provider’s relevant procedural document to reflect this clarification (see **Minor Amendment 5.9**).

## 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 type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.3 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.4 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" 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 type="checkbox"/>	Not met <input checked="" type="checkbox"/>

Criterion 6.8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.9 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.10 is:	Met <input 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 type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

The provider's written submission outlined a teaching, learning and assessment plan which aligns with the University's regulations, the Quality Assurance Agency's Quality guidance and the GPhC's requirements. The GPhC's LOs specify the level of assessment required according to 'Miller's triangle', and this informs the type of assessment required for each LO at each stage of the course. Students and staff are informed of the format of the assessments at the start of each year in module handbooks and Brightspace. Workplace partners are informed of the learning outcomes expected from students, and how these fit into their University. The provider is working with external partners and HEE/NHS England to determine how workplace assessment will form part of the future assessment plans. The team discussed the above aspects at the event and judged that ten criteria were met or likely to be met. The team agreed that **criteria 6.2, 6.3, 6.4 and 6.7** were not met.

The team noted that the provider clearly used an assessment plan in line with internal and external requirements, but noted that the assessment plans for experiential learning were not fully developed. These assessments should assess students at the 'does' level of 'Miller's triangle', but the provider acknowledged that precise plans for assessing experiential learning were not yet formulated. The provider intends that placement providers should assess students on placements and sign off EPAs: the provider is still discussing these plans with placement providers. Training for placement providers is not yet underway but the provider intends to work with them to standardise the assessment process and offer training. They expect the assessments for the portfolio to be embedded in the assessment strategy by the 2024/25 academic year. The team was particularly interested in the arrangements for Years 3 and 4 students who will be graduating in 2024 and 2025, since the provider hopes that some of their assessments will centre on their placements and portfolios and acknowledged that this process requires more planning. The team noted that the portfolio assessment and the implementation of EPAs were not yet fully developed and there is a potential risk to the planned delivery against the 2021 IETP standards, particularly for the cohort expected to graduate in summer 2025. The team therefore judged that **criteria 6.2 and 6.3** were not met (see **Condition 2**).

The team also discussed standard-setting methods with the provider. The provider explained that each OSCE station has its own pass mark, with the standard set by pairs of academic staff who consider the criticality of the station (that is, the impact on patient safety) and its relevance to current pharmacy practice. The OSCE pass mark is normalised to a 70% pass mark. Red flag criteria are defined for each OSCE: Year 3 or 4 students will fail the assessment if they fail a red flag, whereas Year 1 or 2 students will fail the specific station and must submit a reflective statement for approval. The team was assured that the standard-setting strategy for OSCEs was clear, but noted that these assessments are subject to the extended resit opportunities discussed under **Standard 5, criterion 5.8 and Recommendation 1**. The team queried whether this may compromise patient safety under the current assessment strategy and therefore agreed that **criteria 6.5, 6.6 and 6.14** are likely to be met and will be reviewed at the part 2 event.

The team noted however, that standard-setting strategies for other types of assessment were less clear. For example, calculation assessments have pass marks of 70%: this pass mark is based on academic views and empirical comparisons with pass rates in GPhC Registration Assessments. The team was not assured that this method is sufficiently robust as it is strongly influenced by opinion rather than a formal methodology. Therefore, the team judged that **criteria 6.4 and 6.7 are not met** (see **Condition 3**).

The team was satisfied that the provider's system for recording and monitoring student assessment is already adequate for most aspects of the course. Administrators input marks into a database already used for storing students' information. However, the provider acknowledged that it is still developing its systems for monitoring students' experiential learning. There are plans to use the PARE system more productively, but this awaits full development and implementation. Therefore, **criterion 6.8** was judged likely to be met and will be reviewed at the part 2 event.

The team also noted that other systems relating to experiential learning have not yet been fully developed or implemented. This includes a system for gathering feedback on assessments from placement providers, peers, other health care professionals, students and patients. Assessments involving case presentations elicit feedback from other students and supervisors, and patient opinion is available in some formative assessments: for example, PPG members complete a form to record the questions the student asked them. However, the team notes that systems for obtaining feedback during the placement are still being developed. Therefore, **criterion 6.10** is likely to be met and will be reviewed at the part 2 event.

Likewise, the team noted that the provider is still developing training programmes for placement supervisors who will be conducting assessments in future. Plans include seeking a self-declaration from supervisors, but the provider expects their experience with Designated Prescribing Practitioners (DPPs) in independent prescribing (IP) to be useful in ensuring supervisors are appropriately trained. The provider is confident that the School's experience of running IP courses has shown that placement supervisors can be trained to assess students, and is confident that this can be applied to the new undergraduate placements. Therefore, the team agreed that **criterion 6.11** is likely to be met and will be reviewed at the part 2 event.

The team also noted that there were a significant number of assessments across each year and made a **recommendation** that the provider consider reviewing the assessment burden on students as plans for experiential learning and assessment in the portfolio are developed and embedded in the course. This is because the team considered that there is high burden of assessment on students which may increase as experiential learning activities are added to the pass/fail portfolio. (**Recommendation 2**).

## 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"/>
<b>Support for everyone involved in the delivery of the MPharm degree</b>			
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 ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.8 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The provider's written and oral evidence gave the team assurance of the effective support systems available to students and staff, although systems for supporting placement supervisors are yet to be embedded. Students, for example, benefit from the provider's 'Flying Start' programme which inducts new students into the course, and each student is allocated a personal tutor who offers support throughout the course. The provider's systems also monitor students' engagement with Brightspace and offer advice on study skills. Support for mental wellbeing is also available from mental health first aiders throughout the University. Students confirmed that their tutors and other systems were generally supportive.

Support is also available to students on placement: current students are able to approach the course team if problems arise during their placement, and evaluate their experience at the end of the placement. The provider intends to visit placement sites to verify their conditions and facilities in the future. Placement providers can also raise concerns by contacting the provider's course team. A dedicated Student Placement Officer provides administrative support for students and placement supervisors.

The provider acknowledged that it was still developing its training for supervisors, but confirmed that this would be implemented. **Criteria 7.5 and 7.6** were therefore judged likely to be met and will be reviewed at the part 2 event (see also **Standard 6** and **criterion 6.11**).

## Teach out and transfer arrangements

The provider's written submission and oral evidence outlined its transition programme for transferring current students to the new course based on the GPhC's 2021 standards.

The provider explained that year 3 students who do not progress in 2022-23 have been advised of the timescales in which they must start their foundation year training. The provider noted that the Course Assessment Board (CAB) timings are in June, July (for resits) and there is also an opportunity in August for a 'mop-up' CAB for any students with extenuating circumstances. The Provider noted that it planned to use these opportunities to support students. Any students affected would also be able to attend personal academic tutor meetings to ensure that implications are understood and support outlined. The provider emphasised that the course team would be flexible and responsive to such situations. The provider also noted that for students in the final year, an information lecture was planned for September 2023 to explain the implications and timescales for them, particularly should any students require extenuating circumstances. The Provider also highlighted that the University

were fully aware of the issues with regards to the teach out of the 2011 MPharm course and had ensured flexibility by maintaining additional CAB sittings for the next two years.

For students in Year 1 and 2, a transition programme has been put in place which relate to the pharmacy practice modules. It was noted that module materials for September 2023 are currently being prepared and will be shared amongst module leaders to ensure material has been covered. The provider explained that for students moving to Year 2 in September 2023, Basic clinical skills will be covered in the pharmacy practice module as part of communication skills training. Non-Medical prescribing, law, ethics, basic diagnostic skills and prescription writing will also be added to the Year 2 Pharmacy practice module, with assessments adapted accordingly.

The provider outlined that for students moving to Year 3 in September 202, syllabus content from Year 1 and 2 pharmacy practice modules will be incorporated into teaching and will be assessed specifically in the examination and OSCE in the Year 3 Pharmacy practice module. The provider noted that it was confident that the additional topics can be delivered within the existing timetable without the need for additional sessions.

## 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).



