



Master of Pharmacy
degree (MPharm)

Keele University

Report of an interim event

January 2018

Event summary and conclusions

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| Provider | Keele University |
| Course | Masters of Pharmacy degree (MPharm) |
| Event type | Interim event |
| Event date | 17-18 January 2018 |
| Accreditation period | 2014/15 – 2019/20 |
| Outcome | The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree provided by Keele University should continue to be accredited for the remainder of the accreditation period, subject to two conditions. |
| Conditions | <ol style="list-style-type: none"> 1. The School must review its admissions procedures to ensure that all necessary information is readily available to prospective students and that the criteria for admissions are explicit; this is to meet criteria 4.1 and 4.2. This is because it was unclear to the team how applicants are made aware that gaining at least one month of work experience in a pharmacy would facilitate their admission, especially in relation to the operation of the University's 'unconditional offer scheme' 2. The School must review its interview processes to ensure the fair and equitable application of the interview criteria; this is because the team agreed that the application of these criteria is currently too subjective to ensure that the selection criteria are applied fairly. This is to meet criterion 4.3. |
| Standing conditions | Please refer to Appendix 1 |
| Recommendations | No recommendations were made. |
| Registrar decision | <p>Following the event, the Registrar of the GPhC accepted the team's recommendation and approved the continued accreditation of the programme for the remainder of the accreditation period subject to meeting the two conditions described. The deadline to meet these conditions is 30 June 2018.</p> <p>The provider submitted a response to the two conditions, and the accreditation team agreed it had been satisfactorily met.</p> <p>The Registrar accepted the team's recommendation as of the 3rd August 2018 and approved the continued accreditation of the programme for the remainder of the accreditation period.</p> |
| Key contact (provider) | Dr Katie Maddock, MPharm Course Director |

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| Accreditation team | Professor Andy Husband (Team Leader), Professor of Pharmacy Education, Newcastle University Mr Peter Curphey, Pharmacy Consultant Dr Paul Grassby (Academic), Head of School of Pharmacy, University of Lincoln Ms Gail Fleming (Pharmacist), Head of Pharmacy, Health Education England (London and South East) Mr Scott Downham (Pharmacist-newly qualified), Clinical Pharmacist |
| GPhC representative | Ms Joanne Martin, Quality Assurance Manager, GPhC |
| Rapporteur | Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde |

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The UK qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm). This interim event was carried out in accordance with the GPhC's 2011 MPharm Accreditation Methodology and the course was reviewed against the GPhC's 2011 education standards 'Future Pharmacists: Standards for the initial education and training of pharmacists'.

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Purpose of this event

Interim events take place three years after a main successful accreditation or reaccreditation visit and the report of the event forms an appendix to the main accreditation report. The purpose of an interim event is to allow an accreditation team to:

- Monitor progress of delivery of the accredited MPharm degree since the accreditation or reaccreditation to the *GPhC Standards for initial education and training of pharmacists*.
- Evaluate a selection of the educational activities on the accredited course in conjunction with information provided at the main accreditation visit. The accreditation team will wish to satisfy itself of the quality, particularly of the practice opportunities available, and to ensure that they continue to meet the *GPhC Standards for initial education and training of pharmacists*. In particular, the accreditation team will be evaluating how well the accredited MPharm degree meets standard 5.6, which states:

The MPharm/OSPAP curriculum must include practical experience of working with patients, carers and other healthcare professionals. We are not suggesting that off-site placement visits are the only way to achieve this. Schools should articulate their strategy for meeting this

criterion, which may include off-site placement visits, using patients, carers and other healthcare professionals' in-class, and simulation.

- Evaluate these practice activities in relation to the student's ability to demonstrate the relevant outcomes in Standard 10.

The interim event

The interim event is divided into four components:

- the submission of documentation
- a pre-visit meeting
- satellite visits
- a main visit to the university

Background

The MPharm programme at the University of Keele is delivered by the School of Pharmacy, one of four Schools in the Faculty of Health. The programme was reaccredited in December 2014 for a full period of six years, with a three-year interim visit, subject to one condition, which required the School to produce a definitive resource plan to reflect the expansion of the pharmacy provision at Keele; while accepting the Head of School's assurances that these developments were to support the sustainability of the MPharm degree, the team agreed that it was essential for these plans to be clear and transparent, and to reflect a realistic workload for the academic staff. Following the School's response to this condition, the GPhC agreed that the School's resource plan was appropriate for the pharmacy provision and future expansion at Keele and that the condition had been met satisfactorily.

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 and it was deemed to be satisfactory to provide a basis for discussion.

Pre-visit

In advance of the main visit, a pre-visit meeting took place by teleconference on 21 December 2017. The purpose of the pre-visit meeting was to prepare for the event, allow the GPhC and the university to ask any questions or seek clarification, and to finalise arrangements for the visit.

Satellite visits

Satellite visits took place on 9 and 20 November and on 7 December to allow team members to observe off-site activities in advance of the main visit.

The main visit

The main visit itself took place on site at Keele University on 17-18 January, and comprised a series of meetings with staff and students of the university, along with observations of a number of teaching and learning activities.

Declarations of interest

Gail Fleming, as Head of Pharmacy, Health Education England (London and South East) declared that Carol Blackshaw (Senior Teaching Fellow in Pharmacy Education & Professional Development) was, until

recently, Head of Pharmacy for Health Education England (Midlands and East). Paul Grassby declared that Dr Maddock (MPharm Programme Director) is currently an external examiner at the University of Lincoln. The team agreed that neither of these represented any conflict of interest.

Summary of key findings

The accreditation team advised the School that the team's conclusions from this event were based on what team members had been told, what they had observed, and documents that they had read over the course of the visit and the satellite visits. The purpose of this interim event was to monitor the progress made with delivering the MPharm degree since the 2014 reaccreditation, and to observe a range of educational activities that related to practice and the standard 10 outcomes. Interim events cover selected topics and not all standards are discussed; thus, standards 1, 3 and 8 were not addressed at this event.

A presentation by senior members of staff built on the information provided in the submission and gave an update on progress since the last visit in 2014. Points raised in the presentation, as well as other matters, were discussed with the staff and with students and the following narrative incorporates those discussions.

Progress since last event

Standard 1: Patient and public safety

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

This standard was not discussed during the interim event.

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

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

Quality assurance processes for the MPharm programme include student evaluation questionnaires, feedback from the Staff-Student Liaison Committee and student representation on School committees (Student Voice). The students reported that the School generally responds to student concerns and also offers in-depth explanations for rejecting student requests when implementation of these would be impractical. On the other hand, in some areas, the School has failed to respond satisfactorily, for example, in relation to repeated requests to improve the quality and timeliness of feedback in some areas.

Community pharmacy placements are now provided to all stage 1 students; these placements all utilise pharmacies that are local to the University. The quality assurance processes for these placements comprise visits to all premises by staff members, including visits to most students during the placement, as well as obtaining feedback from students and supervisors, piloting electronic recording of student attendance, electronic data capture, and dealing with red-flag issues such as inappropriate behaviour; a red flag reporting system allows issues to be rapidly addressed and systems are in place that allow the pharmacy group to raise concerns about any student. At stages 2 and 3 students are required to organise their own community pharmacy placements. These placements are not visited, but the chosen premises are required to meet GPhC requirements for pre-registration training. Feedback is obtained both from employers and students and any problems can be identified early. Guidance is provided to placement providers, and all students use a standard workbook containing the same intended learning outcomes.

Standard 3: Equality, diversity and fairness

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

This standard was not discussed during the interim event.

Standard 4: Selection of students

Criteria 4.1, 4.2 and 4.3 are not met and are subject to a condition.

The School's admissions procedure involves central University screening of applications followed by the School's pharmacy team, following which all suitably qualified applicants are interviewed by the School; those who have a successful interview are made a conditional offer and must meet the appropriate A-level requirements (or equivalent) to be accepted onto the MPharm. The University has robust processes for widening participation involving engagement with specific schools and the School also operates widening participation activities through its Steps2Pharmacy programme and the Keele Association of Pharmacy Students Outreach (KAPSO) team, which is a student-led, outreach activities body that works with local schools and colleges to share experiences of studying a healthcare degree course. If students meet certain criteria, an 'unconditional offer scheme' (UOS) can be implemented; this scheme, which is University-wide, was introduced since the 2014 reaccreditation. To be made an unconditional offer under the scheme, the applicant must be predicted to attain or achieved at least AAB at A-level (or three distinctions in the BTEC), have a strong personal statement showing a commitment to pharmacy, have undertaken at least one month of work experience in a pharmacy, and must be satisfactory at interview; applicants must then become CF and withdraw applications from other schools of pharmacy, although they must also complete three A-levels (or the BTEC). The interview was subjective and was open to the interpretation of the interviewer, albeit against the specified criteria; moreover, the requirement to have work experience in a pharmacy did not appear to be applied consistently when making an offer under this scheme. The team therefore had concerns about the admissions process. First, the information about the 'unconditional offer scheme' was not clear and transparent to applicants, especially the requirement to have undertaken at least one month's work in a pharmacy; this does not meet criterion 4.1, which require selection processes to give applicants the guidance they need to make an informed application. Second, and for the same reason, the selection criteria were not explicit; thus criterion 4.2 is not met. Third, although undertaken against a set of criteria, the interview process is subjective, involving decisions made by a single interviewer, and thus dependent on the interviewer's interpretation and subject to the problem of inter-interviewer reliability, making it difficult to ensure that criterion 4.3 is met. Accordingly, the team imposed two conditions. First, the School must review its admissions procedures to ensure that all necessary information is readily available to prospective students and that the criteria for admissions are explicit; this is to meet criteria 4.1 and 4.2. This is because it was unclear to the team how applicants are made aware that gaining at least one month of work experience in a pharmacy would facilitate their admission, especially in relation to the operation of the University's 'unconditional offer scheme'. Second, the School must review its interview processes to ensure the fair and equitable application of the interview criteria; this is because the team agreed that the application of these criteria is currently too subjective to ensure that the selection criteria are applied fairly. This is to meet criterion 4.3.

The team noted that all interviewers are trained including equality and diversity training.

Standard 5: Curriculum delivery and student experience

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

The new programme discussed during the 2014 reaccreditation event is now in its third year of roll-out; stages 1 and 2 were established and the roll-out of stage 3 had commenced in September 2017, with stage 4 being under development and to be implemented in September 2018. Science is now spread throughout the programme, allowing better integration with therapeutics, and pharmacology teaching has now been moved into year 1, allowing the earlier teaching of therapeutics and also a change in the way dispensing is taught; dispensing is now taught in a clinical context with an emphasis on communication and better integration, and a move away from emphasis on the product, thus better addressing the future role of pharmacists. The School is embedding prescribing skills in the course; these basic clinical skills, covering examination of major body systems (gastrointestinal tract, respiratory tract, the cardiovascular system, eyes, ears and throat, as well as the central nervous system), are taught from stage 2 onwards, and are delivered by staff members who are qualified independent prescribers.

The quality, quantity and timeliness of feedback to students (criterion 5.8.d) on their coursework and

assessments, while satisfactory or good in some areas, showed inconsistencies.

Students' confidence is enhanced by their interactions with patients both within the University and while on placements, the latter representing the main change implemented since 2014 under the general heading 'learning through practice', with an increase in the number of hours spent in community, an increased engagement with stakeholders, who have been encouraged to support students in current practice, and a change in the emphasis of community placements to make them hands-on, rather than observational. The programme now includes four 3-hour community pharmacy placements in stage 1 organised by the School, as well as community pharmacy placements in years 2 and 3 that the students are required to organise for themselves, although assistance is provided by the School if students are in difficulties. While the students found organising their own placements rather daunting, they derived satisfaction from undertaking this activity and described it as a good experience; it enabled them to establish contact with employers and they could also readily discuss with the pharmacist what they wanted to do in the pharmacy. Students are provided with a standard workbook and are required to meet a number of defined learning outcomes in order to pass this element of their course and to proceed to the next stage. The main change in hospital placements, undertaken at stage 3, has been from students simply looking at patient notes to spending time speaking to patients on the wards and discussing their treatment and pharmaceutical care. Other placement activities are being piloted, including placements in mental health trusts, and pharmacy students working alongside medical students in GP practices. Stage 2 students now have the opportunity to undertake voluntary, ward-based, non-pharmacy activities at the Royal Stoke Hospital; these are designed to improve students' communication skills and their confidence in patient-facing activities.

Inter-professional education involves students from Pharmacy, Physiotherapy, Nursing, Midwifery, Medicine, Rehabilitation Science, Biomedical Science and, now, Social Work students from the Faculty of Humanities and Social Sciences. Working with other health profession students across the years covers aspects such as the importance of good communication and team-working across the professions to ensure patient safety, and the development of ethical reasoning skills.

Standard 6: Support and development for students

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

Support for students is provided through a personal tutor system, as well as through each student having a student buddy from a different year; students find the buddy system very helpful in enabling them to speak to somebody on the same level, especially in the first year. Tutors are readily accessible and students meet them to discuss examination results and to obtain feedback; there are scheduled meetings in the first year and all lecturers are very happy to meet students, operating an open-door policy.

Student learning is supported by the provision of slides before lectures, the use of lecture capture and the use of the 'flipped classroom'. The students expressed mixed views on the flipped classroom approach, with some concerned about the quantity of material that they were required to read and prepare before the lecture. Lecture recording, now standard across the University, was popular among the students, although the School generally opted out of this, preferring instead to use the flipped classroom and other innovative teaching methods; most students found it helpful to go through the recorded lecture afterwards, as it was very difficult to assimilate the volume of material during the lecture. The School has produced a customised textbook in partnership with Oxford University Press to deal with the chemistry context of stages 1 and 2.

The School gives considerable career support, and staff members now start talking to students about the breadth of pharmacy careers at applicant open days, this continuing throughout the programme; teaching about careers has increased markedly since the inception of the Oriel system, the UK wide portal for recruitment to postgraduate pharmacy training programmes, and students appreciate the value of experiential learning in this context.

Standard 7: Support and development for academic staff

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

As part of the response to the condition imposed at the last reaccreditation, the School now has a transparent workload allocation model that incorporates teaching hours, administrative burden and research student supervision; it is run at the beginning of each year and is used as a tool for discussing individual workloads. Despite the recent increase in student numbers, there has been only a minor increase in staff workload, for example, with an increase in the number of times a laboratory session had to be repeated; there had been no drop in the quality of student experience and the School has sufficient placement capacity to accommodate these numbers. As the School is now close to capacity, there is no intention to significantly increase student numbers and this will be subject to careful scrutiny.

Standard 8: Management of initial education and training

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

This standard was not discussed during the interim event.

Standard 9: Resources and capacity

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

Since the last reaccreditation, 15 new members of academic staff have been appointed, including 10 academic staff members (seven of whom are pharmacists), two technicians, and three members of the administrative staff. Student numbers for 2015/16, 2016/17 and 2017/18 are, respectively, 131 (124 MPharm/9 BSc) 107 (100 MPharm/7 BSc) and 147 (136 MPharm/11 BSc); the present student/staff ratio is 14:1. The current year intake of 147 was unusual, partly due to an unusually large number of repeat students (numbers of which are included in the total figures), as well as the vagaries associated with clearing, which had, atypically, produced 29 students. The University is committed to providing additional resourcing, including academic staff, to support increased student load. Money derived from success in the Research Excellence Framework (REF) now goes directly to the School, which plans to double the number of staff submitted to the next REF; this REF-derived money (QR funding) increases the School's flexibility.

New facilities, introduced since the 2014 reaccreditation, include the Clinical Skills Suite, the Digital Health Hub, and the 3D Health Cinema. The Clinical Skills Suite incorporates a standard pharmacy dispensary equipped with live drugs and labelling facilities, as well as six consultation rooms, each of which allows video-recording of student consultations and where students have access to a range of equipment including mannequins, stethoscopes, sphygmomanometers, otoscopes and ophthalmoscopes. The new Digital Health Hub accommodates 60 students at ten tables, each of which was equipped with one fixed computer, six laptops and a large display screen; the facility allows students at each table to share their data/information with the class and is used for a number of purposes, including pharmaceutical calculations and an 'augmented reality' facility (see activity 3) that allows students to interact with avatar patients, each of which is controlled by a student. The 3D Health Cinema can be used to teach a whole class and is used for teaching anatomy, physiology and pharmacology, as well as molecular structure, for example, showing how small molecules interact with receptor and enzyme proteins. Digital and other technologies are being embedded in teaching; these include student electronic feedback, using clickers, video-recording of student activities, use of the flipped classroom approach, and electronic capture of lectures.

Standard 10: Outcomes

The team was satisfied that all 58 outcomes relating to Standard 10 continue to be delivered at the appropriate level.

The outcomes in standard 10 are discussed in more detail under observation of student activities below.

Observation of student activities

A list of the activities that were observed during both the satellite visits and the main visit is given in Appendix 1. The following summarises comments made by those team members who observed the activities.

The observed activities, seven in all, comprised two sessions concerned with pharmacy practice skills, a hospital placement, a practical exercise on clinical prioritisation for the provision of pharmaceutical care, and workshops on prescribing skills, respiratory devices, and medicines adherence. The first pharmacy practice skills workshop (activity 1; stage 2 students) was part of a series concerned with clinical, technical and accuracy checking aspects of dispensing, and provided students with the opportunity for hands-on practice concerned with labelling and accuracy checking, as well as allowing them to discuss the issue of very similar packaging, and the consequences of error, as well as the requirements for action when errors are made. The second workshop in this series (activity 7; stage 2 students) aimed to introduce paediatric medicines in the context of dispensing, counselling and their administration, and drew upon the students' experiences obtained during placements. Because much of the stage 2 teaching relates to the gastrointestinal tract, many of the products used in the session (for example, Infant Gaviscon, Zantac Syrup, Movicol for Infants), were linked directly to this theme. The students worked on a series of tasks covered excipients and counselling, labelling and accuracy checking of paediatric medicines, counselling, including counselling of parents/carers about how to use an oral syringe, and calculations of paediatric doses based on the weight of the child. The final year hospital placement (activity 2; stage 4 students) allowed students to undertake a number of ward-based activities including interviewing patients, reviewing patient notes, and assessing drug therapy, as well as developing care plans for patients under the supervision of a pharmacist. The students were asked to check the diagnosis, the rationale for each prescribed item and any issues that they would draw to the attention of the prescriber, as well as considering the role of the pharmacist. The supervising pharmacist provided feedback to the students covering competency, professionalism, communication skills, practical skills and problem solving ability. In the prescribing skills workshop (activity 4; stage 4 students), which took place in a clinical skills laboratory, the students learned how to perform a cardiovascular assessment including inspection, palpation, percussion and auscultation; initially the two staff members 'role-played' an examination, with the students observing, following which the students practised this assessment on each other. This workshop on respiratory devices (activity 5; stage 3 students), considered the use of inhalers in asthma and COPD. The session addressed NICE guidelines for the management of respiratory conditions and covered inhaler use/technique. Students looked at the mechanisms of different inhalers, and considered how respiratory flow can affect drug delivery with the different devices; they also discussed the use of assessment tools to support patients in the correct use of their inhalers, and the counselling of patients on the appropriate use of inhalers of different types. In the medicines adherence workshop (activity 6; stage 1 students) students were required to consider various cases which they discussed in small groups, where they were required to answer a number of questions, for example, considering if the case represented non-adherence and if so which type, the issues relating to non-adherence, and how the pharmacist might help the patient. The clinical prioritisation workshop (activity 3; stage 3 students) utilised the School's 3D, augmented reality ward, which houses suites of six patient cases based on avatars, each operated by a student. Students were required to work intensively and rapidly in small groups, each group having the collective identity of a ward pharmacist covering a ward at short notice, to access and evaluate patient information, including clinical data and pharmaceutical care plans; the students were then asked to prioritise the order in which the ward pharmacist should provide care to the patients. The team agreed that the students engaged well with all of these activities, which all contributed to meeting the relevant standard 10 learning outcomes.

Conclusions

Feedback on individual standards

Interim visits cover selected topics and not all standards are discussed; thus, on this occasion, the team did not discuss standards 1, 3, and 8. Standard 4 (concerning admissions) was discussed and the team's feedback will be sent to the Registrar for his decision; this will be communicated to the School in due course (see conditions).

Standards 5 & 10 (curriculum delivery and learning outcomes):

The team observed a number of activities both during the interim event and on the various satellite visits. The satellite visits allowed team members opportunities to see the students in a range of environments and activities. Details of the satellite visits (activities 1-5) and the activities observed during the event itself (activities 6 and 7), are summarised earlier in this record but the team wished to highlight some key points. The sessions observed during the satellite visits were pharmacy practice skills, a hospital placement, KARE clinical priorities, prescribing skills, and a respiratory devices workshop. The team members agreed that these sessions met the indicated learning outcomes; the students were clearly engaged and the activities were appropriate for the level stated. The two activities observed during the event itself were one dealing with medicines adherence for year 1 and one addressing pharmacy practice skills for year 2. In the medicines adherence workshop, where students had to prepare for these case-based scenarios, there was good facilitation of discussions and the students were engaged. The pharmacy practice skills sessions comprised four activities based around paediatric prescriptions; the students were engaged and the activities were appropriate for students at this level. Both activities contributed to meeting the stated standard 10 outcomes; all of the sessions observed both on the satellites and during the main visit met the objectives stated in the documentation and the team agreed that standards 5 and 10 continue to be met.

The students articulated how the programme enabled them to understand, at an early stage, why they are learning various aspects of the course. They clearly described integration within the MPharm and understood how complexity develops in the later years. Throughout the meeting, the students continuously referred back to the various activities observed by the team and articulated how these were crucial in developing the skills and professional attitudes needed to become a pharmacist. However, they expressed some anxieties around certain areas. These included the fact that the recording of lectures has not been embraced by the School as a whole; while the team heard why the School has chosen this approach, the team would encourage the School to address the students' concerns in this matter. The students also raised the issue of feedback, where they were concerned about inconsistencies in its quality and timeliness; feedback is needed to help them to develop. The students spoke of the range of opportunities they have with placement experience and patient engagement, but reflected that the experience is varied and inconsistent; it was also unclear how the placements build year on year.

The team was very pleased to meet with the School's students, who came across as intelligent, articulate and mature, and who clearly appreciate the support they receive from the staff at Keele.

Appendix 1 - Activities

Observed activities

The accreditation team observed the following activities as part of the interim event:

| Activity number | Activity | Level |
|-----------------|----------------------------------|-------|
| 1. | Pharmacy Practice Skills | 2 |
| 2. | Hospital Placement | 4 |
| 3. | KARE Clinical Priorities session | 3 |
| 4. | Prescribing Skills | 4 |
| 5. | Respiratory Devices tutorial | 3 |
| 6. | Medicines Adherence workshop | 1 |
| 7. | Pharmacy Practice Skills | 2 |

Appendix 2 - Standing conditions

The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the team, and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
 - a. the content, structure or delivery of the accredited programme;
 - b. ownership or management structure of the institution;
 - c. resources and/or funding;
 - d. student numbers and/or admissions policy;
 - e. any existing partnership, licensing or franchise agreement;
 - f. staff associated with the programme.
4. The provider must produce and submit to the GPhC on an annual basis:
 - a. requested data on student numbers and progression and degree awards;
 - b. requested information about the extent of human and physical resources it enjoys for the delivery and support of the degree course.
5. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of a placement for a pre-registration year or of future employment as a pharmacist.
6. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.

7. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

Appendix 3 – Standards

GPhC standards for the initial education and training of pharmacists

The standards for the initial education and training of pharmacists can be downloaded from the GPhC website at:

<http://www.pharmacyregulation.org/standards>

Or by clicking on the following link:

https://www.pharmacyregulation.org/sites/default/files/GPhC_Future_Pharmacists.pdf