General Pharmaceutical Council

Keele University, Master of Pharmacy (MPharm) degree and MPharm degree with preparatory year reaccreditation part 1 event report, June 2022

Contents

Event summary and conclusions

Provider	Keele University
Courses	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year
Event type	Reaccreditation (part 1)
Event date	9 - 10 June 2022
Approval period	2021/22 – 2023/24
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	**Approval with condition** The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree and MPharm degree with preparatory year offered by Keele University are reaccredited, subject to a satisfactory part 2 event and one condition applies to both MPharm degree variants. Reaccreditation is recommended for a period of 6 years after part 2 event, with an interim event at the mid-way point. The accreditation team reserve the right to amend this accreditation period if necessary, following the part 2 event. The part 2 event will take in the 2023-24 academic year and will be virtual or on-site. Additionally, the MPharm degree accredited to the 2011 IETP standards that is being taught-out continues to be accredited until 2023/24.
Conditions	1. Although the team could see some evidence of a standard setting process for assessments, the articulation of clear and fair pass criteria for all summative assessments was not clear. Therefore, the provider must develop and evidence clear standard-setting processes for all summative assessments of the programmes. This is to meet criteria 6.4 and 6.7. Evidence of how the condition has been addressed must be sent to the GPhC, for approval by the accreditation team. This must be done by 1 August 2022.
Standing conditions	The standing conditions of accreditation can be found **here**.

Recommendations	1. Although the documentation and subsequent articulation from the programme team showed clear feedback processes on assessment, some students expressed lack of awareness of access to, and application of, individualised feedback. Therefore, the provider should consider working with students to further support them to access and use feedback provided. This is in relation to criterion 6.9.
Minor amendments	• The interview guidance published online to applicants does not mention the presence of a student on the panel. This information must be updated. • While students confirmed that they were aware of the support services available in the School and the University, they expressed some concerns about ease of access and about the quality of the services provided. The provider should review these services and the signposting to them.
Registrar decision	Following the event, the provider submitted evidence to address the condition and the accreditation team was satisfied that this condition had been met. The Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme, subject to a satisfactory part 2 event.
Key contact (provider)	Dr Rebecca Venables, Senior Lecturer in Clinical Pharmacy
Accreditation team	Professor Ruth Edwards (team leader) Professor of Pharmacy Education and Head of School of Pharmacy, University of Wolverhampton * Dr James Desborough (team member - academic) Senior Lecturer in Pharmacy Practice, School of Pharmacy, University of East Anglia Dr Daniel Greenwood (team member - pharmacist, newly qualified) Senior Lecturer in Clinical Pharmacy, Anglia Ruskin University School of Medicine Liz Harlaar (team member - lay) Independent Business Consultant Dr Marisa van der Merwe (team member- academic) Associate Head (Academic) and Reader in Clinical Pharmaceutics, University of Portsmouth Dr Hayley Wickens (team member - pharmacist) Consultant Pharmacist, Genomics and Pharmacogenomics, Central and South Genomic Medicine Service Alliance * Also attended the pre-event meeting
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer *

Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research
Observers	Lesley Johnson (Observer - new accreditation panel member in training), Director of Education and Training, Communications International Group
	Dr Fran Lloyd (Observer - new accreditation panel member in training), Associate Postgraduate Dean, NICPLD, Queen's University Belfast
	Rav Savania (Observer - new accreditation panel member in training), Director of Teaching and Learning, Lecturer in Pharmacy Practice, University of Reading

Introduction

Role of the GPhC

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

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

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

Background

MPharm degree

The MPharm programme at Keele University is delivered by the School of Pharmacy and Bioengineering, one of four Schools in the Faculty of Medicine and Health Sciences. A Faculty restructure was completed in August 2019 to align with a wider University approach to integrate research and education within schools to enable development of capacity, capability and quality enhancement across all areas. An Interim Visit was conducted by the GPhC in June 2021; the accreditation of the MPharm programme was confirmed until 2022/23, at which point the provision would be accredited against the Standards for the initial education and training of pharmacists 2021. Accordingly, a reaccreditation event was scheduled for June 2022.

There were 123 new entrants to the MPharm course in 2021-22, including 34 transferring from the preparatory year. The provider does not plan any growth in student numbers.

MPharm degree with preparatory year

The GPhC began accrediting MPharm degrees with a preparatory year as a separate course to the MPharm degree in 2020-21.

An MPharm degree with preparatory year is a single course that leads to a Master of Pharmacy award. It is recruited to separately from the accredited 4-year MPharm degree and is assigned a different UCAS code. For most schools this will be a 5-year course which includes a preparatory year followed by four further taught years that mirror that of the accredited MPharm degree.

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

The Keele University Pharmacy with a Foundation Year programme was established in 2006 as part of the University Health Foundation Year provision to provide applicants not possessing the traditional entry requirements for Year 1 entry an opportunity to develop the skills and knowledge required to be successful on the MPharm course. The core content of the preparatory year encompasses modules based on chemistry, biology, maths, and professional development/study skills.

The course was first accredited by the GPhC in June 2021 until 2022/23 at which point the provision would be reaccredited alongside the University's MPharm degree against the Standards for the initial education and training of pharmacists 2021. Accordingly, a reaccreditation event was scheduled for June 2022.

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

The event

Due to the COVID-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference on 09-10 June 2022 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm course and a meeting with current students.

Declarations of interest

There were no declarations of interest.

Schedule

Day 1

09:00 – 10:30 Private meeting of the accreditation team including break

10:30 – 11:15 Welcome and introductions

Management and oversight of the MPharm degree - part 1, including presentation from the provider

11:15 – 12:00 Break and private meeting of accreditation team

12:00 – 13:30 Management and oversight of the MPharm degree - part 2

13:30 – 14:00 Lunch break

14:00 – 14:30 Private meeting of the accreditation team

14:30 – 16:30 Teaching, learning, support and assessment - part 1, including presentation from the provider

Day 2

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

09:30 – 10:30 Student meeting

10:30 – 11:00 Break and private meeting of the accreditation team

11:00 – 12:00 Teaching, learning, support and assessment - part 2 including presentation from the provider

12:00 – 12:15 Break

12:15 – 13:30 Teaching, learning, support and assessment - part 3

13:30 – 14:00 Lunch break

14:00 – 17:00 Private meeting of the accreditation team

17:00 – 17:15 Deliver outcome to programme provider

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Dr Maria Allinson	Senior Lecturer in Pharmacy Practice

Sue Baknak	Head of Faculty Operations
Dr Jonathan Berry	Academic Clinical Educator
Carole Blackshaw	Senior Teaching Fellow – Pharmacy Education & Professional Development
Claire Cartwright	PSRB and Quality Officer
Nabila Chaudhri	Director of Pharmacy, Babylon Health
Dr Ruoli Chen	Lecturer in Clinical Pharmacology
Leanne Clews	Acting Regional Dean - HEE
Alison Cooper *	Lecturer in Pharmacy Practice
Dr Anthony Curtis	Senior Lecturer in Organic & Medicinal Chemistry
Dr Pooya Davoodi	Lecturer in Pharmaceutics
Lucy Dean	Managing Director & Superintendent Pharmacist, Dean & Smedley Ltd
Mike Dixon	Community Health Voice (Chair) / Lay person
Dr Martin Frisher	Reader in Health Services Research
Vicky Graham	PSRB and Quality Officer
Ruby Greene	Community Health Voice member / Lay person
Dr Karen Gunnell	Senior Lecturer in Pharmacy Practice
Dr Jihong Han	Lecturer in Pharmaceutics
Dr Simon Jacklin	Keele Lecturer in Pharmacy Practice
Karen Johnson	Divisional Pharmacist Medicine and Emergency Care, Mid Cheshire NHS Trust (Leighton)
Lynn Kemp	Community Health Voice member / Lay person
Katie Maddock *	Head of School
Dave Millett	Senior Pharmacist (Education and Training, Shrewsbury and Telford Hospital NHS Trust (SATH)
Dr David Morgan	Reader in Pharmaceutical Sciences & Technology
Dr Gary Moss	Senior Lecturer in Pharmaceutics
Dr Russell Pearson	Senior Lecturer in Organic & Medicinal Chemistry
Janice Perkins	Wells Pharmacy
Peter Prokopa	Chief Office, South Staffordshire LPC
Andy Ritchings	Deputy Chief Pharmacist, Mid Cheshire NHS Trust (Leighton)
Helen Rogers	Faculty Operations Manager

Mel Shaw	Student Experience and Support Officer
Dr Ian Smith	Teaching Fellow in Pharmacy Practice
Matthew Stibbs *	Lecturer in Pharmacy Practice
Helen Sweeney	Deputy Director of Medicines and Clinical Effectiveness, North Staffordshire Combined Healthcare NHS Trust
Alison Tennant	Birmingham Women's and Children's NHS Foundation Trust
Kalpesh Thakrar *	Academic Clinical Educator
Dr Jessica Thompson	Lecturer in Clinical & Professional Practice
Jonathan Underhill	Medicines Consultant Clinical Adviser, National Institute for Health and Care Excellence (NICE)
Rebecca Venables *	Senior Lecturer in Clinical Pharmacy
Dr Carolyn Voisey	Lecturer in Physiology
Dr Simon White	Reader in Pharmacy Practice, Director of Postgraduate Education
Dr Szu Shen Wong	Lecturer in Pharmaceutical Sciences

The accreditation team also meeting a group of five MPharm students, one in Year 1, one in Year 2, two in Year 3 and two in the final year of the 5-year course.

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Key findings - Part 1 Learning outcomes

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

The following learning outcomes were explored further during the event: **Learning outcomes 3, 8, 17, 27, 28, 37, 45**

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.

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

Learning outcome 1 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 2 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 3 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 4 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 5 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 6 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 7 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 8 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 9 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 10 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 11 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 12 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 13 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 14 is	Met ✓	Likely to be met ☐	Not met ☐

Learning Outcome 1: Demonstrate empathy and keep the person at the centre of their approach to care at all times

The team agreed that evidence from the placement learning and details of how this learning outcome will be assessed at the 'does' level via the portfolio were needed. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 3: Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person

This learning outcome was tested at the event. The provider described how communication skills are taught from the beginning of the course, with workshops and pharmacy practice skills classes. Patients come into the School to work with students, and students are supported to develop their skills as the course progresses, moving on to shared decision-making and communicating with

patients with complex needs and via virtual consultations. The learning outcome is assessed each year: at Stage 1 with a reflection in the portfolio, at Stage 2 via a long synoptic assessment including the creation of a patient information leaflet with verbal assessment, at Stage 3 via the creation of a public health campaign with oral and written information, and at Stage 4 via a patient case involving communicating with a patient and then presenting to staff.

The team agreed that further details of how this learning outcome would be assessed at the 'does' level via the portfolio were lacking at this stage. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 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

The team was satisfied that this learning outcome will be taught throughout the course. However, details of how this learning outcome will be assessed at the 'does' level via the portfolio were needed. This learning outcome will be reviewed again during the part 2 event.

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

There was clear evidence of how this learning outcome will be taught and assessed at the 'shows how' level, but the team agreed that details of how it will be assessed at the 'does' level via the portfolio were lacking at this stage. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 12: Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations

There was clear evidence of how this learning outcome will be taught and assessed at the 'shows how' level, but the team agreed that details of how it will be assessed at the 'does' level via the portfolio were needed. This learning outcome will be reviewed again during the part 2 event.

Domain: Professional practice (learning outcomes 15 - 44)			
Learning outcome 15 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 16 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 17 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 18 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 19 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 20 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 21 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 22 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 23 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 24 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 25 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 26 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 27 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 28 is	Met ✓	Likely to be met ☐	Not met ☐

Learning outcome 29 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 30 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 31 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 32 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 33 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 34 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 35 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 36 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 37 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 38 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 39 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 40 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 41 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 42 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 43 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 44 is	Met ✓	Likely to be met ☐	Not met ☐

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

This learning outcome was tested at the event. Students will be taught to work within the scope of their knowledge and skills, and will learn how to raise concerns. Interprofessional learning with medics, nurses and radiographers will introduce students to ways of thinking in different professions. Discussions with peers will take place in learning sets and reflections will be recorded in the portfolio. More detail of how these entries will be reviewed and assessed at the 'does' level is required. This learning outcome will be reviewed again during the part 2 event.

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

There was clear evidence of how this learning outcome will be taught and assessed at the 'shows how' level, but the team agreed that details of how it will be assessed at the 'does' level via the portfolio were not available at this stage. This learning outcome will be reviewed again during the part 2 event.

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

This learning outcome was tested at the event, with a focus on the teaching and assessment of prescribing skills. Early in the course, students are taught about the science of medicines and the potential for adverse effects and interactions. This underpins their approach to prescribing decisions in later stages of the course. In Stages 3 and 4 a therapeutic framework will be introduced to prepare students for their prescribing role. There will be a range of prescribing scenarios available and these will vary within learning sets to ensure a breadth of coverage through discussion within the learning sets. The frameworks will be marked by an academic member of staff. At Stage 4 this learning will be consolidated at 'does' level.

The team agreed that more evidence of how the learning outcome will be taught and assessed at 'does' level is needed. This will become available as the placements and portfolios are developed. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 30: Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person

The team agreed that more evidence of how students will be taught the meaning of clinical reasoning and how to apply this in their practise was needed for this learning outcome to be met. This learning outcome will be reviewed again during the part 2 event.

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

Learning outcome 45 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 46 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 47 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 48 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 49 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 50 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 51 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 52 is	Met ✓	Likely to be met ☐	Not met ☐

Learning Outcome 51: Recognise when and how their performance or that of others could put people at risk and take appropriate actions

The team agreed that for this learning outcome to be met, there needed to be more evidence of how clinical reasoning will be demonstrated and assessed. This learning outcome will be reviewed again during the part 2 event.

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

Learning outcome 53:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 54:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 55:	Met ✓	Likely to be met ☐	Not met ☐

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

Standard 1: Selection and admission

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

Criterion 1.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.6 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.7 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.8 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.9 is:	Met ✓	Likely to be met ☐	Not met ☐

The provider's website gives clear information on both variants of the course, including academic entry requirements, the criminal records declaration and health check, and the application and interview process.

All applications to both courses are screened for suitability for interview by the university's central admissions team; their decisions are based solely upon the academic entry criteria determined by the School. All applicants meeting the academic entry requirements are invited to interview. Interviews are conducted by a panel composed of an academic from the school and a current undergraduate or PhD student. All applicants are asked the same set of questions, and interviewers are provided with training and guidance on what constitutes a successful interview; this is to ensure parity between applicants. The team noted that the interview guidance published to applicants does not mention the presence of a student on the panel. This information must be updated.

Stakeholders including Health Education England (HEE) have been asked to review admissions interview questions and their feedback has been taken into account.

All staff involved in admissions decisions receive annual equality and diversity training. Students receive education on equality and diversity as part of Stage 1 teaching; therefore student interview panel members are selected from Stages 2, 3 and 4. All interviewers are given training to ensure decisions are consistent, and any queries are followed up with the Admissions Tutor after interview before a decision is made.

The same interview process applies during clearing. For both courses, academic entry criteria are lowered by a maximum of three grades. This decision is taken once the results of the preparatory year students are available, as well as the results of students applying with non-A level qualifications.

The provider collects data on students' protected characteristics and social economic differentials, and analyses to identify any trends or areas of concern. None have been identified.

The team asked what process will be used to check that international students are of good character in the event that they are unable to obtain a statement of good conduct from their home country and was told that this had not arisen to date, but if a student was unable to produce a statement by the end of the first year, then they would be withdrawn from the course. Students are not allowed to undertake placements until the statement has been received.

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 ☐	Not met ☐
Criterion 2.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.6 is:	Met ✓	Likely to be met ☐	Not met ☐

All staff undertake Equality in the Workplace and Unconscious Bias training courses. At School level there is an active Equality, Diversity and Inclusion (EDI) Committee and the School has achieved an Athena Swan Bronze award. Staff EDI data is monitored and there is mentoring for BAME and female staff. There is no gender or ethnicity pay gap in the School. A recent focus of work in the EDI area has been on decolonising the curriculum; a three-year University-level initiative across all courses.

The team asked how the principles of equality, diversity and fairness are promoted with placement providers and was informed that all placement providers are required to undergo training. If this is not available in their workplace, then they will attend University courses.

The school's annual review report requires an analysis of, and commentary upon, student performance based upon gender, ethnicity and declared disabilities. Analysis of these data then feeds back into the course review and development process. The School had identified an attainment gap between its white and non-white students. This gap had closed significantly during the pandemic with the move to online learning and assessment. Although the exact reasons for this were unclear, this had contributed to the decision to retain online assessments post-pandemic.

Processes are in place to identify reasonable adjustments that need to be made to course delivery to accommodate students' needs. Some comments were made in the meeting with students about the implementation of these adjustments. The provider should address these with students.

Throughout the course, students are encouraged to understand different communities and cultures. Patients from diverse backgrounds are brought into the School, and the planned increased in placement activity will provide new opportunities in this area.

Standard 3: Resources and capacity

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

Criterion 3.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 3.2 is:	Met ✓	Likely to be met ☐	Not met ☐

Criterion 3.3 is:	Met ✓	Likely to be met ☐	Not met ☐

Both variants of the course are financially sustainable, and staff and physical resources are appropriate, including the number of pharmacists and active independent prescribers on the staff team. The team asked whether the planned increase in experiential learning would have an impact on the staff resource needed to deliver the MPharm. The provider explained that staff workload will not increase, as some of the intensive theoretical activity is being removed in favour of learning on placement. 4th year optional modules are also being removed and the switch to learning sets and away from workshops will also decrease teaching workload. The staff-student ratio is not planned to change.

The team asked what plans the provider has in place to secure the ambitious increase in placement activities. The provider stated that links with the three local NHS trusts are strong and stakeholder representatives from other sectors confirmed that they also have good links with the provider. The new clinical tariff, available from September 2022, will allow for creation of new posts and will support placement development. At this stage, plans for Stage 1 placements are in hand, with more time to develop placements in later stages of the course.

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 ☐	Likely to be met ✓	Not met ☐
Criterion 4.2 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 4.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.6 is:	Met ✓	Likely to be met ☐	Not met ☐

The team asked for more details of the systems and policies for the quality assurance of experiential learning, including ongoing monitoring. The provider intends to scale up the processes that are already in place at School level and to make use of the support available at Faculty level. All placement workplaces will be audited prior to the first students undertaking the placement and then a cycle of visits will be maintained for as long as the host accepts students.

Quality Assurance Coordinators will monitor the progress of students and will visit the placement host if there are concerns. The team was satisfied that **criterion 4.1** is likely to be met, but further evidence of the quality assurance arrangements is needed once placement plans are more developed. This criterion will therefore be reviewed again during the part 2 event.

Similarly, in relation to **criterion 4.2**, the team asked for an overview of the progress to date in putting service level agreements in place. The provider will base these on the agreements that are in place for its 5-year course and will draw on support available from professional services staff at the University. Further evidence of these agreements being developed and entered into is needed before this criterion is met. This criterion will therefore be reviewed again during the part 2 event.

The team noted that much of the course delivery had changed to virtual learning over the course of the pandemic, and asked which parts of the course will be returning to face-to-face. The provider explained that teaching has returned to face-to-face, as engagement with online learning had been

low. However, online assessments were being retained in response to student feedback and performance.

The provider had consulted extensively with stakeholders in redeveloping the course, including via a Patient Involvement and Engagement Group and with external examiners. The team asked how this engagement would be continued and was told that the Patient Group will continue to meet twice a year and changes to the course will be made in response to feedback.

The views of students are sought via a Student Staff Voice Committee (SSVC), chaired by a student, and through teaching evaluation questionnaires sent out electronically at the end of each year. Changes are made in response to feedback. The team noted from the report of the 2021 event that communications between the SSVC and the School had been suboptimal and asked if the situation had improved. The provider said that student engagement had been poor during the pandemic but as face-to-face teaching was reinstated, there were opportunities to re-engage students.

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** ✓	**Not met** ☐
Criterion 5.2 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 5.3 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 5.4 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 5.5 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 5.6 is:	**Met** ☐	**Likely to be met** ✓	**Not met** ☐
Criterion 5.7 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 5.8 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 5.9 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 5.10 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 5.11 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 5.12 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 5.13 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐

As part of the planning process for reaccreditation to the new GPhC standards, a mapping exercise was carried out between the established MPharm curriculum and the new learning outcomes. This was followed by a gap analysis of the content and led to the creation of the new course learning outcomes which have also been mapped to the new standards.

Following the pandemic, the Keele Institute for Innovation and Teaching Excellence (KIITE) has developed a new, university-wide, set of teaching, learning and assessment principles for implementation from September 2022 onwards. These principles have also informed the curriculum design. The provider is awaiting the formal confirmation of this University guidance before writing the

MPharm teaching and learning strategy. Therefore **criterion 5.1** is likely to be met and will be reviewed again during the part 2 event.

The MPharm programme is delivered as four, 120-credit modules (known as Stages). Each Stage has an academic lead who has responsibility for coordinating teaching and assessment within the Stage. The Stage leads report directly to the Head of School. Students joining from the Preparatory Year join at Stage 1. This first year provides the underpinning knowledge and basic skills. Stage 2 applies this theory to therapeutic areas, integrating science and practice. Stage 3 continues this integration, using more complex case studies and Stage 4 is viewed as a consolidation year.

The team asked how students navigate the course pathway, given the one-module-per-year structure. The provider explained that students are given a study guide, summarising the content of each Stage. Each Stage Lead introduces their Stage to each cohort as the start of the year. At the beginning of the course, and at the beginning of each subsequent year of study, students are directed to an online copy of the MPharm Student Handbook. This contains relevant information about the regulation of their MPharm studies, including a copy of the GPhC Standards for Pharmacy Professionals. All students are required to sign a declaration that they have read and understood the contents of the Student Handbook within the first week of the first semester. Similar information is contained in all experiential learning handbooks.

A range of teaching methods are used across the course including lectures, workshops, computer aided learning, online quizzes, problem classes, drop-in sessions, electronic discussions and small learning sets. The team asked how the provider will ensure parity of experience across the learning sets and was told that each set will be facilitated by an academic tutor who will have a checklist of topics to be covered over the year, but no set timetable. Training will be provided to facilitators. Students' attendance and engagement will be monitored. Interprofessional learning opportunities have been designed into each Stage of the course, with activities taking place on campus with other students from the Faculty and also planned to take place on placement.

The amount of face-to-face contact time for theoretical aspects of the course decreases over the four Stages as the students' independent study skills are developed; this enables the implementation of the increase in the amount of placement-based learning in the course.

Placement activities are planned as follows:

- Stage 1: 120 hours, community pharmacy
- Stage 2: 240 hours, predominantly community pharmacy
- Stage 3: 360 hours, predominantly secondary care
- Stage 4: 480 hours, predominantly secondary care

Attendance at placements will be compulsory, but as there is no required number of hours set by the GPhC, the provider will use discretion to decide whether competencies have been met by students who do not complete all placements with good reason. If the competencies are not met, the student will not progress. The team asked how competence will be assessed and signed off and how this process is quality-assured. The provider acknowledged that this is a work in progress, although they have good experience from the HEE pilot and the 5-year course. The Faculty is currently investigating options for an online portfolio system, but PebblePad will be used for the first two years. A key element of quality assurance will be to ensure that placement providers understand their role. The provider will triangulate placement decisions with on-campus clinical skills assessments. However, students must achieve competency both on placement and in the university in order to progress. The

team therefore agreed that **criterion 5.6** is likely to be met at this stage. Placement plans must be confirmed before it can be deemed to be met. This criterion will be reviewed again during the part 2 event.

The team noted the provider's strong outcome in REF 2021 and asked for examples of how this research directly feeds into the MPharm. The provider stated that all staff submitted to the REF supervise MPharm projects. Students are also encouraged to work with external providers on real life projects, using the research methods that they learn in Year 3.

A professional development strand of activity runs through each year of the programme, consisting of non-credit bearing essential skills, including placement competencies. Students are required to develop a portfolio of professional development and to gain Professional Activity Credits (PAC). The PAC scheme was developed to acknowledge students' non-course activities and to encourage them to think of themselves as professionals, undertaking regular CPD. Credits are earned for volunteering activities and working while studying, as well as for engaging with tutors and with the buddy system. Students must accrue a certain number of PACs in order to progress.

Regulations are appropriate for a professional course. Students must pass each element of assessment within each 120-credit module to progress to the next year of study. Two attempts are permitted at any assessment, and this should normally be within one academic year. Under exceptional circumstances students may be allowed to repeat a year of study and so the maximum number of attempts at any assessment will be four. All calculations assessments within the course have a pass mark of 70% and each time-limited competency-based assessment requires students to be assessed as 'competent' in 70% of stations to pass the assessment. The team noted that most of the module assessments are comprised of multiple smaller assessments covering several learning outcomes and asked how the provider ensures that these smaller assessments do not compensate for each other. The provider explained that these 'low stakes assessments' provide such small amount of credit that they can almost be considered formative; students are more likely to engage if a small credit is associated with the assessment. The provider has benchmarked the course against external criteria to satisfy itself that students are not over-assessed.

The provider confirmed that the regulation introduced during the pandemic allowing students assessed at the borderline between classifications to have their degree awarded at the upper classification has been removed for 2021/22 onwards.

Appropriate fitness to practise procedures are in place and are made clear to students. The same procedures apply to students on both variants of the course. Any student who, at the end of their MPharm studies, has outstanding fitness to practise concerns, will not be allowed to graduate with until all concerns have been addressed.

There is a documented University policy to protect students in the event of course closure.

Standard 6: Assessment

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

Criterion 6.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.2 is:	Met ☐	Likely to be met ✓	Not met ☐

Criterion 6.3 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.4 is:	Met ☐	Likely to be met ☐	Not met ✓
Criterion 6.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.6 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.7 is:	Met ☐	Likely to be met ☐	Not met ✓
Criterion 6.8 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.9 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.10 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.11 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.12 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.13 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.14 is:	Met ✓	Likely to be met ☐	Not met ☐

A wide variety of assessment methods is used across all Stages of the course, including group and individual essays and presentations, clinical skills assessments and placement-based assessments. Assessments are mapped to the course learning outcomes. Students build up a portfolio which is assessed each year and must be passed in order to progress. The team needed more detail about the content and marking of the portfolio. Accordingly, **criteria 6.2 and 6.3** are likely to be met. These criteria will be reviewed again during the part 2 event.

Assessments become more complex and challenging as the course progresses and are reviewed by teaching teams and, for Stages 2 upwards, by external examiners. Assessments linked to patient-safety are generally closed book, with use of BNF and appropriate NICE guidance as appropriate. A new assessment will be introduced into this new iteration of the course; the therapeutic framework, which will require students to consider prescribing scenarios and to familiarise themselves with the clinical decision making processes required to become a safe prescriber. This will be introduced in Stage 3, with more complex scenarios in Stage 4.

Students are prepared for this variety of assessment types with formative assessments and feedback. An assessment literacy session is delivered to each cohort at the beginning of the academic year. This outlines the formative assessment opportunities and emphasises the importance of engagement. Most of the formative exercises are student self-assessed based upon a model answer and mark scheme, or are delivered electronically with immediate feedback upon submission.

Students are given a breakdown of their performance in each of the subject disciplines and also the year mean in each of these areas. This allows them, in discussion with their personal tutors, to identify any weaknesses (and strengths) in the disciplines studied or within their study and revision techniques. If any issues are identified, students are signposted to appropriate support within the school or within the university provision.

Summative pieces of work which are carried out over the whole academic year, such as the Professional Portfolio and the therapeutic frameworks in Stages 3 and 4, are reviewed regularly by academic staff who provide formative feedback at appropriate times.

The provider monitors assessments for evidence of collusion and plagiarism. High similarity in some pieces of assessed work has been noted in the current academic year, and appropriate procedures are in place to investigate and address this.

The team asked the provider to explain how standards for competency-based assessments are set and maintained. The provider stated that these assessments are set and reviewed in the School, before being sent to the external examiner. After the assessment, the provider monitors how elements of each assessment performed, and compares performance to previous years. Assessors are given training and provided with scripts and prompts for different scenarios. Scoring lists are used to mark the correct or safe answer and students are also marked on their communication skills. A red flag system is used to identify unsafe practice and students are not permitted to pass an assessment if they demonstrate unsafe practice.

Although the team could see some evidence of a standard setting process for assessments, the articulation of clear and fair pass criteria for all summative assessments was not clear. Therefore, it is a **condition** of reaccreditation that the provider develops and evidences clear standard-setting processes for all summative assessments of the programmes. This is to meet criteria 6.4 and 6.7. Evidence of how the condition has been addressed must be sent to the GPhC by 1 August 2022 for approval by the accreditation team.

Although the documentation and subsequent articulation from the provider showed clear feedback processes on assessment, some students expressed a lack of awareness of access to, and application of, individualised feedback. Therefore, the provider should consider working with students to further support them to access and use feedback provided. This is in relation to **criterion 6.9**. This criterion will be reviewed again during the part 2 event.

The team asked if there would be an opportunity for patient feedback to be incorporated into the feedback given to students on their placement, or into the placement assessments. The provider hoped that this would be possible, but this would depend on being able to incorporate sufficient patient exposure into the placements. There was therefore not yet enough evidence for **criterion 6.10** to be met. The team found this criterion likely to be met. This criterion will be reviewed again during the part 2 event.

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

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

Support for student pharmacists

Criterion 7.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.4 is:	Met ✓	Likely to be met ☐	Not met ☐

Support for everyone involved in the delivery of the MPharm degree

Criterion 7.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.6 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.7 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.8 is:	Met ✓	Likely to be met ☐	Not met ☐

Systems and processes are in place to support students in their studies. There is a comprehensive induction programme, including an online induction module, and a personal tutoring system. The team asked how students will be supervised on placement and was told that in community pharmacy they will have a named clinical supervisor. In secondary care there will be a looser model of supervision with a lead facilitator to act as a point of contact for both students and the provider. The new clinical tariff will provide funding to allow Band 6 and 7 pharmacists to take on these facilitator roles.

Alongside the personal tutoring system, which provides School-specific academic guidance, the school has also created the role of Student Experience and Support Officer (SESO). The SESO provides pastoral support, including exceptional circumstance claims and staff can also raise concerns about students with the SESO for them to follow up. Beyond the School, the University's Student Support Service offers advice and support to students on a range of issues. While students confirmed that they were aware of these support services, they expressed some concerns about ease of access and about the quality of the services provided. The provider should review these services and the signposting to them. Students were aware of how to raise concerns about any aspect of the course, including a concern about a peer or practice supervisor.

Placement hosts will be supported and trained in their role. The provider has a 'Train the Trainers' programme to provide briefing and written guidance. Training sessions will be held to practise assessments to ensure consistency. These will be mandatory, and delivered one-to-one if necessary.

Staff are supported to develop. Although there is no formal workload allocation model, the Head of School monitors staff workload and makes adjustments as needed, including to administrative and non-teaching tasks. Staff confirmed that they had been well supported throughout the pandemic.

The team asked how the provider will ensure that practice-based facilitators also have access to effective supervision, an appropriate and realistic workload, time to learn, CPD opportunities and peer support and was told that this would be done in discussion with individual employers. The longer term aim is to have people in post with contractual obligations, using the new clinical tariff. Further detail of the placement arrangements is needed before **criterion 7.7** is met. This criterion is likely to be met at this stage and will be reviewed again during the part 2 event.

Teach out and transfer arrangements

For accreditation to the 2021 standards, the provider has mapped the previous course learning outcomes to the new GPhC learning outcomes. The outcome of this mapping exercise is that there will be little content change within Stage 1, meaning that current Stage 1 students will be able to progress to Stage 2 of the new programme with only a small amount of remedial work required. First year (Stage 1) students have therefore been informed that they will be transferring to the new standards when they enter their second year (Stage 2) studies in 2022/23. Students confirmed that they had been given clear information about this transfer. They had also been informed of the extra learning around controlled drugs that they will be required to complete, and be assessed in, at the start of their Stage 2 studies as this element is moving to the new first year.

An amendment has been made to course regulations for current Stage 2 students. This will allow an exceptional extra attempt within the academic year for students who have valid assessment attempts remaining after the reassessment period. This will continue for this cohort only until the end of 2023/24 and is to ensure that they remain on the 2011 GPhC standards for the duration of their

studies. Students who fail the academic year after the requisite number of attempts will be subject to the usual university regulations regarding restarts and withdrawals.

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).