# General Pharmaceutical Council

# King's College London, Master of Pharmacy (MPharm) degree reaccreditation part 1 event report, July 2023

# Contents

## Event summary and conclusions

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| **Provider** | King's College London |
| **Course** | Master of Pharmacy (MPharm) degree |
| **Event type** | Reaccreditation (part 1) |
| **Event date** | 13-14 July 2023 |
| **Approval period** | 2022/23 – 2030/31 |
| **Relevant requirements** | [Standards for the initial education and training of pharmacists, January 2021](#) |
| **Outcome** | Approval.<br><br>The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by King's College London is reaccredited, subject to a satisfactory part 2 event. There are no conditions.<br><br>Reaccreditation is recommended for a period of six years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserve to amend this accreditation period if necessary, following the part 2 event.<br><br>The part 2 reaccreditation event will take place in the 2024/25 academic year and is likely to take place virtually. |
| **Conditions** | There were no conditions. |
| **Standing conditions** | The standing conditions of accreditation can be found **here**. |
| **Recommendations** | No recommendations were made. |
| **Minor amendments** | There were no minor amendments. |
| **Registrar decision** | Following the event, the Registrar of the GPhC approved the reaccreditation of the MPharm degree, subject to a satisfactory part 2 event. |
| **Key contact (provider)** | Professor Parastou Donyai, Head of the Department of Pharmacy* |
| **Accreditation team** | Professor Chris Langley (Team Leader), Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University *<br>Dr Brian Addison (team member - academic), Associate Dean Academic Development and Student Experience, Robert Gordon University |

| | Marianne Rial (team member – academic) Assistant Associate Dean of Academic Quality Assurance, University of Hertfordshire |
| --- | --- |
| | Lesley Johnson (team member - pharmacist), Director of Education and Training, CIG Health Care Partnership |
| | Olivia Fisher (team member - pharmacist newly qualified) Medicines Information Pharmacist, John Radcliffe Hospital |
| | Professor Carl Stychin (team member - lay) Professor of Law and Director of the Institute of Advanced Legal Studies, School of Advanced Study, University of London |
| **GPhC representative** | Philippa McSimpson, Quality Assurance Manager (Education), General Pharmaceutical Council* |
| **Rapporteur** | Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde |

*attended 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 King's College London (KCL) MPharm programme is delivered by the Department of Pharmacy, one of 10 teaching departments (along with Anatomy, Biochemistry, Genetics, Immunology, Neuroscience, Nutrition and Dietetics, Pharmacology and Therapeutics, Physiotherapy and Forensic Science) making up the School of Bioscience Education, one the two education schools within the Faculty of Life Sciences and Medicine, the other being the School of Medical Education. The programme was last reaccredited in 2021 with no conditions or recommendations. On that occasion the team indicated that the MPharm degree would continue to be approved until 2022/23, at which point the provision would be accredited against the 2021 standards. Accordingly, a reaccreditation event was scheduled for July 2023.

## Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team ('the team') and 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 29 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 13 - 14 July 2023 and comprised 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 relevant declarations of interest.

## Schedule

**Day 1: 13 July 2023**

| 09:00 – 09:45 | Welcome and introductions. Management and oversight of the MPharm degree - part 1 <br> • Presentation from the University |
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| 09:45 – 10:15 | Tour of MPharm teaching and learning facilities |
| 10:15 – 11:00 | Break and private meeting of accreditation team |
| 11:00 – 12:30 | Management and oversight of the MPharm degree - part 2 |

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|---|---|
| | • Questions and discussions |
| **12:30 –13:30** | Lunch and private meeting of accreditation team |
| **13:30 –15:30** | Teaching, learning, support and assessment - part 1<br>• Presentation from the University<br>• Questions and discussion |
| **15:30 –16:00** | Break and private meeting of accreditation team |
| **16:00 – 17:00** | Student meeting |

**Day 2: 14 July 2023**

| | |
|---|---|
| **08:30 – 09:00** | Private meeting of the accreditation team |
| **09:00 – 10:00** | Teaching, learning, support and assessment - part 2<br>• Presentation<br>• Questions and discussion |
| **10:00 – 10:30** | Break and private meeting of the accreditation team |
| **10:30 – 11:45** | Teaching, learning, support and assessment - part 3:<br>• A detailed look at the teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team |
| **11:45 – 13:45** | Private meeting of the accreditation team (including lunch) |
| **13:45 – 14:00** | Delivery of outcome to the University. |

## Attendees

### Course provider

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

| Name | Designation at the time of accreditation event |
|---|---|
| Al-Ahmed, Noma | Visiting Lecturer and Founder & CEO at ProPharmace |
| Aleku, Dr Godwin | Lecturer in Drug Discovery |
| Al-Jamal, Professor Khuloud | Chair of Drug Delivery & Nanomedicine |
| Amin, Sonal | Clinical Lecturer |
| Amison, Dr Richard | Lecturer in Pharmacology |
| Bansal, Professor Sukhvinder* | Professor of Pharmaceutical Science and Education |
| Bashir, Dr Shazia | Teaching Fellow |
| Chapman, Dr Sarah | Senior Lecturer in Medicines Use |
| Collins, Professor Helen | Dean of Bioscience Education |
| Davies, Professor Graham* | Professor of Clinical Pharmacy |

| Donnelly, Rory | Principal Teaching Fellow |
| Donyai, Professor Parastou* | Head of Department of Pharmacy |
| Dyson, Dr Alex | Senior Lecturer in Drug Development Science |
| Eaton, Chris | Lead Pharmacist, Education & Training GSTT |
| Ebrahimi, Dr Kourosh | Lecturer in Bioinorganic Drug Discovery |
| Fernandes, Roger | Chief Pharmacist/Clinical Director, King's College Hospital NHS Foundation Trust |
| Fletcher, Stephen | Pharmacy Placements/Programme Officer |
| Forbes, Professor Ben* | Professor of Pharmaceutics |
| Jenkins, Siwan | Professional Lead & Clinical Pharmacist |
| Joshi, Dilip | Independent Community Pharmacist, visiting Lecturer |
| Laws, Dr Mark | Maplethorpe Research and Teaching Fellow |
| Legido Quigley, Dr Cristina | Senior Lecturer |
| Lofthouse, Helen* | Quality Assurance Manager |
| Murray, Gillian | Principal Teaching Fellow |
| Nahar, Dr Kazi | Chemistry Teaching Fellow |
| Neason, Dr Nick | Admissions Manager, Admissions |
| Paey, Dr Beth | Clinical Teaching Fellow |
| Parsons, Dr Richard | Senior Lecturer in Biochemical Toxicology |
| Patel, Anisha | Clinical Senior Lecturer |
| Rahman, Professor Miraz | Professor of Medicinal Chemistry |
| Royall, Dr Paul | Senior Lecturer in Pharmaceutics |
| Sailem, Dr Heba | Senior Lecturer of Biomedical AI and Data Science |
| Shah, Khilna | Boots Teacher Practitioner |
| Shah, Professor Ajay | Executive Dean, Faculty of Life Science & Medicine |
| Shah, Rita | Clinical Lecturer |
| Stevenson, Dr Jennifer | Honorary Senior Lecturer and Clinical Pharmacist |
| Taylor, Professor David | Professor of Psychopharmacology |
| Vivanco, Dr Igor | Senior Lecturer in Drug Discovery |
| Vllasaliu, Dr Driton | Senior Lecturer in Pharmaceutics |
| Waghorn, Janique | Lecturer in Pharmacy Education |
| Weinman, Professor John | Professor of Psychology as applied to Medicines |
| Zain, Dr Masirah | Pharmaceutics Teaching Fellow |

* attended the pre-event meeting, along with Helen Costello, PSRB Placement Finance & Quality Manager and Jonathan Lopez-Real, Senior Quality Officer, Faculty Education Service

The accreditation team also met a group of 11 MPharm students comprising three from years 1 and 2, two from year 3, two from year 4 and one graduate undergoing foundation training.

## Key findings - Part 1 Learning outcomes

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

The following learning outcomes were explored further during the event: **Learning outcomes 3, 7, 9, 17, 28 and 42.**

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 ✓ | 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 ☐ |

## 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 ☐ |

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

- *27. Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices.*
- *29. Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice.*
- *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.*

This is because much of the evidence for meeting these outcomes at the 'shows how' level will come from the final year 'Clinical Decision Making' module, which is yet to be fully developed. These learning outcomes will be revisited 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 ☐ |

## 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

The criteria that sit beneath each standard are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

## Standard 1: Selection and admission

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

| | | | |
|---|---|---|---|
| Criterion 1.1 is: | Met ✓ | Likely to be met ☐ | 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 documentation described how details of entry criteria, along with how to make an application, are presented in the online prospectus; online information also includes the structure of the course, careers in pharmacy, teaching facilities, and non-academic entry requirements such as the need to undertake a Disclosure and Barring Service (DBS) check and Occupational Health checks, as well as professional requirements. The University operates a largely centralised admissions process. The professional admissions staff process all decisions based on entry requirements in collaboration with admissions tutors. All applicants who meet the entry requirements are invited for interview. The interviews are carried out one-to-one by members of academic staff or clinical pharmacist teachers online via Teams. Clear criteria are used to inform decisions; these are based on communication skills and behaviours, numeracy, knowledge of the pharmacy profession and motivation to study pharmacy, as well as on situational judgement and values-based responses. Interviewers score the students on each competency, but students may be red flagged for patient safety or interview misconduct; interviews are recorded.

Educational, socio-economic, and geodemographic data may be used as part of a holistic assessment of an applicant's potential to succeed on the course; such data also include any disclosure by the applicant of time spent in care or involvement in widening participation activities. Contextual offers are made to those applicants whose personal circumstances may have impeded their academic progress. Such offers are two A-Level grades (or equivalent) lower than the standard entry requirement, of AAB, including chemistry and at least one of mathematics, biology or physics, are also subject to a successful interview.

The MPharm admissions profile, in terms of offers made, is analysed by protected characteristics, as defined by the Equality Act 2010.

The team heard that the interviews are recorded for quality assurance, enabling subsequent review by the Admissions Manager and the Head of Department, with a sample of interviews being re-

watched to ensure consistency of scoring, and interviewers being asked to raise any concerns. All interviewers undergo training through an interactive session; this is repeated twice across the year, along with additional question and answer sessions, and the session is video recorded so that staff members can access it later. Interviews follow a standard format and detailed instructions are provided for interviewers.

Noting the intention to change the interview format to that of multi mini-interviews (MMIs), the team learned that this was a College-wide procedure which the Department had discussed with other departments across the College. The process would remain online with all qualified applicants being interviewed and discussions were underway to acquire appropriate software. The Department intends to move to fully integrated MMIs over the next two years.

Responding to the team's wish to learn how the analysis of data on protected characteristics has led to improvements to the admission process, the staff explained that applicants are not considered by these characteristics, but that data could be analysed retrospectively to determine if any groups are underrepresented; all data are passed from UCAS to the admissions team, which is totally separate from marketing and recruitment.

The team requested more information about the statement in the documentation that a holistic assessment of an applicant's potential to succeed is used when considering whether to make contextual offers. The staff described how this is handled by central admissions together with the widening participation team and takes place before the interview. This team considers the applicant's background, along with their personal statement, any mitigating circumstances and the UCAS flags for widening participation, which include area postcode measures, partaking of a widening participation programme and having been in care.  While some cases automatically receive contextual offers, borderline candidates, for example, those with strong contextual profiles but weak academic performance along with good A-level predictions, are considered carefully through discussions at Faculty and College levels. The staff acknowledged that is very difficult to maintain absolute consistency among candidates when making contextual offers, but the process uses quantitative data across a range of measures to arrive at a ranking. The College is very supportive of the use of contextual offers to achieve widening participation. Students admitted through this approach receive support and their progress is monitored. Overall, these students, along with those admitted through foundation programmes, do not appear to be disadvantaged in terms of success, although some may need more time, for example, due to having resits. Data show that the Department is not selecting MPharm students who are unlikely to succeed.

The team agreed that all nine criteria relating to selection and admission are met.

## 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 ☐ |

The documentation described how implementation of King's Equality, Diversity and Inclusion (EDI) strategic goals is overseen and monitored by the College Equality, Diversity and Inclusion Committee (EDIC), the Faculty Diversity, Development and Inclusion (DDI) committee, and the School Lead in Development, Diversity and Inclusion, who Chairs a School-wide DDI committee, and reports to the School Executive. Equality monitoring data for students are collected centrally. Information about how the Department is performing in meeting widening participation targets is supplied to the School of Bioscience Education annually. Attainment data for home students graduating between 2017 and 2021 indicated that students from certain ethnicities were significantly less likely than white students to achieve a 2:1 or first-class degree, despite achieving similar grades in first year. Work is in progress to critically review data, understand the root causes of student attainment gaps, reduce differences in attainment and change behaviour and culture.

The College Student Services has a dedicated Disability and Inclusion Support Team. All students are encouraged to contact an advisor before the start of the academic year in order to anticipate their needs. Students who register with the Disability Advisory Service will be assessed, given a dedicated advisor and receive a King's Inclusion Plan, which contains recommendations regarding reasonable adjustments. The students can be provided with extra time and other appropriate adjustments in written examinations. All written examinations and coursework are marked anonymously.

Equality and diversity training is compulsory for all staff members; this outlines the legal requirements of the Equality Act 2010 in the context of work at King's, covering the benefits of inclusive working, with practical advice on how to tackle unconscious bias, micro-aggressions, and inappropriate language. Students are introduced to the concept of equality and diversity through the GPhC *Standards for Pharmacy Professionals* during induction at the beginning of the academic year and cultural awareness training is part of annual induction; an online module provided via the KEATS virtual learning environment addresses cultural competency and this resource will be linked to the students' portfolios, as well as being supplemented by teaching in various year 1 and year 4 modules. Students must also complete and pass a course entitled 'Equality and Diversity and Human Rights'. EDI is addressed in a year 3 law and ethics lecture that also covers other topics such as guidance on religious, personal values and beliefs, as well as signposting students to GPhC and RPS strategies for EDI.

In response to the team's wish to learn how the Department ensures that everyone has completed equality, diversity and fairness training, and how the effectiveness of this training is evaluated, the staff explained how all training is collated and centrally monitored; staff members, including professional services staff, book this training on a 'skills board', enabling management to see that training has been undertaken. Training is also discussed during the annual staff Performance Development Reviews; this training must be up to date before taking part in admissions or other processes and activities. The effectiveness may be judged by the fact that, while there are several routes for raising concerns confidentially, including the personal tutor system, very few issues have been raised relating to equality, diversity and inclusion. The team learned that a new online 'Report and support system' has been introduced for reporting concerning behaviour and accessing support; this will collect data from September 2023.

Wishing to know how the Department is assured that the principles of equality, diversity and fairness are embedded in placement sites and that placement supervisors have received training in this area, the team heard that all placement supervisors must complete the NHSE e-learning for healthcare programme; this training is collated and monitored by providers and the University, with records being sent to the Department. There are specific clear and transparent processes for raising concerns on placements and students are familiar with these.

In response to the team's wish to know how teaching, learning and assessment are designed and delivered to reflect the diversity of the student population, the staff described the focus on equality, diversity and inclusion (EDI) and its impact on all teaching and associated material, including the decolonisation of the entire curriculum. Examples included how students learned about the impact of ethnicity on prescribing decisions such as in the treatment of hypertension, how adverse drug reactions affect different populations, and how the appearance of skin disorders varies among populations with different skin tones. All lectures are recorded, and recordings, along with lecture notes are made accessible to students to address different learning needs, and the Department uses a diversity of assessments to accommodate different learning styles. Timetabling accommodates various religious requirements, including adjustments to assessment times to avoid religious holidays. Staff-student committee meetings address EDI issues, and focus groups with stakeholders use a diverse range of students. The students confirmed to the team their familiarity with EDI matters which were emphasised throughout the course.

When asked how relevant staff members, and also placement supervisors, are made aware of students' specific needs and of any reasonable adjustments that have been granted, the staff described the King's Inclusion Plans (KIPs) which are drawn up following assessment of students referred to the Disability Advisory Service, and which include reasonable adjustments such as extensions to coursework submission deadlines, as well as modifications to assessments and placements so that students can meet the learning outcomes. KIPs are shared with staff and placement supervisors on a need-to-know basis and only with the student's permission.

Noting that the documentation mentioned an attainment gap between white students and other ethnicities in terms of degree classifications, the team asked about the actions being taken to attempt to understand, and reduce, this gap going forwards. The staff explained that this awarding gap was at College level but was not seen in the MPharm, where fewer than 5-10% of students are white. Any differences at School level may relate to Bioscience rather than to Pharmacy.

The team agreed that criteria 2.1-2.3, 2.5 and 2.6 relating to equality, diversity and fairness are met. Criterion 2.4 (*'Every year, there must be a review of student performance broken down by protected characteristics, as defined in relevant equality and human rights legislation. Documented action must be taken to address differences when they are found'*) is likely to be met; this was because work was still in progress to understand and act upon the attainment gap between white students and other ethnicities at College level, although this gap was not apparent in the MPharm programme.

## 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 ☐ |

King's College London operates an annual business planning cycle, with the opportunity to look forward three years.  The planning round involves the submission of a Faculty plan informed by the aspirations of the Schools and Departments/Institutes. Each year, the Heads of the Pharmacy Department and the Institute of Pharmaceutical Science discuss the staffing, infrastructure and non-pay requirements with the Executive Dean of the Faculty; non-pay financial requirements include, for example, visiting lecturers, equipment and running costs. The proposal is reviewed with senior management, and then a business case for appointments is submitted to the Faculty for approval.

The Department of Pharmacy currently has 51 (39.8 FTE) academic staff, including a high proportion of GPhC registrants, with those who are not pharmacists covering a broad range of expertise, for example, in clinical psychology, pharmacology, chemistry, microbiology, immunology, and engineering. Physiology and pharmacology teaching are also provided by expert staff from other teaching departments in the School of Bioscience Education. Pharmacy education has benefitted from the formation of King's Health Partners with enhanced access to clinical teaching from senior trust pharmacists, who are honorary clinical members of academic staff.

The Department of Pharmacy is based primarily on the fifth floor of the Franklin-Wilkins Building on the Waterloo campus.  The building, which was subject to a major re-development 15 years ago and has since been modernised and upgraded, contains library, computing, and social facilities, together with classrooms, lecture theatres, teaching and research laboratories, as well as specialist facilities such as the pharmacy simulation suite, the clinical pharmacy consultation skills suite, and the clinical pharmacy skills suite. The clinical pharmacy consultation skills suite is equipped with state-of-the-art audio-visual and information technology facilities, allowing the recording of consultation skills, facilitating students to observe their own practice, and to reflect and work on developing these skills. The MPharm programme also uses the Chantler Simulation and Interactive Learning Centre based in the Guy's campus for clinical teaching.

Noting that the business plan referred to six staff vacancies, the team asked for an update on recruitment to these posts and the impact on the staff/student ratio for the MPharm once the vacancies had been filled. The staff explained that these posts were to replace six fixed-term teaching fellows who had been filling vacant posts; the Department was now fully staffed.

A tour of some of the facilities, including the dispensary, the simulated community pharmacy and teaching laboratories, as well as a slide presentation of facilities for simulated clinical practice showing, for example, a ward scenario with whole body and head/neck mannequins, allowed the team to conclude that the King's MPharm is delivered in premises that are fit for purpose. The students generally confirmed this view.

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

## Standard 4: Managing, developing and evaluating MPharm degrees

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

| Criterion 4.1 is: | Met ✓ | 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 documentation described how the Department of Pharmacy is one of ten teaching departments in the School of Bioscience Education, part of the Faculty of Life Sciences and Medicine. The Head of the Pharmacy Department is a member of the School of Bioscience Education Committee, which reports to the Faculty Executive Board; the School Education Committee is responsible for a range of regulatory, quality assurance and other academic-related matters.  Each year has a professional lead and a year lead who work with module leaders and teams to draw on the relevant expertise to deliver and assess the content.

The Department Education Committee, which includes student representation, maintains the structure and content of the MPharm, monitors student performance and progress, and is responsible for quality assurance.  Module evaluations are undertaken annually and students complete surveys relating to the content, teaching quality, assessments, clinical placements, and structure of the course; survey findings are reported to the module leads and the Head of Department. Rather than annual review, there is a 'Continuous Enhancement Review for Programmes' (CERP).  This review covers, for example, student admissions, student surveys, student progression, student attainment, degree classification, BAME attainment gap, external examiners' reports and National Student Survey data; feedback on programme provision is obtained through student evaluation of lecturers, course evaluation surveys and the Staff-Student Liaison Committee. The CERPs are reviewed by a College panel and reported to the College Education Committee.

Clinical teaching and placements make extensive use of the clinical environments within the Trusts that constitute King's Health Partners. Placements are managed by the Placement Monitoring and Review Committee, which reports directly to the Departmental Education Committee and is led by the Academic Placement Coordinator, working closely with the Placement Officer.  The Academic Placement Coordinator liaises with the Education Programme Directors within the hospital sites and with specific community pharmacists, as well as arranging a scheduled programme of site visits by academic link staff to meet with supervisors and students to discuss any issues relating to the quality of the student experience.  All feedback from supervisors and students is collated and discussed by the Placement Monitoring and Review Committee, which presents a plan of future actions to the Departmental Education Committee. Any urgent issues relating to the provision of the placement or student behaviour are communicated, in the first instance, to the Placement Officer. The MPharm programme is covered under joint memoranda of agreement (MoA) with the NHS Foundation Trusts; these MoA outline the roles and responsibilities of the placement providers and the relevant academic programmes. The Centre for Team-based Practice and Learning in Health Care works with the Health Faculties in developing and delivering interprofessional, team-based learning activities for students. Interprofessional education (IPE) sessions are evaluated by students using online questionnaires.

Employers, placement supervisors, students, and patients with long-term conditions, as well as patients who already contribute to teaching on the MPharm programme have been consulted extensively in designing the programme. The course is modified in light of important changes in practice through the Clinical Practice and Medication Use (CPMU) section, most members of which

are clinical academics who hold joint appointments with community, hospital, or general practice. The section meets frequently to discuss operational issues as well as highlighting where important changes to practice have taken place. On completion of the academic cycle and following receipt of student module and placement feedback, CPMU staff review all teaching material to ensure that it reflects current practice.

In response to the team's request for examples of how the 'Continuous Enhancement Review' process has had a positive impact on the programme's design and delivery, the staff described how this review takes place every year and considers any issues that have arisen. Programmes are reviewed at Faculty level, with best practice being rolled out across other programmes. One issue related to student concern about the timeliness and amount of feedback, which resulted in a review of assessment and feedback across the MPharm; this led to more rapid feedback and improved student satisfaction.

The documentation stated that students are required to attend at least 75% of the coursework elements of the programme and that failure to meet this threshold will result in the student not being allowed to sit the end of module written examination. Wishing to learn how student attendance at the coursework elements of the programme is monitored, and how non-attendance below the threshold is followed up, the team heard that the Department is currently looking at attendance and engagement and is recording attendance at all classes with a view to implementing this policy. Currently, attendance is monitored through regular reviews of online coursework submission, as well as compulsory personal tutor meetings, simulated clinical practice sessions and placements. If students do not attend sessions, there are implications for fitness to practise and failure to attend pre-placement briefings results in students being not allowed to go out on placement. A pilot scheme for recording attendances online via the virtual learning environment KEATS and using QR codes was successful and will be implemented in the next academic session (2023-24)

In response to the team's request for further information on how the Department manages when a placement site does not have a foundation training tutor, or if this tutor leaves before or during the placement, the staff explained that this does not present any problem for placements in hospitals which have many foundation training tutors. In the case of first- and lower-year community pharmacy placements, where there are few supervised learning events, pharmacists who are not foundation training tutors know what is required, although premises with foundation training tutors are preferred for later years. The team emphasised that bespoke training is mandatory for all supervisors; this is provided virtually in bite-sized chunks which can be accessed at any time. The system generates regular reports which allows the monitoring of supervisor training. The Department also run online sessions at which supervisors can ask questions. Feedback is sought from every student on each placement, and if this feedback indicates that the placement is unsatisfactory, other sites will be used.

Noting that visits are made to placement sites, the team asked for further information about how these visits operate. The staff described how the Academic Placement Coordinator oversees all placements and delegates the visits to academic links, who are the teacher practitioners. The academic links check that everything is in place, any problems, concerns or changes then being discussed with the Academic Placement Coordinator. Community pharmacy placements are mostly with Boots, although other chains will be used through working with their education and training leads. The team learned that another placement lead is being recruited and that the Department is working with UCL and Kingston schools of pharmacy to standardise placements across London.

The team had noted the planned marked expansion of experiential learning and asked about the Department's progress in securing sufficient capacity for the community, hospital, and GP placements. The staff described how they had worked on this over the past few years through extensive online and face-to-face events to discuss the recruitment of providers. In London there is access to a wide range of networks, including primary care, and the Department is very fortunate in having King's Health Partners (KHP), which is a long-established academic health science centre comprising 22 managerial units, one of which is Pharmaceutical Science. The Department has a longstanding, formal relationship for KHP clinicians to be involved in teaching, with students being taught in an NHS environment. There is a planned, progressive increase in placement time from the current three weeks to 14 weeks and providers are on board with these plans. Hours have been mapped for the next year as well as going forward and the capacity for next year has been achieved. The Department undertakes annual planning for each coming year, identifying needs at the beginning of the year and negotiating with the providers.

The documentation described how feedback from placements is collated and discussed by the Placement Monitoring and Review Committee. In response to the team's request for actions that this committee had taken as a result of this feedback, the staff described how the socialising internship, whereby year 3 students develop empathy and resilience by volunteering with homeless and other charities, had been expanded to include an additional similar experience in year 1 as a result of student requests that this should take place earlier in the course. Feedback had also indicated that pharmacy students lacked confidence on hospital placements compared with their medical and nursing equivalents. Supervisors are now trained to encourage contributions from reticent students.

When asked about any changes that the Department had made to the design and/or delivery of the MPharm following recent stakeholder engagement and in response to student feedback, the staff explained that changes are brought about as part of the course review, in which the clinical and academic year leads work collaboratively in consultation with stakeholders to determine the requirements of a continuously changing programme. The stakeholders include employers, students, patient groups, King's Health Partners and others from primary care. The Genomics Surveillance Unit was consulted on how much genomic teaching should be incorporated, resulting in including material in 'Advanced Medicinal Products' which is now part of the year 4 'Clinical Decision Making' module. Industrial input relating to medicines discovery has led to the introduction of real-life case studies. A placement co-design group, on which all placement stakeholders are represented, has been looking at the introduction of entrustable professional activities (EPAs), negotiating which should be included and determining how ready hospital colleagues are to implement these activities. These discussions have emphasised the importance of simulated clinical practice in preparing students for placements and giving them confidence. Student feedback resulted in the introduction of the mini project in year 3 as a preparation for the final year research project; this year 3 exercise includes student-led discussion sessions where students give feedback to staff and other students on their learning from the project. Student feedback on equipment shortages had resulted in the purchase of additional equipment, as well as logistical changes enabling the more efficient use of equipment already in place. Other changes made as a result of student feedback include the introduction of diagnostic testing, the provision of weekly online/face-to-face tutorials to support learning in real time, the rescheduling of Friday classes to accommodate religious requirements and avoiding assessment during religious holidays. The students told the team that there was sufficient opportunity for them to

provide feedback on the programme, for example, through module surveys, speaking to module leads, and through student representatives, and that the Department was responsive to their feedback.

Noting the drop in overall student satisfaction in the National Student Survey (NSS), the team asked what the Department has done to try and understand the reasons behind this, and for any actions taken as a result. The staff explained that a major factor related to assessment and feedback. Feedback is now provided more rapidly online, and students can now see their examination papers, with rubrics being employed to facilitate feedback. The virtual learning environment has also been upgraded to ensure accessibility, which students previously had found difficult. The Faculty Student Experience Committee had considered the availability of study space and had identified some space that could be refurbished for this purpose. The staff stated that the recent increase in student response rate in the NSS may predict improvement in the scores.

In response to the team's wish to learn about the Department's strategy for seeking views of patients and the public on an ongoing basis, the staff described the strong links with the simulated patient group, which comprises patients with a wide range of conditions. Input from this group ensures the relevance of simulated activities. These patients are involved in OSCE assessments as well as in patient experience workshops throughout the course. The Department also has access to KHP patients, who have been used for many years in the independent prescribing programme.

The team agreed that criteria 4.1, 4.2 and 4.4-4.6 relating to managing, developing and evaluating MPharm degrees are met. Criterion 4.3 ('*The views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering MPharm degrees*') is likely to be met. This is because, while there is clear evidence for the role of patients in delivery of the course and the assessment of students, the team would like to see more evidence for their role in the design of the MPharm programme. This will be revisited during the part 2 event. The team also noted the implementation of the new system for monitoring attendance and looks forward to seeing how this has worked in practice.

## 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 ☐ |

The documentation described how the course builds from the first year, which provides the underpinning principles essential for understanding medicines design and development, mode of action and uses; the first year covers chemical, formulation, biological and clinical sciences. Years 2 and 3 include principally therapeutics-based modules, addressing health, disease, therapeutic targets, and the needs of patients, allowing students to make evidence-led decisions. In the final year, students further develop their decision-making, especially in relation to prescribing; here they also undertake a research project. Material becomes more complex and challenging as the course progresses, dealing with more complex issues relating to the application of scientific principles in the design, development, and utilization of advanced therapeutic medicinal products and precision medicines.

Throughout the course, there is extensive use of simulated clinical practice workshops, which cover a range of topics including consultation skills, physical and clinical assessments and clinical reasoning. These workshops allow students to develop their patient-facing skills in a safe environment. Across the programme, students will complete 14 weeks of placements in various clinical environments, where they will undertake several authentic clinical activities. On placements they receive feedback on their performance during several supervised learning events and can be 'signed off' by their supervisors. To develop their ability to work in multidisciplinary teams, students engage with inter-professional learning throughout the pharmacy degree with students of medicine, nursing, midwifery, physiotherapy, dentistry and dietetics, gaining an appreciation for the role of other healthcare professionals and, importantly, the vital contribution pharmacists make to patient care.

Prescribing is integrated across the programme; this includes diagnosis and monitoring of patients, the interpretation and application of prescribing guidance, the application of clinical pharmacology knowledge, ethical principles and an understanding of patient behaviour. The final year 'Clinical Decision Making' module addresses the complex interplay between diseases, medicines and patient perspectives when making prescribing decisions. This culminates in a 5-week 'prescribing' placement, during which students work alongside a senior pharmacist to participate in prescribing for a specific patient group, undertaking patient assessment, reviewing prescribed medicines, recommending changes to the prescription, and ensuring that the patient receives the appropriate information to enable the safe and effective use of their medicines.

The programme emphasises professionalism throughout, with year 1 students introduced to the GPhC *Standards for Pharmacy Professionals* and fitness to practise policies and processes. Each year, students must complete a range of professionalism tasks for their e-portfolio and submit these for approval by their personal tutors. All professional elements of the programme are drawn from the academic modules and assessed within non-credit bearing 'Core Competencies' modules, which monitor student performance in patient-facing components to ensure that appropriate standards are met; these modules must be passed each year in order to progress.

Noting that the year 4 'Clinical Decision Making' module is intended 'to deliver prescribing ready student pharmacists', the team asked how this will be integrated with the rest of the programme to ensure that graduates will be prescribing ready. The staff explained how the early years provide

building blocks for year 4, with prescribing scenarios from very early in the programme and a progressive increase in complexity across the years. Throughout the course, the prescribing scenarios are linked to material being taught contemporaneously and embed the importance of questioning patients appropriately, for example, about allergies and other medicines being taken, as well as looking for red flags in order to arrive at the correct decision, which may be to prescribe an appropriate medicine with monitoring, or to refer to other healthcare professionals. Simulated clinical practice will address many points, including the need to consider capacity and consent, as well as the patient's beliefs.

In response to the team's wish to learn how activities on placements will link to content taught in the University, and how these will increase in complexity through the programme, the staff explained that teaching and learning provide the core material before students embark on their placements, which are based on learning covered in simulation activities where clinical assessment skills are also practised. For example, drug history workshops take place in the University with small groups of actors who undertake role play, allowing students to encounter scenarios that they may come across on placements and to see and discuss poor and good consultations; these workshops build competence and confidence before the students go on placement. Simulations using actors can create some of the intense situations that might occur in practice, such as angry patients or rude doctors; mannequins can also be used to create situations such as a deteriorating patient in a critical care unit. Placements in year 2 focus on consultation, patient education, and prescription evaluation, while those in year 3 address interpretation of information and results and dealing with sensitive information; the focus of year 4 placements will be prescribing. Students will work in different environments across hospitals, community and GP practice, where they will see different approaches to problem solving. Students currently in years 1 and 2 who will transfer to the new programme will have additional placement hours later in the course, along with additional simulated clinical practice that will include consultation skills and calculation of 'National Early Warning Scores' that allow the identification of acutely ill patients. The team learned that the post-examination period in June will be used for simulation work for years 1 and 2, while this period will be used for the year 3 and 4 large placement blocks. The students confirmed to the team their experiences of working with patients across all four years and that the course had prepared them well for Foundation Training.

Responding to the team's wish to learn how the Department ensures that students have sufficient opportunities to gain meaningful contact with patients on placements to contextualise their learning, the staff described how placements are co-designed with stakeholders with patient safety as the first concern. Tasks are specified that require interactions with patients, commencing with low-risk activities in year 1 such as taking drug histories. Every placement in all years includes workbook tasks where students must interact with patients who are asked to provide feedback on students. The introduction of entrustable professional activities (EPAs), which will be piloted in the coming academic year, will provide opportunities for students to interact with patients and contribute to their care. Students also interact with patients within the University.

When asked about the arrangements in place to ensure clear lines of communication and accountability in the delivery of the programme, the staff described how each module has one clinical and one non-clinical lead so that teaching addresses how fundamental knowledge can be use in practice. Guy's and St Thomas's work closely with King's through King's Health Partners (KHP) on all aspects of the programme, including placements. There are many contributions from other departments within King's including the Department of Pharmacology, and final year projects are

undertaken across other departments to ensure capacity, with clinical projects requiring the involvement of clinical staff from KHP who co-supervise projects with non-clinical academic staff. Boots and community pharmacy chains have good relationships with King's. Where problems arise with placements there are excellent links to deal with these.

The team heard how the Department has developed an interprofessional education (IPE) programme which has been mapped to the relevant GPhC learning outcomes and in which pharmacy students work with students of many other healthcare professional courses across the College, including students of medicine, nursing and physiotherapy. This extends across all four years, starting with promotion of patient safety and interprofessional teamworking skills in year 1. Year 2 focusses on the roles of different healthcare professionals in devising a pain management strategy, while the focus of year 3 is collaborative teamworking in mental health. In year 4, interprofessional teamworking and problem solving are linked to safe prescribing and understanding the risks associated with medication. Future plans include simulated multidisciplinary ward rounds and the provision of emergency supportive care to a rapidly deteriorating simulated patient. Noting the piloting of a year 3 interprofessional session focusing on a 'simulated home environment', the team asked how this had gone and whether it will be incorporated into the programme. The staff confirmed the success of this session, where students work with a person with lived experience of mental health difficulties and told the team that it is now timetabled into the programme. Noting that interprofessional education sessions involve a large number of students from a wide range of professions, the team asked about the size of the groups in which the students work. The staff explained that group sizes were small, with a maximum of 10 in year 1 and five to six in later years, thus ensuring the involvement of all students in the activities. In response to the team's wish to learn if the IPE sessions are compulsory and how students are assessed, the staff stated that students must attend and are required to give group presentations demonstrating how the team has worked in an integrated fashion to produce care plans; they must also write reflective accounts in their portfolios, which are signed off by their personal tutors. The students described to the team their positive experience of learning alongside other trainee health or social care professionals.

With regard to fitness to practise, the staff described clear routes of referral of students to the Head of Department by staff, placement providers or by fellow students. Following referral, the Head of Department takes the matter to a Faculty Fitness to Practise hearing, which decides if there is a case to answer, and which, if so, escalates this to a College Fitness to Practise Committee. The College committee may recommend no action, remedial action, transfer of the student to a non-registerable programme, or removal of the student from the University. The team confirmed that students may be suspended before the full process is complete and that the MPharm degree would be withheld pending the outcome of a fitness to practise investigation.

The team agreed that criteria 5.1-5.5 and 5.7-5.13 relating to curriculum design and delivery are met. Criterion 5.6, which is concerned with the requirement for students to work with patients and carers, is likely to be met; this is because the Department is still building capacity to meet its target of 14 weeks of placements across the programme and because the 'entrustable professional activities' which will be undertaken on placements are yet to be developed. This criterion will be revisited at the part 2 event.

## 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 ☐ |

The documentation described the different types of assessments used to demonstrate the meeting of the GPhC's learning outcomes. Diagnostic and formative, as well as summative, assessments are used throughout. Diagnostic tests at the beginning of years 1, 2 and 3 evaluate English language and numeracy capabilities to identify where additional support may be required. Formative assessments are included in all modules as a precursor to later summative assessment. All written examination papers adopt a standard format comprising 30 multiple-choice questions and six compulsory short-answer questions.

Determination of competencies such as clinical skills includes the use of objective structured clinical examinations (OSCEs), as well as the completion of tasks recorded in the students' professionalism e-portfolios accompanied by reflective accounts. Such tasks are usually completed during experiential learning and are assessed through direct observation of student performance by the placement supervisors. In Year 4, there are no written examinations, assessment being based on coursework and an OSCE; the final year OSCE comprises eleven stations covering, for example, clinical calculations, problem identification and resolution, pharmacokinetic calculations, problem identification and resolution, ethical dilemmas, medical consultation, and drug history taking. The final year e-portfolio requires students to map evidence against the Royal Pharmaceutical Society prescribing competency framework. All modules, including the zero-credit 'Core Competencies' module, must be passed to enable progression to the next academic year and subsequently graduate with an MPharm degree. In assessment of core competencies, where a student makes any error that would harm a patient, the assessment is automatically failed and must be passed at resit to progress.

Students receive feedback in accordance with King's College feedback policy, which requires feedback to be provided normally no longer than four weeks from the submission deadline. Written feedback is

provided for both summative and formative assessments, including examination papers. Some coursework has timetabled feedback sessions. Students can also ask for further personalised feedback from staff, either via email or via a face-to-face meeting at an appointed time. The College has a policy that staff should respond to student queries within three working days. For core competencies, each placement workbook includes a compulsory supervisor feedback form and feedback is also provided by patients. Students must reflect upon their clinical practice and identify areas of improvement in their e-portfolios, which are subsequently discussed with their personal tutor. Students receive feedback on their clinical skills in real-time during 'Simulated Clinical Practice' sessions, allowing them to reflect upon their practice and make appropriate improvements.

In response to the team's wish to understand how the assessment strategy ensures that students will demonstrate meeting all the relevant GPhC learning outcomes at the 'does' level, the staff described how this will be achieved through experiential learning where trained practice supervisors will sign students off against the appropriate activities which will be recorded in the students' e-portfolios. Supervised learning events, comprising case-based discussions, mini-CEX (mini clinical evaluation exercises) and DOPS (direct observation of practical skills) will contribute to the evidence that enable supervisors to sign off the students at the 'does' level. Patient feedback, which covers students' behaviours, will also contribute to the supervisor sign off. This will be followed by a portfolio viva conducted by the personal tutor, which will look at the evidence and verify that it represents the student's own work. All learning outcomes addressed through placements, not just those at the 'does' level, are part of supervisor feedback and are mapped to questions on the supervisor feedback form, with students showing what they have done to meet the learning outcomes, and recording in their e-portfolios detailed reflective accounts on what was expected in relation to each outcome; outcomes associated with interprofessional education are also assessed using reflective accounts in the portfolio. Supervisors have links to the e-portfolio, which is also visible to personal tutors and the MPharm professional leads. The team learned how numeracy assessments as well as the year 3 mini-project and the final year research project also contribute to meeting outcomes at the 'does' level. The staff described how students in years 2-4 must pass their professionalism portfolios to progress or to graduate, while the portfolio in year 1 is formative, with students allowed to proceed to year 2 even if they have not passed the portfolio after three attempts. However, such failing students may be referred to fitness to practise.

The team heard how assessments demonstrate meeting prescribing outcomes at both 'shows how' and 'does' levels. The 'shows how' level for prescribing is demonstrated, for example, through objective structured clinical examinations (OSCEs), unseen case reviews, where students present their findings on the formulation, supply, and quality assurance of advanced therapeutic medicinal products, presentations following clinical reasoning tutorials where students analyse patient case information, and prescribing cases. Assessment of prescribing at the 'does' level is undertaken as described for other outcomes at this level through practice supervisor sign off and the oral examination on the portfolio. The 'professionalism portfolio' in years 1-3 becomes the 'prescribing portfolio' in the final year.

When asked about the process used to set a safe passing standard for the core competency assessments, the staff told the team that this covered competencies such as numeracy and those assessed through OSCEs. Previously, the pass mark for numeracy assessments was set at 70% and an OSCE-assessment group designed and blueprinted the tasks to be assessed, including the identification of points relating to patient harm. From the next academic year (2023-24) standard

setting will be employed for both numeracy and OSCE assessments using the Angoff approach, and the Department has established a standard setting panel. Candidates will be required to pass two-thirds of OSCE stations and failing students will be required to re-sit all stations. There will be many summative calculations assessments, with monthly formative assessments, covering topics used in the GPhC registration assessment, and students will be exposed to every single type of calculation across the years.

In response to the team's wish to learn more about the process for reviewing incidences of potential of harm in assessments, particularly within OSCEs, the staff described how they previously defined 'killer points' for OSCEs, such as students missing allergies in prescribing, or prescribing a teratogenic drug for a pregnant patient. In the new scheme, standard setting will include safety points and incidences of potential harm arising from a student's actions will be discussed by a panel after the assessment.

Noting the Department's use of actors to assist with OSCEs, the team asked about the training that they receive for this role. The staff emphasised that these individuals were patients. In order to achieve consistency in enabling each student to arrive at an appropriate conclusion, the actors receive a brief and meet beforehand to go through the required role play; they judge students' performance on various aspects, such as behaviour and the demonstration of empathy. One actor, who has extensive experience of healthcare simulation activities, interviews other actors and coordinates their activities in this role. The Department has very good relationships with these patients, who are familiar with pharmacist prescribing.

Noting that progression data have shown sharp increases in the class of degree obtained by final year students, the team asked how the Department interprets this change. The staff explained that this was a sector-wide problem that had arisen from the use of open-book examinations during the Covid-19 pandemic. The trend is now reversing with the return to timed, in-person examinations, although students will require additional support, as some students have not taken an examination in four years. The Department will analyse post-Covid degree classification data over the next few years.

In response to the team's wish to know how workplace supervisors are trained in assessment to ensure a consistent approach and their clarity of the required standard, the staff explained that supervisors are trained in supervised learning events covering case-base discussion, DOPS and mini-CEXs, as well as how to sign off students on learning outcomes. The team heard how supervisor training requires them to take an NHSE e-learning for healthcare module and undertake bespoke training from the College in partnership with an external company. Training covers the role of the supervisor in facilitating learning, clinical supervision, prioritising patient safety, supervised learning events, assessment, providing effective feedback, and how to deal with trainees who require additional support, as well as aspects of equality, diversity and inclusion; those completing the training are awarded a recognisable certificate as a 'King's Placement Supervisor' and refresher training is available for established supervisors.

When asked how current staff will be upskilled to support assessment of the clinically enhanced programme which has a focus on independent prescribing, the staff described how there are already seven independent prescribers in the Department and more will be appointed, with others brought in as required. The programme is integrated, and other staff members will be upskilled so that they understand prescribing, this being achieved through communication at departmental meetings, participation of both clinical and science staff in integrated classes based on cases developed by

clinicians, and the involvement of non-clinical colleagues in simulated clinical practice. More teaching will also take place on placements.

The team agreed that criteria 6.1-6.3, 6.5, 6.6 and 6.8-6.14 relating to assessment are met. Criteria 6.4 and 6.7, which relate to standard setting, are likely to be met and will be revisited at the part 2 event. This is because the Department has yet to implement its approach to standard setting.

## 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 ☐ |

The documentation described how students undergo a Faculty induction followed by a Departmental induction in each year of the MPharm programme. During the Departmental induction, students receive an overview of the course and information about the personal tutor system; this induction also includes sessions on topics such as the GPhC standards for pharmacy professionals, diversity and inclusion, and placements, as well as an introduction to each module.

Students are assigned to a personal tutor at induction. The Personal Tutor System is the principal system used to access support for students on the MPharm programme; the personal tutor is the first point of contact for all pastoral or academic issues and is pivotal in supporting students to develop their learning and professionalism skills.  Tutors are trained to refer students to the specialist advice and support available within the College; such support includes finance, accommodation, health and disability. Students are expected to meet with their personal tutor at least twice a semester, and there are tasks to be discussed at the different meetings in all four years of the programme; these tasks are recorded in the students' e-portfolios and include reflections on performance, IPE activities, and recording activities related to the development of communication and professional skills. Tutors monitor completion of the e-portfolio by their students and are informed automatically when a student submits documentation which requires review.  As well as their personal tutors, students can contact relevant members of academic staff for academic issues.

Career advice is available through key staff who have experience of different pharmaceutical sectors and there is a Pharmacy Fair with representation from the KCL Careers and Employability service and from employers covering a wide variety of sectors, including industry, community, hospital, general

practice, and primary care. Students are also supported with an Oriel Assessment workshop. The academic staff includes a large proportion of GPhC registered pharmacists, many of whom are clinicians in healthcare partner hospitals, community pharmacies and GP practices. These, along with placement supervisors, provide many professional role models.

The documentation described the King's College London procedures for staff development and training; these include an important role for the King's Academy, which is a centre for educational development that provides support for all members of staff in enhancing teaching and learning, for example, through staff seminars and core workshops. All new staff members undertake comprehensive training and must complete the King's Academy training programme, which is recognised by Advance HE (formerly the Higher Education Academy) as a route to Fellowship. Non-pharmacist academic staff are supported to deliver contextualised teaching in part through visits to the Pharmacy Department at Guy's and St Thomas's NHS Foundation Trust. These visits provide an overview of current pharmaceutical care, along with the challenges of medicines development, supply and use in the NHS. There is a School-wide peer support system which includes peer review of teaching.

Training is also provided for all work-place based supervisors and is delivered in partnership with a specialist training provider; this includes specific information on clinical supervision, essentials of prioritising patient safety while supervising, and specific training on the use of work-place based assessments to deliver feedback.

All members of staff undergo an annual Performance Development Review (PDR), which is guided by key performance indicators. The PDR meetings cover teaching and administrative loads, as well as research, and address recommendations for individual developmental needs. All staff members must complete an entry in the Faculty's Educational database to capture their contributions to undergraduate and postgraduate education, administration, and research activity; these entries result in reports that support the academic PDR process.

In response to the team's wish to learn about the support that students receive if they do not pass an assessment, the staff described how students have access to the assessment to see the feedback. They can get individual feedback on examinations and can also see their answers with feedback on the KEATS virtual learning environment; they can also discuss the assessment with the relevant member of staff. Where students have failed multiple assessments or have had an unexpected failure, they will meet their personal tutors. Revision sessions are held for OSCEs and calculations, where staff members discuss common errors and what students can do to increase their chance of success. Examination workshops are held each year and the year leads guide feedback to improve performance. The students told the team that they were content with the support they receive in general as well as when they fail assessments. They confirmed that they all have a personal tutor whom they meet at least twice per semester and who can signpost them to relevant support services. Other staff members can be contacted by e-mail and are also helpful. The students told the team that they had been well-supported through the Oriel process for applying for foundation training places.

When asked how non-pharmacist staff are supported to teach on the programme, the staff described how year leads work with module leads and clinical leads and how new staff members are supported by the clinical leads. Staff members who are not pharmacists visit hospital pharmacies to gain an

understanding of the profession. Throughout the course, pharmacist and non-pharmacist staff work together as a team; for example, simulated clinical practice sessions and integrated classes throughout all years are staffed by both clinical and non-clinical staff, helping students to draw on science in the context of clinical work. These sessions also allow non-pharmacist staff members to see what is needed in clinical practice and prescribing. The annual course reviews also allow non-pharmacist staff to understand the relevance of what is being taught.

In response to the team's wish to learn about the training provided for placement supervisors, the staff described how the Department was working with a specialist external company to develop training; this company is also involved in providing training for foundation year supervisors. The training, undertaken before students go on placements, is all online and readily available, being provided in bite-sized, accessible chunks, covering core skills, including assessments such as supervised learning events, direct observation of practical skills (DOPS) and mini clinical evaluation exercises (mini-CEXs). Supervisors know what students are expected to do and learn, and become familiar with administrative issues, such as whom to contact in the University, student deadlines, and how to deal with any issues that may arise. The Department checks that supervisors have completed the training and holds online lunchtime surgeries for discussions involving education leads, academic staff and teacher practitioners. Supervisors are awarded a recognisable certificate on completion of their training, as described earlier.

When asked about the procedures that are in place for placement providers to raise concerns, the staff described how such concerns, for example, about patient safety issues, can be raised via SharePoint. Supervisors are encouraged to talk to student about any issues. If the issues are not resolved they can be escalated via the placement link; if the matters remain unresolved, the student's placement is terminated, and the issue is flagged to the placement team. Concerns about students on placements are linked to fitness to practise and any further steps may need to wait for the completion of the various processes. Each year has a professional lead who will discuss the matter with the student concerned. The placement team will know what the student has missed, which will be reviewed to determine subsequent actions. The Department provides feedback to the placement site and supervisor on the actions that have been taken.

The team agreed that all eight criteria relating to the support and development of student pharmacists and everyone involved in the delivery of the MPharm degree are met.

## Teach out and transfer arrangements

The module structures in years 1-3 of the new programme remain largely the same as in the current course.  The major changes to the programme are the expansion of the year 4 'Clinical Decision Making' module and the removal of the year 4 'Emerging Therapeutics and Modern Medicine' module. Some elements of the latter module have been incorporated into 'Clinical Decision Making', which provides extensive training in aspects of prescribing, achieved through simulation workshops and a five-week placement working under the supervision of a senior clinician. Thus, the documentation suggests that there will be no significant problems in teaching out the MPharm programme accredited to the 2011 standards and transferring students to the new course. Consultation with students indicates that they wish to graduate against the new standards, ensuring they remain competitive in the job market. The students confirmed to the team that that they had been consulted and informed about the changes, for example, to the placement hours.

All students who started the MPharm prior to the 2021-22 academic year, joined the programme accredited to the 2011 standards. The last of these students joined in 2020-21 and will graduate at the end of 2023-24; they would have been the last graduates of the old course. The course has been modified for students who joined from 2021-22 onwards; this will enable them to gain maximum benefit from the year 4 'Clinical Decision Making' module, thus allowing them to meet the 2021 GPhC standards. The Department will also contact all students who began their course prior to 2021-22 to secure their consent to transfer to the new course. These students will receive additional simulation support after the semester 2 examinations of the academic year applicable to their specific circumstances; these support classes will cover the relevant prescribing learning outcomes. The majority of the preparation for prescribing and meeting the prescribing-related learning outcomes is undertaken in the final year of the new MPharm programme.

The team was satisfied with the Department's contingency plans to address the needs of any students who need to take time out of their studies during the transition to the new programme.

## Decision descriptors

| Decision | Descriptor |
|---|---|
| **Met** | The accreditation team is assured after reviewing the available evidence that this criterion/learning outcome is met (or will be met at the point of delivery). |
| **Likely to be met** | The progress to date, and any plans that have been set out, provide confidence that this criterion/learning outcome is likely to be met by the part 2 event. However, the accreditation team does not have assurance after reviewing the available evidence that it is met at this point (or will be met at the point of delivery). |
| **Not met** | The accreditation team does not have assurance after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented does not demonstrate sufficient progress towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or they lack detail or sufficient clarity to provide confidence that it will be met by the part 2 event without remedial measures (condition/s). |