General Pharmaceutical Council

University of Leicester, Master of Pharmacy (MPharm) degree, Step 2 accreditation event report, October 2023

Contents

Event summary and conclusions	
Provider	University of Leicester
Course	Master of Pharmacy (MPharm) degree
Event type	Step 2 accreditation
Event date	26-27 October 2023
Approval period	Working towards accreditation
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval to progress to step 3 with conditions.
	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the proposed new MPharm degree to be delivered by the University of Leicester should be permitted to move from step 2 to step 3 of the accreditation process for new MPharm degrees, subject to one condition.
Conditions	1. The University must submit a staff recruitment plan, which includes an updated staffing list, and a recruitment timetable. This plan must include job descriptions for senior clinical tutors, clinical tutors and visiting external lecturers which outlines essential criteria, roles and responsibilities. This is because the accreditation team noted that the current programme team is small, and the specific nature of the proposed operating model significantly impacts the workload associated with the development and delivery of the programme. This is to meet criteria 3.2, 6.11 and 7.7.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	1. Whilst the accreditation team agreed that standards were sufficiently met or likely to be met to progress from step 2 to step 3, the team also agreed the University may want to consider delaying step 3 of the process until the academic year 2024/25. Notwithstanding the considerable progress made thus far, this is because the current programme team is small and there is significant work to be completed to fully meet the standards. Linked to this, the course provider should consider producing and submitting a formal project plan including a comprehensive risk register. This would provide the accreditation team with assurance that progress towards step 3 is planned, documented and achievable. These documents will be required at step 3.

	2. To consider allowing all applicants the opportunity to choose to undertake the selection interview face-to-face or online to ensure equitable access. Furthermore, the provider should reflect on the consistency of selection tasks between face-to-face and online interviews. This is to ensure processes are consistent and equitable for all applicants irrespective of application route. This is in relation to criteria 1.1 and 1.7.
Minor amendments	• The documentation refers to 'unusual applicant education routes'. This might be better phrased as 'non-standard educational routes'.
Registrar decision	The Registrar of the GPhC has reviewed the accreditation report and accepted the accreditation team's recommendation. The Registrar is satisfied that the University of Leicester has met the requirements to proceed to the next step of the accreditation process for new MPharm degrees against the Standards for the initial education and training of pharmacists, January 2021. The Registrar notes that following a review of the response to the condition, the accreditation team is satisfied that the associated criteria can move from 'not met' to 'likely to be met' and that these criteria will be reviewed further at the step 3 event.
Key contact (provider)	Dr Sue Ambler, Programme Lead, University of Leicester
Accreditation team	Dr Mathew Smith*, Director of Learning and Teaching, School of Pharmacy & Pharmaceutical Sciences, Cardiff University (Academic, Team Lead) Dr Fran Lloyd, Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast (Academic) Dr Brian Addison, Associate Dean for Academic Development and Student Experience, Robert Gordon University (Academic) Professor Luigi Martini, Managing Director Precision Health Technology Accelerator (PHTA) for University of Birmingham and Birmingham Health Partners (Pharmacist) Ausaf Khan, Clinical Pharmacist, Liverpool First Primary Care Network (Newly qualified Pharmacist) Liz Harlaar, Independent Business Consultant (Lay member)
GPhC representative	Rakesh Bhundia*, Quality Assurance Officer (Education)
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. The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The UK qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm).

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit: http://www.legislation.gov.uk/uksi/2010/231/contents/made

The GPhC's process for initial accreditation of a UK MPharm degree involves seven steps, each of which are normally completed in consecutive academic years. Step 1 involves an initial engagement meeting by an application institution to share their proposal and no formal decision on accreditation is made. For steps 2 to 7, the process requires a formal evaluation of the programme and the providers progress towards meeting the Standards for the initial education and training of pharmacists, January 2021. Step accreditation events are held on-site at the provider's proposed delivery location and involve a full accreditation team.

Following successful completion of step 3, students may be accepted on to year 1 of the programme. Each accreditation step must be passed successfully in order to progress to the next. An MPharm degree holds provisional accreditation status until the provider has completed all seven steps successfully.

Due to an internal communication error at the GPhC, the Education team had not been made aware of the University's intention to proceed to a Step 1 event until late in the 2021/22 academic year, at which point it was not possible to schedule a Step 1 event that same academic year. As a consequence, it was agreed that the University would be permitted to undertake Steps 2 and 3 during the 2023/24 academic year to allow the University to meet its planned timescale of the first intake in 2024. The University was advised that, although the GPhC is willing to accommodate Steps 2 and 3 within the same academic year, it would normally require that these steps are taken one year apart to ensure adequate time for the University prepare.

Background

The University of Leicester approached the GPhC to confirm its intention to begin the process for the accreditation of a new Master of Pharmacy (MPharm) degree. The MPharm programme will be delivered within the School of Healthcare, which, along with the Medical School and Schools of Biological Sciences, and Psychology is part of the College of Life Sciences. A Step 1 event was subsequently arranged for November 2022. During this event the GPhC representative and Accreditation Team Lead advised the University on several matters, including that the earliest potential student intake to the new MPharm degree would be for 2024/25 entry, with the first cohort graduating in 2027/28. This would be subject to successful steps 2 and 3 of the accreditation process taking place successfully, within the same academic year (2023/24). The GPhC representative and Accreditation Team Lead also advised that key staff should be appointed well in advance of the Step 2 and 3 events; these should include the pharmaceutical science and pharmacy practice leads, who should be senior, permanent staff members, along with the MPharm course lead. A Step 2 event was scheduled for October 2023 and the following is a report of that event.

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 17 October 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.

The event

The event was held on site on 26-27 October 2023 and comprised a series of meetings between the GPhC accreditation team and representatives of the proposed MPharm programme

Declarations of interest

There were no declarations of interest.

Schedule

Day 1: 26 October 2023

09:00 - 11:30	Private meeting of the accreditation team.
11:30 – 13:30	**Welcome and introductions** **Strategic and business case for the MPharm degree** • Presentation from provider • Questions and discussions
13:30 – 14:30	Lunch break and private meeting of the accreditation team
14:30– 15:30	**Facilities for the MPharm degree** • Presentation from the provider • Questions and discussion • Tour of buildings, teaching spaces and other facilities proposed for use for the MPharm degree
15:30 – 15:45	Private meeting of accreditation team
15:45 – 16:45	**Recruitment and selection** • Questions and discussion

Day 2: 27 October 2023

09:00 – 11:00	**Teaching, learning and assessment** • Presentation from provider • Questions and discussion
11:00 – 13:30	Private meeting of the accreditation team, including lunch
13:30 – 13:45	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
Ambler, Dr Sue*	Programme Lead
Balderson, Alison	Estates and Campus Services
Bruce, Ian	Student Union
Cheeseman, Ros	Pharmacy Dean, NHS England Midlands
Dobrowolski, Dr Paula	Student Support
Greenwood, Dr Dan*	Clinical Pharmacy Lead

Herbert, Professor Karl	College of Life Sciences Programme & Portfolio Development Group, Chair
Mir, Mo	Estates and Campus Services
Rahman, Dr Ayesha*	Pharmaceutical Science Lead
Robinson, Professor Tom	Head of the College of Life Sciences
Thompson, Dr Kathy	Head of Admissions & Applicant Experience
Wheelband, Tom	Student Support
Wright, Professor David*	Head of the School of Healthcare

* also attended the pre-event meeting held on 17 October, 2023

Key findings - Part 1 Learning outcomes

The accreditation team will review the proposed teaching and assessment of individual learning outcomes from Step 3 of the accreditation process onwards. During the Step 2 event, the team sought assurance from the provider's curriculum overview, delivery plans and staffing resource that the MPharm degree being proposed had the potential to deliver a programme to the required learning outcomes.

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 documentation described how admissions information and information about the course will be clearly presented in the University prospectus and on the MPharm course webpage. This information will include academic selection criteria, the requirements to register with the GPhC, fitness to practise requirements, the need for health and good character checks, information about the interview and assessment criteria, and a statement that the MPharm programme is currently undergoing

accreditation by the General Pharmaceutical Council. Open days will provide applicants with further information and will include presentations about the profession and the MPharm programme.

Applicants who meet the entry requirements of actual or predicted A-Level grades at a minimum of ABB as evidenced by their UCAS forms will be invited for an online interview followed by an assessment. Interviews and the assessment will be conducted by an academic member of staff and either a pharmacist clinician (working in any patient-facing role) or a patient. The interview will focus on NHS values and attitudes, and an applicant's desire to enter the pharmacy profession. Applicants who are successful in the interview will be invited to undertake the assessment activities, which will comprise a group exercise to assess teamwork and confidence, and a 'Situational Judgement Test' (SJT). The SJT provides an objective means to identify whether students are suitable for admission, reducing the potential for conscious or unconscious bias. The assessments will be face-to-face, although there will be an online option for applicants who cannot travel to the University; the online option varies from the face-to-face process and will comprise competency-based questions to assess team working skills. All interviewers, who, where feasible, will represent a range of diverse backgrounds, will have undergone unconscious bias training prior to interviewing. Offers will be made based on performance in the interview and the assessment. Applicants who receive an offer but miss the entry requirements by one grade will still be able to enrol if there are spaces available. Contextual offers will be made to those with lower A-level grades and who have spent time in local authority care, or are over 21 years old, or whose home postcode is in a low higher education participation neighbourhood. Students with a contextual offer will be enrolled on the University Head Start programme which, together with the broader Study Skills Programme, supports students to make a smooth transition into higher education.

MPharm admissions data will be analysed annually by protected characteristics to identify any potential discrimination in the selection and admission processes, followed by appropriate remedial action if there is evidence of such discrimination. The University will also monitor the characteristics of students who were not invited for interview and assessment, as well as those who were invited but who were not made an offer.

In the context of widening access and in response to the team's wish to know if the requirement for applicants to attend a test centre for the selection assessment might present a barrier to application, the staff explained that while they preferred applicants to attend the campus, an online option was available for overseas students and for those who could not afford to attend. Moreover, provision of financial support assessed on a case-by-case basis, was being considered. The staff sought to reassure the team that there would be equity between candidates completing the face-to-face assessment and those completing the online competency-based questions; interview questions and situational judgement test questions will be the same. There will be two interviewers, one member of academic staff and one patient or carer conducting each interview; interviewers will agree their scores and discuss any discrepancies. All interviewers will be trained, will have observed interviews before interviewing independently and interview panels will be as diverse as possible with regard to ethnicity, gender and background. Clear guidance for applicants concerning NHS values and situational judgment tests will be provided on the website and in the prospectus. While the School clearly emphasised the importance of NHS values, these being relevant to admissions requirements for periods of learning in practice (criterion 1.6 of the 'Standards for the initial education and training of pharmacists'), the staff admitted that they had not considered the requirements of the statutory education bodies such as NHS Education Scotland (NES), NHS England (NHSE), Health Education and Improvement Wales (HEIW) and the Northern Ireland Centre for Pharmacy Learning and Development

(NICPLD), but were using NHS values as the basis for interviewing and would complete safety and health checks before students registered on the programme; the staff assured the team that this would explored with the statutory bodies to ensure that graduates would be able to undertake their foundation training in any of the four nations.

In response to the team's wish to learn how they will determine what constitutes failure to demonstrate NHS values and attitudes and how they will ensure that interviewers are consistent in their approach, the staff explained that there will be ten situational judgement test (SJT) questions; these will cover all NHS values and will be based on scenarios that allow applicants to demonstrate compassion and empathy, to show if they would treat everybody in the same way, and respect patients' dignity. A satisfactory score on the SJTs will provide good evidence that an applicant is suitable. The staff had not yet decided what constituted an excessively low score for the SJTs; the minimum requirement would probably be 40-50% but they would not accept candidates with lower scores, even if recruitment numbers were low.

Noting that the course will be delivered across three terms or teaching periods, with the third term extending towards the end of July for first year students as a result of their 13-week placement, the team asked if this might put off certain applicants, such as those with caring responsibilities. The staff explained that this approach is common among School of Healthcare programmes which do not run as semesters. The potential disadvantage of being unable to undertake paid work will be made clear to applicants. The School is considering mitigating the impact on students with caring responsibilities by providing leave during placements and offering flexibility of start and finish times which would be accommodated by placements operating shift work; the placement providers are sympathetic to this.

In response to the team's wish to learn more about the School's approach to undertaking Disclosure and Barring Service (DBS) and health checks, the staff described how the cost of DBS checks was in the budget, so that, as with other healthcare programmes in the School, students will not have to pay for these. International students who are based overseas will require a letter of good standing from their home countries, while those based in the UK will go through the DBS checking process. DBS checks must be completed before students commence placements; where there are delays in the application process, the School will liaise with the student and their placement provider, so that placement hours can be made up once checks have been completed. All offers are subject to health checks, and students will complete an occupational health questionnaire once they have accepted the offer; any concerns arising from the questionnaire will be considered by the University Accessibility team.

The team agreed that all nine criteria relating to this standard are met or likely to be met. However, the team recommended (recommendation 2) that the School should consider allowing all applicants the opportunity to undertake the selection interview either face-to-face or online to ensure equitable access. Furthermore, the School should reflect on the consistency of selection tasks between face-to-face and online interviews. This is in relation to criteria 1.1 and 1.7 and is to ensure that processes are consistent and equitable for all applicants irrespective of application route.

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 University's strategy aims to embed Equality, Diversity and Inclusion (EDI) into all aspects of University life, use robust, reliable equalities data to target activities, attract, retain, develop and support a diverse staff and student population, and provide evidence of progress and clear measurable action in achieving equality. The chair of the School's EDI Committee sits on the College EDI Committee which has the remit of implementing the University's EDI agenda. The School's focus is on closing the attainment gap for Black, Asian and Minority Ethnic (BAME) students, with each programme developing its own racial inclusivity action plans in 2023-24; approval of the MPharm programme required demonstration of how the programme meets the criteria for an inclusive curriculum. Annual review of the MPharm will include review of relevant EDI data relating to admissions, progression and attainment, and requires the Programme Lead to comment specifically upon any differentials in outcomes, experience or other measures among different demographic groups including gender, ethnicity, disclosed disability and mature students.

Diversity amongst students in terms of specific circumstances and experiences will be considered by the Programme Team at the start of each academic year. The University provides specific support to students with a diverse range of circumstances and experience including carers, care leavers, asylum seekers and mature students. Weekly Course Team Review meetings will include a specific discussion about diversity, particularly as applied to the review of module/student feedback but also considering specific students and their progress. Particular focus will be given to reviewing feedback from students while on placement. The Placement Lead will brief all placement providers on the general characteristics of the cohort, as well as the specific requirements for those with identified needs.

Mandatory staff training on EDI includes training in unconscious bias and safeguarding. Senior Clinical Tutors and Clinical Tutors will be expected to have satisfactorily completed their organisation's diversity training. For students, equality and human rights legislation is covered in the 'Professionalism, Ethics and Law' programme theme. Teaching and learning includes a focus on minority patient groups such as those of different religious beliefs and those from the LGBT community. The first year covers fundamental elements of the law relevant to data protection and confidentiality, safeguarding responsibilities, and equitable practice; these aspects will be addressed before students undertake their first placement, and placement induction will include any mandatory training on equality and human rights legislation required by placement providers. The first year will also cover the Medicines Act, Human Medicines Regulations, and the GPhC professional standards;

their implications will be explored throughout the curriculum in the context of developing and assessing empathetic, culturally sensitive and non-judgmental practice.

Noting from the documentation that the University is aiming to close the attainment gap for BAME students, the team requested an update on the development of the 2023-24 inclusivity plans. The staff described how the School is attempting to reduce the 20% attainment gap and to ensure that it will not occur in the MPharm programme. Work is in progress to understand the underlying causes of the gap through away days to discuss EDI and to develop plans to address the gap, for example, by determining the need for, and providing, additional support, providing regular talks from role models, ensuring inclusivity in delivery, including decolonising the curriculum, and providing staff training. The School's approach aligns with that of the University, which is looking at data such as those derived from the National Student Survey to address satisfaction and awarding gaps. The University requires each school to produce a race action plan; 'MedRACE' is a strong staff-student group within the Medical School addressing racial harassment. The importance of having role models in senior positions is being addressed by supporting members of minority ethnic communities to apply for promotions. There is a focus on equality, diversity and inclusion in NHSE, and training in placements is being considered. The staff told the team that some areas are improving with reductions in gaps for attainment and satisfaction.

In response to the team's request to learn how the School will determine if senior clinical tutors and clinical tutors have completed their organisation's diversity training, the staff explained that this will form part of the agreement/contract with placement providers and will be checked with line managers. The School will ensure that the training of all staff members is up to date.

The team agreed that all six criteria relating to equality, diversity and fairness are met or likely to be met but noted that future steps of the accreditation will include scrutiny of the process for reviewing MPharm student progress data broken down by protected characteristics.

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 ☐

The University's Business Case detailed the overall income and expenditure profiles for the proposed MPharm programme and presented two models for student admission based on either low or high student recruitment. The low recruitment model, leading to a steady state student population of 323 by 203031, is based on 32 students per intake for four years, then growing to 64 and 96 students for the fifth and sixth intakes, respectively. The high recruitment model is based on 32 students for the first intake, growing to 96 by the third intake and with a steady state of 323 students by 2027/28. The budget includes student recruitment, student costs such as DBS checks, the cost of visiting clinical lecturers, course governance such as external meetings including placement providers, and course delivery such as software licences and equipment. The staff recruitment profile is linked to the student numbers to maintain a staff-student ratio of 1:15.5 until student numbers reach the steady state of 323. All posts in the first three years will be teaching focussed, with professorial research

posts being advertised during the third year. The University intends to recruit pharmacists into all Grade 8 and 9 academic teaching posts, and that all clinical academics will be independent prescribers.

The Programme Lead and two associate professors are in post and a full-time clinical lecturer and administrator will be recruited before July 2024. Delivery of the MPharm programme is the responsibility of the Programme Lead reporting to the Head of School, who is a pharmacist and who will be an integral part of the Programme Team (0.3 FTE).

The MPharm will be delivered predominantly in the University's clinical teaching facilities at the Robert Kilpatrick Clinical Sciences Building (RKCSB) which is on the site of the Leicester Royal Infirmary. These facilities, which include simulated hospital wards and consulting rooms for clinical simulation learning and assessments, are used to teach students from both the School of Healthcare and the Medical School, supporting the delivery of inter-professional learning and promoting social contact between students on the various healthcare programmes. One floor of the RKCSB is being refurbished to accommodate the majority of the MPharm teaching. This also includes development of a simulated dispensary and an adjacent computer laboratory. Laboratory space for chemistry and pharmaceutics teaching and for research projects, is available in the Maurice Shock Building. Larger on-campus lecture theatres will be used for 'Grand Round' lectures, which all MPharm students will attend simultaneously in-person or online.

Noting that the financial figures presented did not clearly map expenditure against income and did not appear to consider some costs, such as those associated with recruitment and marketing and with the large number of visiting clinical lecturers involved in delivery of the programme, the team asked how the School is assured that the level of resource will be sufficient to deliver the MPharm degree and how additional resource would be secured if required. The staff described how there is a formal process for business case approval and an annual planning round involving discussions at School and College level. Pharmacy has been part of the healthcare programme strategy for some time and the College is confident that there is a robust business case with the provision of upfront investment. The Head of the College of Life Sciences stated that the new MPharm programme had a high priority for funding. Any gaps in resources would be addressed through new investment and/or prioritisation and reallocation of resources. In response to the team's wish to learn about the School's contingency plan in the event of student recruitment to the higher number but failure to recruit sufficient staff, it was confirmed that student numbers would not be increased before the staff were recruited. The number and quality of applicants and the number accepted would be reviewed after each intake, and the student target for the next year agreed; the School would not recruit too many students if the appropriate number of staff could not be appointed. Staff will be appointed according to student numbers and any staffing gaps could be addressed through the use of visiting lecturers. The School intends to appoint lecturers initially rather than associate professors and the appointment of professors is not a high priority during the programme set-up phase. There will be joint appointments with the trusts and the intention is to have practising pharmacists in front of students as much as possible. In this context, the University wishes to make appointments attractive to healthcare professionals and recognises professionals in promotion routes. NHSE is optimistic about recruitment.

Noting that the curriculum delivery plan is based on small group teaching, and that the current staffing complement is 2.8 full-time equivalents, the team asked how and when this staff number will grow before July 2024 in light of the plan to recruit students for the 2024-25 academic year. The staff explained that new staff members will join the University before teaching commences in the autumn

of 2024 and that the staff recruitment will increase each year; the second year will be especially important with staff appointments being made in advance of student entry if the School is confident after the first year. Sessional clinical teachers will be recruited using a formal process and with formal contracts as soon as possible in advance of the first academic year to cover the required specialisms.

When asked about funding for the planned large number of placements, the staff reassured the team that there will be sufficient resource through the NHSE tariff; the School will look at funding for student travel but will try to keep students local for their placements.

In response to the team's wish to learn about the impact of local competitor schools of pharmacy, the staff stated that they will only take a small number of students who otherwise would have joined De Montfort University (DMU) and were intending to recruit student with high entry tariff / qualifications. Evidence to support this was drawn from parallels with the University of Leicester's new radiography course, which attracted very high numbers of applicants despite established competition from DMU.

The team saw a number of facilities that will be used by the MPharm students. These included teaching laboratories to be used for science modules in years 2 and 3 as well as year 4 research projects, clinical teaching spaces on the Leicester Royal Infirmary site shared with the Medical School and other healthcare programmes, and a space that will be refurbished to create a dispensary with an adjacent computer room and spaces that can be curtained off for use as consultation rooms. In querying the cost of this refurbishment, which appeared low, the team was told that the estimated cost was £50-70k but would probably be nearer £50k, depending on the extent to which electrical and other services need to be relocated. The staff assured the team that the refurbishment would be complete before the admission of the first students.

The team agreed that criteria 3.1 and 3.3 relating to resources and capacity are likely to be met. However, the team noted that the staff currently available to the programme is small, and the specific nature of the proposed operating model significantly impacts the workload associated with the development and delivery of the programme. Therefore, the team agreed that criterion 3.2 is not met and imposed a condition that the University must submit a staff recruitment plan, which includes an updated staffing list, and a recruitment timetable. This plan must include job descriptions for senior clinical tutors, clinical tutors and visiting external lecturers; these job descriptions must outline essential criteria, roles and responsibilities (see also standards 6 and 7).

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 key programme leadership roles of Admissions Tutor, Senior Tutor, Year Lead, Placement Lead, Assessment Lead and EDI Lead will be held at Professor or Associate Professor Level, with Module Lead and Personal Tutor roles distributed across the academic staff team. In the first four years, Course Team Review meetings will take place weekly to monitor delivery and student feedback, identify and address issues and ensure that strategic developments are maintained. Additionally, the Programme Lead will meet regularly with Year Leads to monitor delivery of teaching, learning and assessment and identify any students who are needing additional support or have professionalism issues; the Programme Lead will also meet with the Assessment Lead, the Placement Lead, the Senior Tutor, and the College staff responsible for delivering the inter-professional learning programme. The Annual Programme Review process will be led by the Programme Lead. In the first four years, each module (including placements) will be reviewed during delivery as well as at the end. External examiner reports will be used as a key source of evidence for the module reviews. Student feedback will be sought through sessional feedback, end of module surveys, middle and end of placement surveys, monthly meetings of the MPharm staff-student committee, and cohort meetings with Year Leads. NSS data will be used to inform MPharm delivery following graduation of the first cohort in 2028.

Placements are monitored centrally within the School of Healthcare and arrangements are overseen by the Placements Committee; the MPharm Placement Lead will be a member of this Committee. Placements are governed by a standard NHS contract, or for private providers by a Memorandum of Understanding. It is assumed that the NHS contract will be used for all pharmacy placement providers. Placement Handbooks will set out the responsibilities of the clinical tutors and students regarding activities and behaviours during placements.

Inter-professional learning is planned and delivered by the College of Life Sciences, overseen by the 'Working Together Group', which is a collaboration between the Medical School and School of Health; the MPharm Programme Lead is a member of this Group.

The views of a range of stakeholders, including employers, patients and carers, and placement providers are involved in the design and development of the MPharm programme. Their views are obtained via appropriate groups, namely the 'Senior Employers Group', which includes leaders from national community pharmacy chains and chief pharmacists from various hospital trusts, the 'College Patient and Carer Group', and the 'Curriculum Development Group', which includes education leads from placement providers. These groups meet regularly to provide advice and feedback on the curriculum and to support the MPharm team in the development of 13-week placements. The Senior Employers Group will continue to meet six-monthly to ensure the MPharm programme remains current. Maintenance of currency of the MPharm will also be achieved through input of pharmacist academic staff members, and all Module Leads will be responsible for ensuring that teaching and learning material reflects current policy and practice guidelines.

Noting that most of the academic administrative roles are currently undertaken by the Programme Lead and the Clinical Teaching Lead, who are also involved in designing the programme, the team asked about the plans to spread the roles and responsibilities as the staffing numbers increase. Acknowledging that current staff members are each undertaking several roles the staff stated that these roles will be shared as further staff members are recruited, with high-risk roles allocated to associate professors and roles being reviewed during annual appraisal and workload management. All teaching material, along with staff notes, is being developed in house and will be ready for use by incoming staff who will not need to develop their own material in the first instance.

In response to the team's wish for an update on agreements that are currently in place for both experiential learning and inter-professional learning, the staff explained that no agreements have yet been signed with placement providers. Pharmacy placements will use the same NHS contract as that used for physiotherapy; contracts will be with the trusts and with the head offices of community pharmacy groups. The School has written to close partners to determine how many places can be offered and conversations will take place once the University has progressed to Step 3 of the accreditation process. There is a regional liaison committee to look at placements for pharmacy and the staff believes that there is sufficient capacity across community and hospital; year 3 will focus more on primary care. There is a College of Life Sciences interprofessional learning programme and pharmacy will fit in with interprofessional education across medicine. Achieving the appropriate balance of students across the professions is problematic because of the large number of medical and nursing students relative to pharmacy and this will be addressed by bringing in pharmacy students from De Montfort University (a practice that is already established).

When asked about the extent of stakeholder buy-in and how the views of stakeholders have influenced the design of the MPharm programme, the staff emphasised the importance of the relationship with NHSE and how there will be an annual review of the programme with stakeholders. Stakeholders have had a large input in the decision to use long placements and 45-credit modules. The School is working with the Patient and Carer Group in relation to student engagement and feedback, the expectations of student behaviour, and the focus on skill development rather than numerous set tasks; work is underway with stakeholders to identify the appropriate skills. In response to the team's wish to know if there had been any student input, especially in the context of the long placements, the staff acknowledged that they must take caring responsibilities into account and will learn from nursing and other professions; when students select Leicester, they will make an informed decision knowing the requirement to undertake long placements.

In response to the team's wish to learn how the course will be reviewed during delivery and how the Annual Programme Review (APR) will ensure that there is continuous improvement of the programme, the staff described how the APR process brings everything together and how the programme staff will be required to submit to the College a plan that must be delivered. Feedback from students is essential and is obtained in a number of ways including the use of questionnaires at the end of each clinical system block. The pharmacy student-staff committee (SSC), which meets four times a year and reports to the School of Healthcare SSC, should address any issues arising during the year. The School operates on a 'you said – we did' basis and students are made aware of all changes. In addition to formal, end of module reviews, interim module reviews include informal discussions with students.

Noting that the key administrative roles will be redistributed as the number of staff members increases, the team agreed that all six criteria relating to managing, developing and evaluating the MPharm degree programme are met or likely to be met.

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 MPharm curriculum has been designed to meet the 55 GPhC learning outcomes. The structure of each year comprises a number of mostly 30 and 45 credit modules, with a 13-week placement in each of years 1-3; the teaching is split across three teaching periods to accommodate the longer placements. The recurring curriculum themes are shared among four domains, these being 'People Science' (anatomy, physiology and pathophysiology; infectious disease and immunology; pharmacology; genetics and biochemistry), 'Medicines Science' (pharmaceutics: pharmaceutical chemistry and calculations), 'Population Science' (epidemiology and public health; health economics; psychology and sociology; quality of care), and 'Clinical Practice' (clinical and communications skills: professionalism, ethics and law; therapeutics and prescribing; interprofessional learning and practice). The themes are interwoven into the modules across all four years. A body system approach is employed in the four 'Clinical and Professional' modules in years 1 and 2, with team-based learning as the principal teaching method. In years 3 and 4, the 'Clinical and Professional' and 'Preparation for Prescribing' modules use case-based (year 3) and problem-based (year 4) learning. Here, the clinical cases become increasingly complex, for example, dealing with co-morbidities and elderly and paediatric patients, and students are introduced to advanced therapeutics. In each of years 2 and 3, students will select a science module to study in detail as preparation for selecting their final year research projects and allowing them to explore an aspect of science in more detail. All four years will include pharmacy calculation classes, critical appraisal of scientific and professional literature and 'Grand Round' lectures in which students will hear presentations from across the profession, including from academia and industry.

Simulated clinical teaching, learning and assessment will run through the curriculum using patients/simulated patients to assess patient-centred consultation skills and shared decision making. The three 13-week clinical placements in years 1-3 will embed learning with real patients and work-based assessment of skills and authentic feedback by practising pharmacists. These placements will take place in a range of NHS settings and will allow students to consolidate their learning in the workplace under direct, indirect and/or delegated supervision. An elective in year 4 provides students

with a holistic opportunity to apply their MPharm learning to pharmacy practice in a different setting or health system.

Students will join the College inter-professional learning programme from year 1 and will also share clinical teaching facilities with medical, nursing, midwifery, physiotherapy, operating department practitioners and diagnostic radiography students. A shared common room will promote social as well as academic interaction. The University is exploring other opportunities for joint learning with medical students, for example in relation to professionalism and ethics. Final year 'Simulated Clinical Assessments' will focus on clinical reasoning and communication within the wider multidisciplinary team.

Noting that students will choose a 'science' module in each of years 2 and 3, the team wished to learn about the School's oversight of these biological and chemical sciences modules, whether feedback from them will contribute to the overall review of the programme, and how the School will ensure that students opting for several very different modules will meet the core learning outcomes of the MPharm. The staff explained that the MPharm team will maintain oversight of student progress whilst they are attending the science modules and will be involved in the co-design of the pharmaceutics module in the School of Chemistry. There will be an even distribution of students among the modules, which will each have a defined number of places, with student choice being influenced by their academic performance, as well as their preferences. The staff stated that these options will not create any gaps in meeting MPharm learning outcomes; all core knowledge needed to meet the GPhC outcomes will be delivered and assessed in the clinical and professional modules. This will lead to some repetition of core material across the various modules. Feedback from students relating to the science modules will contribute to the annual programme review. Responding to the team's request for further information about the ability of final year students to take their elective overseas, the staff explained that the intention was for students to identify their own health or science-related opportunities, although the School will also assist through a bank of possible projects and some funding will be available.

The team sought clarification of how senior clinical tutors and clinical tutors will work alongside the School staff to deliver the MPharm. The staff explained that clinical tutors will be supervised by senior clinical tutors, with one senior clinical tutor in each trust or major organisation. As the programme matures and the academic teaching team is in post, it is envisaged that the clinical teaching staff will be in practice one session per week; that this will allow staff swaps but in the short term the senior clinical tutor roles will be seconded for one day per week to support development and oversight of the placements. There will also be about ten visiting lecturers, all of whom will be pharmacists and who will contribute across a range of specialities; the staff told the team that although their appointment is a priority, arrangements for these posts have yet to be finalised but the School was confident that they will be able to recruit them. Querying the low remuneration for these visiting lecturers, the team was told that honorary appointments could be offered, and some may also be senior clinical tutors. The team raised the possibility of appointing senior clinical tutors and clinical tutors through service level agreements rather than through joint appointments.

Noting the extensive use of small group teaching in team-based, case-based and problem-based learning, the team was concerned that this would necessitate numerous repetitions of the sessions. However, the staff clarified that the whole cohort would be in a single room at the same time, with

students divided among several groups of eight. Problem-based learning, which will be a major tool in the final year, will be more self-managed by the students. Acknowledging the difficulties associated with team-based learning, the staff described how peer evaluation of fellow team members will make the students feel accountable for delivery of the learning sessions.

Noting the thirteen-week placements in years 1, 2 and 3, the team sought clarification of the amount of time to be spent on placements in the final year and whether students would have experience of primary care across the programme. The staff described how final year students would spend a total of 12 days, one day every two weeks, with placement providers plus time undertaking simulated clinical activities including remote consultations; final year elective placements could be undertaken with the students' foundation training providers, but this is not mandatory. While on placements, final year students may be involved in the learning of students undertaking placements in years 1-3. They will develop a formative portfolio in which they will map their competencies to the learning outcomes in preparation for their foundation year training. The School wishes the students to undertake placements in hospital, community and primary care; while year 1 placements will focus on hospital and community, placements from year 2 onwards could include GP practices. There is a capacity issue for GP practices but there was a belief that the use of long placements may be helpful in securing placements in this sector. Discussions have commenced with local ICB medical training hubs which span a number of GP practices, and some community pharmacy partners are considering joint community/GP practice placements, while acknowledging that these will need appropriate time management across the week. The staff acknowledged the problem of the 13-week placements in relation to students being required to keep their accommodation in Leicester while going elsewhere for the placement. The problem arises in later years, students having University accommodation in their first year.

In response to the team's wish to learn how the School will ensure that students experience a broad range of patients including those with specific needs such as neurodiverse individuals, the staff explained that addressing special groups of patients will be threaded throughout the curriculum. For example, those with swallowing difficulties being identified on placements, as well as service users will specific conditions coming into the University for workshops. The curriculum is built around developing consultation and clinical examination skills using actors and patient/carers plus experiential learning in the placements. Use of simulation in the University will be focussed on preparing students for placement, providing access to more complex techniques and situations not easily arranged in all practice settings. The programme will include online telehealth workshops based on cases, scenarios and tasks dealing with remote consultations; these will be integrated across the various themes.

When asked about how the School will deal with students demonstrating poor conduct during placements and how this might impact on their progression, the staff described how students will be informed about the importance of good behaviour in the context of learning to be a professional during the induction week, as well as how to identify poor behaviour. Procedures are in place for the placement team to deal with this, and there are processes for suspending students during investigation. Poor conduct could result in a student being removed from the programme and all of this is also spelled out in placement and year handbooks, as well as being posted on the Blackboard virtual learning environment.

The staff outlined plans for inter-professional learning which will be through the College of Life

Sciences Interprofessional Learning Programme. Three-hour sessions across the programme involving pharmacy students working with those from, for example, medicine, will cover areas such as patient-centred collaborative practice, teamworking and interprofessional practice, clinical and interprofessional management of stroke and medicines optimisation. Students will also have the opportunity to learn alongside a wide range of non-pharmacy healthcare professionals, particularly in general practice and hospital placements.

The team agreed that all thirteen criteria relating to the design and delivery of the curriculum are met or likely to be met.

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

	Met	Likely to be met	Not met
Criterion 6.1 is:	☐	✓	☐
Criterion 6.2 is:	☐	✓	☐
Criterion 6.3 is:	☐	✓	☐
Criterion 6.4 is:	☐	✓	☐
Criterion 6.5 is:	☐	✓	☐
Criterion 6.6 is:	☐	✓	☐
Criterion 6.7 is:	✓	☐	☐
Criterion 6.8 is:	☐	✓	☐
Criterion 6.9 is:	☐	✓	☐
Criterion 6.10 is:	☐	✓	☐
Criterion 6.11 is:	☐	☐	✓
Criterion 6.12 is:	✓	☐	☐
Criterion 6.13 is:	✓	☐	☐
Criterion 6.14 is:	☐	✓	☐

The documentation described how the diagnostic, formative and summative assessments across the MPharm programme are designed to determine that students meet the 55 GPhC learning outcomes at the appropriate level and can practise safely and effectively; these assessments will be mapped to the GPhC outcomes. Single best answer (SBA) and extended matching questions (EMQ) will identify meeting outcomes at the 'knows'/'knows how' level, while simulated clinical assessments (SCAs) and work-based assessments will address the 'shows how' and 'does' levels. SCAs will cover topics such as patient history taking, clinical examination skills, shared decision making and clinical reasoning. Work-based assessments, addressing clinical skills and supporting reflection will comprise, for example, mini-clinical evaluation exercises (mini-CEX) and case-based discussions; these will be undertaken on placements and will be recorded in the students' portfolios, along with their continuing professional education records, learning needs analyses, calculations, feedback from tutors and patients, and reflective essays each TBL cycle will include an MCQ assessment and an application assessment

enabling students to practise these assessments and receive feedback before the end-of-module summative assessments. All summative assessments will be "synoptic" ensuring that students are assessed on material several times in different and increasingly complex clinical contexts. Coursework assessments will comprise, for example, short reports, posters, presentations, and reflective essays. There will also be an end-of-year calculations paper, and final year assessments will include an elective report and a research portfolio. SCAs will be marked using a rubric to assess aspects of consultations. The criteria required to pass each assessment will be clearly outlined to students. All summative assessments, except placement portfolios, will be standard set by the MPharm Assessment Group.

Patient safety is addressed in all assessments. The SCAs are designed to identify unsafe practice. The portfolios will include practice logs demonstrating that practice is safe during placements and that any errors are reported and reflected on. Clinical tutors will be briefed on when and how to raise concerns about a student's conduct, behaviour or any unsafe practice, and placement study days will allow University staff to identify and deal with any unsafe practice in placements.

Clear, relevant and constructive feedback will be given to allow students to reflect and improve their performance. Students will receive formative feedback on all coursework prior to summative assessment. Feedback in an appropriate format will be provided either in face-to-face or online sessions or will be posted on the Blackboard virtual learning environment. Students will have the opportunity to discuss their results with their module/assessment lead and personal tutor in a 1:1 meeting.

Marking of assessments will be subject to internal moderation, and external examiners will assure the maintenance of academic standards and that assessments measure student achievement against intended outcomes, as well as identifying areas of good practice.

Responding to the team's wish to learn how the School will ensure that assessments are robust, valid and reliable, the staff described their expertise in writing questions, how questions will be peer reviewed and how standard setting will be used to ensure validity and reliability. Although University regulations do not allow variable pass marks, standard setting will be used for all assessments, with a modified Angoff approach for simulated clinical assessments, and multiple-choice/extended matching questions and calculations examinations comprising an appropriate number of questions selected on the basis of material that candidates 'must', 'should' or 'could' know, these being determined by expert judgement and consensus. Questions will be scrutinised by an internal verification panel as well as by the external examiners and marking criteria will be used; there will be a post-assessment review. The students' placement portfolios will be based on suitable skills for each year of study set through ongoing engagement with placement providers, where the senior clinical tutors will review the draft portfolios for feedback. Skills will be assessed using mini-clinical evaluation exercises (mini-CEX), which will require the training and development of clinical tutors. Responding to the team's wish to know how they will ensure that all placement assessors have the appropriate skills and experience to undertake assessment tasks, the staff stated that only registered professionals will be allowed to sign students off against an activity and clinical tutors will have overall responsibility for sign off, which will be undertaken against specific criteria.

In response to the team's wish to learn how they define patient safety in assessments, the staff stated that patient safety will be emphasised throughout and is assessed through the use of red flags which will be defined during standard setting based on the professional experience of the course team. If students miss a red flag, they will fail the assessment. Throughout multiple-choice and extended-

matching questions, safety aspects will be 'must know'. Learning will address errors caused by systems and reflective essays will cover errors made during placements with an emphasis on how to avoid repetition of the mistake.

Noting that the placement modules in each of the first three years are worth 30 credits but are assessed only by reflective essays, the team asked how the School will ensure that there is an equitable assessment volume across the programme. Students will be required to complete a range of work-based assessments, in year 1 and more in years 2 and 3; these must be completed in order to pass the placement and to accumulate sufficient material for the reflective essay.

The team agreed that while criteria 6.1-6.10 and 6.12-6.14 relating to assessment are met or likely to be met, criterion 6.11, which requires examiners and assessors to have the appropriate skills, experience and training to carry out the task of assessment, is not met. This is because the current programme team is small, and the specific nature of the proposed operating model significantly impacts the workload associated with the development and delivery of the programme, including assessments. Thus, the condition imposed by the team requires the University to submit a staff recruitment plan, which includes an updated staffing list, and a recruitment timetable. This plan must include job descriptions for senior clinical tutors, clinical tutors and visiting external lecturers which outlines essential criteria, roles and responsibilities; this condition also relates to standards 3 (criterion 3.2) and 7 (criterion 7.7).

The team also looks forward to seeing more information on how patient safety will be defined and addressed in teaching, learning and assessment.

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 first year students will complete a one-week induction programme that will include an introduction from the Head of School, the importance of professional behaviours and an introduction to study skills. Students will also meet their designated personal tutors and be

introduced to the University's support services, such as the Counselling and Wellbeing and Welfare teams. Students will be extensively supervised within the University and while on placements. Personal tutors will support students' academic and clinical performance and provide pastoral care both on campus and on placement. Module and Year Leads will also support academic and clinical performance.

Clinical Tutors will supervise students during their 13-week placements in years 1-3, the organisation and delivery of which will be led by Senior Clinical Tutors in each organisation. Clinical Tutors will liaise with personal tutors at the University where there are concerns about student behaviour or welfare; there are also processes for students to raise concerns. During placements, students will have one day of University contact time, where academic staff can monitor student placement learning and experience, including supervision, and provide pastoral support/troubleshooting where required. Personal tutors will also support this programme, which will also include peer-only sessions to allow students to maintain contact with each other.

All new members of staff will undergo University and School induction training and will have access to continuing professional development (CPD). Those without prior formal education and training within Higher Education Institutes will be given access to the University's Postgraduate Certificate in Academic and Professional Practice. Mandatory training programmes for all academic staff include 'Challenging Unconscious Bias', 'Data Protection and Information Security', 'Equality, Diversity and Inclusion', 'Safeguarding Awareness' and 'Health and Safety'. Staff members are encouraged to undertake CPD relating to teaching, learning and assessment and are supported to complete higher degrees and Higher Education Academy Fellowships. All honorary and visiting teaching staff, as well as all Clinical Tutors, will complete as a minimum, the online NHSE 'Train the Trainer' learning programme.

All academic and professional services staff will have a designated line manager who will be responsible for their development and wellbeing and for conducting their annual appraisal and personal development plan (PDP) discussions. Line managers will manage workload allocation and review overall growth and development of staff. The Programme Lead will review workload annually to ensure that work is distributed fairly across team members. One day each week is nominally set aside for all staff to undertake continuous professional development. New and junior staff members will be allocated mentors to guide them through their academic journey.

Noting that the School will admit some students with contextual offers, the team asked how these students will be monitored and supported throughout the programme, including being provided with pharmacy-specific support such as in numeracy and biology, in addition to the generic support through the University's HeadStart programme. The staff confirmed that contextual offers will be used, which will be an A-level score of BBB, one grade lower than the standard offer of ABB. These students will be identified at admission and coded for the provision of additional support, which will include workshops on academic writing, resilience and numeracy.

In response to the team's wish to learn about the procedures available to students to raise concerns about their placements, the staff explained that students will give feedback as part of their placement portfolios, and this will contribute to placement audit; formal feedback will also be provided to NHSE. Time will be available during study days for students to discuss any issues with their personal tutors; this will allow early identification of any problems. If the placement provider has a problem with the student, the clinical tutors will liaise with the placement lead who in turn will raise matters with the School; there are established mechanisms and routes for raising concerns. Where issues arise in the

early stages of the placement, the School will agree a way forward with the student and the placement provider. Relocation may be difficult, and a new placement may need to be undertaken across the summer, although this presents a problem for year 1 students where their term 3 placements already extend well into the summer months. If the midpoint review shows that a first-year student is struggling, this may indicate the student to be unsuitable for pharmacy.

Noting that the senior clinical tutors, clinical tutors and visiting lecturers are not initially employed by the University, the team asked how the School can be assured that these key people are given time to develop in their professional role. The staff explained that they will all be in post by July 2024, which will provide sufficient time before the first cohort of students is admitted.

While the team agreed that criteria 7.1-7.6 and criterion 7.8 relating to the support and development for student pharmacists and everyone involved in the delivery of the MPharm degree are met or likely to be met, criterion 7.7, which requires everyone involved in the delivery of the MPharm degree to have effective supervision, an appropriate and realistic workload, mentoring, time to learn, continuing professional development opportunities, and peer support is not met. This is because the accreditation team noted that the current programme team is small, and the specific nature of the proposed operating model significantly impacts the workload associated with the development and delivery of the programme. The team therefore imposed a condition that the University must submit a staff recruitment plan, which includes an updated staffing list, and a recruitment timetable. This plan must include job descriptions for senior clinical tutors, clinical tutors and visiting external lecturers which outlines essential criteria, roles and responsibilities (see also standards 3 and 6).

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 step 7. 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 step 7 without remedial measures (condition/s).