General Pharmaceutical Council

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

Contents

Event summary and conclusions

Provider	University of Lincoln
Courses	Master of Pharmacy (MPharm) degree
	Master of Pharmacy (MPharm) degree with preparatory year
Event type	Reaccreditation part 1
Event date	23-24 March 2022
Approval period	2021/22 – 2029/30
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval with conditions
	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by the University of Lincoln is reaccredited, and the MPharm degree with preparatory year is accredited, subject to a satisfactory part 2 event and meeting two conditions.
	Reaccreditation is recommended for a period of 6 years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserve to amend this accreditation period if necessary, following the part 2 event.
	The part 2 reaccreditation event will take place in the 2023/24 academic year; it is likely to take place be on-site.
	The MPharm degree and MPharm degree with preparatory year accredited to the 2011 IETP standards that are being taught out, will continue to be accredited until 2023/24.
Conditions	1. Revise the selection process for entry to 2023/24 to provide equity of experience in the interview process. This is because the use of a combination of group or individual interviews does not present an equal and fair process for all applicants. This is to meet criterion 1.1.
	2. Revise the experiential learning strategy and placement agreements to ensure that the teaching, learning and assessment of all students undertaken with placement providers enables them to develop the skills and level of competency to achieve the learning outcomes. This is because the team has concerns that the design of placements does not currently enable all students to undertake activities and demonstrate learning outcomes, through work-based assessment, at the 'does' level. This relates to criteria 4.2, 5.6, 6.2, 6.3 and 6.8.

Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	No recommendations were made.
Registrar decision	Following the event, the provider submitted evidence to address the conditions and the accreditation team was satisfied that these conditions had been addressed satisfactorily. The accreditation team agreed that the criteria related to these conditions have moved from 'not met' to 'likely to be met' and will be reviewed further at the part 2 event. The Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme subject to a satisfactory part 2 event.
Key contact (provider)	Dr Josie Solomon, Head of School
Accreditation team	Professor Chris Langley (Team leader) Professor of Pharmacy Law & Practice, Head of Aston Pharmacy School and Deputy Dean of the College of Health and Life Sciences, Aston University Dr Marisa van der Merwe (team member - academic) Associate Head (Academic) and Reader in Clinical Pharmaceutics, University of Portsmouth Lyn Hanning (team member - academic) Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath Laura Doyle (team member - pharmacist) Head of Undergraduate and Foundation Pharmacist, Health Education and Improvement Wales Christine Walker (team member - pharmacist, newly qualified) Clinical Pharmacist for Paediatric Cystic Fibrosis, Royal Belfast Hospital for Sick Children Dr Cathy O'Sullivan (team member - lay) Workforce Development Consultant
GPhC representative	Philippa McSimpson, Quality Assurance Manager (Education) General Pharmaceutical Council
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde
Observers	James Desborough (new panel member in training – pharmacy academic) Hamde Nazar (new panel member in training – pharmacy academic) Lisa Smith, Professional Assessment Manager, GPhC

Introduction

Role of the GPhC

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

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

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

Background

MPharm degree

The MPharm at the University of Lincoln is delivered by the School of Pharmacy, which is one of six schools/units within the College of Science. Accreditation of new MPharm degree involves a seven-step process before full accreditation is granted. The Lincoln programme completed step 7 in June 2018, following previous step visits commencing in 2011. At step 7 the programme was accredited for the full period of six years, with no condition or recommendations.

MPharm degree with preparatory year

The GPhC began accrediting MPharm degrees with a preparatory year as a separate course to the MPharm degree in the 2020/21 academic year . Prior to this the accreditation of the MPharm degree component of the course was accepted to allow students entry to pre-registration training.

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

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

At the University of Lincoln, the MPharm with preparatory year is titled 'MPharm with Science Preparatory Year' and students with qualifications that do not meet the requirements for direct entry

into year 1 of the MPharm degree have always had the opportunity of entering via the University's Science Foundation Year. There is now a specific Foundation Year for the MPharm, and students may now be admitted to the MPharm with Science Preparatory Year (MPharm SPY), a 5-year course; after the Science Preparatory Year, the students join the first year of the MPharm degree provide they meet the progression requirements (please see Standard 1).

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team 'the team' and it was deemed to be satisfactory to provide a basis for discussion.

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 9 March 2021. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event and was told the learning outcomes that would be sampled.

The event

Due to the COVID-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference on 23 - 24 March 2022 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm course, and a meeting with past and present students.

Declarations of interest

There were no declarations of interest.

Schedule

Day 1: 23 March 2022		
	09:30 – 11:30	Private meeting of the accreditation team
1	11:30 – 12:15	Welcome and introductions Management and oversight of the MPharm degree - part 1 • Presentation from provider
	12:15 – 12:45	Private meeting of the accreditation team
	12:45 – 13:30	Lunch break

2	**13:30 – 15:00**	Management and oversight of the MPharm degree - part 2 • Questions and discussions
	15:00 – 15:30	Break and private meeting of the accreditation team
3	**15:30 – 17:00**	Teaching, learning, support and assessment - part 1 • Presentation from provider • Questions and discussion

Day 2: 24 March 2022		
	09:00 – 09:30	Private meeting of the accreditation team
4.	**09:30 – 10:30**	Meeting with students
	10:30 – 11:00	Break and private meeting of the accreditation team
5.	**11:00 – 12:00**	Teaching, learning, support and assessment - part 2 • Presentation • Questions and discussion
	12:00 – 12:15	Break
6.	**12:15 – 13:30**	Teaching, learning, support and assessment - part 3
	13:30 – 14:00	Lunch break
	14:00 – 17:15	Private meeting of the accreditation team
7.	**17:15 – 17:30**	Delivery of outcome to programme provider

Attendees

Course provider

The accreditation team met with the following representatives of the University of Lincoln:

Name	Designation at the time of accreditation event
Ahmed, Dr Syed Imran	Senior Lecturer in Pharmacy Practice
Blagden, Kerry	Director of Foundation Year Studies
Davidson, Ellie	Associate Professor in Foundation Studies
Gibson, Celene	Honorary Appointment Teacher Practitioner
Grassby, Professor Paul	Professor in Pharmacy Education
Herbert, Professor Terence	Professor of Pharmaceutical Sciences/Director of Research
Heslop, Dr Ian*	Deputy Head of School/Director of Pharmacy Education
Hudaib, Dr Taghread	Senior Lecturer in Pharmaceutical Sciences

Hunter, Dr Christy*	Associate Professor in Pharmaceutics
John, Tanya	Clinical Associate Lecturer
Lancaster, Dr Lorna	Senior Lecturer / Programme Leader
McDermott, Avril*	Senior Lecturer in Professionalism
Mitchell, Dr Liz*	Senior Lecturer in Transition and Support/Programme Leader
Mosley, Penny*	Senior Lecturer in Pharmacy Practice / Programme Leader
Ngomba, Dr Richard	Senior Lecturer in Pharmacology
Oyebanji, Eyitayo	Honorary Appointment Teacher Practitioner
Solomon, Dr Josie*	Head of School of Pharmacy
Stapleton, Liam	Clinical Associate Lecturer
Sykes, Dr Nick	Senior Lecturer in Senior Lecturer in Medicinal Chemistry
Wright, Dr Emma	Senior Lecturer in Pharmaceutics

* participated in the pre-event meeting

The accreditation team also meeting a group of MPharm students. This group comprised four students from year 1, two from year 2, one from year 3, four from year 4 and two graduates; of these students, four (two currently on course and the two graduates) had entered the MPharm via the Science Foundation Year.

Key findings - Part 1 Learning outcomes

During the reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree and MPharm degree with preparatory year. Some outcomes (6, 7, 12, 16, and 28) were discussed as part of the team's scrutiny of the standards. 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, 11, 17, 27, 30 and 31.**

The team agreed that all 55 learning outcomes were either met (or would be met at the point of delivery) or are likely to be met by the part 2 event.
See the **decision descriptors** for an explanation of the 'Met' 'Likely to be met' and 'not met' decisions available to the accreditation team.

Domain: Person-centred care and collaboration (learning outcomes 1 - 14)			
Learning outcome 1 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 2 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 3 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 4 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 5 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 6 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 7 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 8 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 9 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 10 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 11 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 12 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 13 is:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 14 is	Met ☐	Likely to be met ✓	Not met ☐

While there was insufficient evidence at the present time to demonstrate that the following outcomes (LO) are met, the team agreed that they are likely to be met by the part 2 event, during which they will be reviewed again.

LO 1 Demonstrate empathy, and keep the person at the centre of their approach to care at all times

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

LO 7 Obtain informed consent before providing care and pharmacy services

LO 9 Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care

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

LO 13 Recognise the psychological, physiological and physical impact of prescribing decisions on people

LO 14 Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care

Domain: Professional practice (learning outcomes 15 - 44)

	Met	Likely to be met	Not met
Learning outcome 15 is	✓	☐	☐
Learning outcome 16 is	☐	✓	☐
Learning outcome 17 is	☐	✓	☐
Learning outcome 18 is	☐	✓	☐
Learning outcome 19 is	✓	☐	☐
Learning outcome 20 is	✓	☐	☐
Learning outcome 21 is	✓	☐	☐
Learning outcome 22 is	✓	☐	☐
Learning outcome 23 is	✓	☐	☐
Learning outcome 24 is	✓	☐	☐
Learning outcome 25 is	✓	☐	☐
Learning outcome 26 is	☐	✓	☐
Learning outcome 27 is	☐	✓	☐
Learning outcome 28 is	☐	✓	☐
Learning outcome 29 is	☐	✓	☐
Learning outcome 30 is	☐	✓	☐
Learning outcome 31 is	☐	✓	☐
Learning outcome 32 is	✓	☐	☐
Learning outcome 33 is	✓	☐	☐
Learning outcome 34 is	☐	✓	☐
Learning outcome 35 is	☐	✓	☐
Learning outcome 36 is	☐	✓	☐
Learning outcome 37 is	☐	✓	☐
Learning outcome 38 is	☐	✓	☐
Learning outcome 39 is	✓	☐	☐
Learning outcome 40 is	✓	☐	☐
Learning outcome 41 is	✓	☐	☐
Learning outcome 42 is	✓	☐	☐
Learning outcome 43 is	✓	☐	☐
Learning outcome 44 is	✓	☐	☐

While there was insufficient evidence at the present time to demonstrate that the following outcomes (LO) are met, the team agreed that they are likely to be met by the part 2 event, during which they will be reviewed again.

LO 16 Apply professional judgement in all circumstances, taking legal and ethical reasoning into account

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

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

LO 26 Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and prescribing them

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

LO 28 Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person

LO 29 Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice

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

LO 31 Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services

LO 34 Apply the principles of effective monitoring and management to improve health outcomes

LO 35 Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance3

LO 36 Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing

LO 37 Prescribe effectively within the relevant systems and frameworks for medicines use

LO 38 Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people

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** ☐

While there was insufficient evidence at the present time to demonstrate that the following outcomes (LO) are met, the team agreed that they are likely to be met by the part 2 event, during which they will be reviewed again.

LO 45 Demonstrate effective leadership and management skills as part of the multi-disciplinary team

LO 46 Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities

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

LO 52 Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change

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** ☐

While there was insufficient evidence at the present time to demonstrate that the following learning outcome (LO) is met, the team agreed that it is likely to be met at the Part 2 event, during which it will be reviewed again.

LO 55 Take part in research activities, audit, service evaluation and quality improvement, and demonstrate how these are used to improve care and services

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 ☐

Applications are screened by the University Admissions Team and details of suitable applicants are sent for review to the Pharmacy Admissions Tutor. All suitably qualified applicants are interviewed by members of staff from the School of Pharmacy; this applies to both the MPharm and the MPharm with Preparatory Year Selection interviews usually take place online as a group interview. On occasion applicants are interviewed individually, and this is usually during clearing or towards the end of the selection period when there may be only one applicant waiting to be interviewed. In response to the team's request for further details about the group interviews, the staff explained that these are conducted by two staff members, who deal with a group of 12 students over a 90-minute period; the staff members are supported by four student helpers. The first stage of the interview consists of an ethical debate facilitated by a member of staff. All 12 applicants are then asked questions in turn and the staff members ensure that everybody has the same opportunity to answer questions; one staff member acts as facilitator, while the second staff member marks the applicants. After this, the students take a group of four applicants into breakout rooms and each applicant is asked four questions, using the same questions for each applicant. The students, who are employed by the University and trained for this purpose, assist in the assessment of the applicants. Applicants are assessed to determine if they have the appropriate attitudes such as empathy and respect for others, and for their communication skills. Individual interviews have the same format, use the same questions, and are conducted by the same staff members; the staff members evaluate applicants for the same attributes whichever interview format is use. Immediately after the interviews, the Pharmacy Admissions Tutor reviews the applications and decides whether to make each applicant an offer of a place subject to gaining the appropriate academic qualifications; the decision is made jointly by the staff and is supported by the opinion of the student helpers. All interviews are recorded and moderated for quality assurance, and all staff members and students who conduct the interviews are trained in equality, diversity, and unconscious bias. The team agreed the use of a combination of group or individual interviews does not present an equal and fair process for all applicants.

Accordingly, the team agreed that criterion 1.1. was not met and imposed a condition that the School must revise the selection process for entry to the 2023/24 session and onwards to provide equity of experience in the interview process (condition 1).

The academic entry requirements for the MPharm with Preparatory year are less stringent, because the preparatory year introduces students to fundamental scientific concepts before progressing into year 1 of the MPharm. Thus, applicants do not necessarily need a science background. Students entering the preparatory year include those who have previously pursued completely different careers and students whose personal circumstances, such as bereavement or illness, were detrimental to their A-level performances. Extensive support is provided for Preparatory Year students, who must pass all modules with a minimum mark of 60% to progress to the first year of the MPharm. Most progress to the MPharm and many perform very well on the course, sometimes exceeding those on the direct entry MPharm route.

As well as the interview, from the 2022/23 academic year onwards, applicants will also undertake two admissions tests; these comprise a written comprehension exercise based on one question from the interview to assess written communication skills and a pharmaceutical calculations assessment. Results obtained in these tests do not influence the admission decision but allow early support to be provided, such as workshops in the week before students start the course. The provider clarified that selectors do not have access to the results of these tests.

During the selection interview, applicants are informed that they must complete the required occupational health (OH) and Disclosure and Barring Service (DBS) checks, as well as make an annual self-declaration that they meet these standards. International students, who cannot undertake the DBS process, must provide a good conduct testimonial. This is undertaken by the University's International Admissions Office who contact police authorities in the relevant country. Although the situation has not yet arisen, the case of any student who could not obtain a good conduct testimonial from an appropriate authority in their own country would be discussed with the International Admissions Office. The OH assessment is an online process using a confidential questionnaire run by the United Lincolnshire Hospital NHS Trust (ULHT); the same process is used for nursing and other healthcare students across the University. Its purpose is to determine if students are safe to visit hospitals for their placements.

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 and the School are committed to providing an inclusive and positive environment,

supporting the diversity of students and staff, and creating an environment in which people can flourish based on their abilities and their diverse experiences. The School of Pharmacy was the first School to appoint a staff member, the Respect Tutor, specifically assigned to advise staff and students on equality-related issues. The Lincoln Equality of Attainment Project (LEAP) is a university-wide initiative examining attainment gaps based on ethnicity, gender, or socio-economic background. LEAP supplies annual data on the calculated attainment gaps for key student groups; these data are reviewed by the School management team. LEAP produces an annual action plan, which helps to identify the sharing of good practice.

The team noted relatively large attainment gaps for ethnicity (10%) and disability (14%) and asked for more details on these differences and the actions taken to address them. The staff explained that the School has a high percentage of BAME students many of who come from disadvantaged backgrounds and had experienced schooling problems. The School has provided additional support through block teaching and assistance with literacy. Many students live a long way from the campus, choosing to remain in Nottingham, Birmingham, or Leicester. This leads to long travel times, often for a single lecture. Block teaching enables on-campus activities to be concentrated into a two-day slot each week. The value of this was confirmed by the students who told the team that it works very well and enables them to effectively balance their work and childcare commitments. Literacy support is often required because of students disadvantaged by their experience of living in other countries and fleeing conflicts; they receive feedback on their performance to improve their marks. Students with disabilities are provided with a 'Personal Academic Study Support (PASS) plan, which is formulated by Student Wellbeing; this includes adjustments to the time allowed for assessments, the supply of special computer screens, the provision of interpreters and appropriate adjustments to placements. There is an EDI Forum for staff and students to discuss issues around ethnicity, disabilities and gender; the aim is to create an equitable environment for staff and students. The students commented on the diversity of student recruitment within the School, stating that it was good to see people like themselves doing well.

New staff members must familiarise themselves with the University's EDI policies; the mandatory online training package for new staff members includes a module on EDI. All other staff members must be familiar with the purpose and implementation of the Equality Act (2010) and must complete annual refresher training in this area; this is monitored by the Head of School who ensures that the training has been completed.

The MPharm programme gives students a thorough grounding in the concepts of EDI so that they fully understand their legal responsibilities and proactively seek to learn about and understand communities and cultures other than their own; workshops and placements provide examples of how EDI issues are addressed in practice. Student pharmacists are expected to demonstrate mutual respect and tolerance for others, irrespective of ethnicity, background, or beliefs. The MPharm programme introduces, teaches, and assesses these philosophies in all modules. The Lincoln Education Toolkit for Student Success (LETSS) provides resources and activities for staff to facilitate the application and promotion of EDI in their teaching and assessment activities. In response to the team's wish to learn where the MPharm programme covers the legislation relating to equality and diversity, the staff explained that this starts in the first week of the first year and runs throughout the whole four years. Students discuss the Standards for Pharmacy Professionals, with an emphasis on mutual respect, and not allowing personal beliefs to impact on patient care within the legal

framework; this is exemplified by reference to emergency hormonal contraception and the treatment of sexually transmitted diseases, with a focus on confidentiality and consent.

In response to the team's wish to know how the School ensures that placement providers are conversant with the requirements of the Equality Act, the staff explained that when placements are set up, there is a quality assurance document, similar to a memorandum of agreement, that incorporates EDI matters and which is shared with all providers. This is reviewed by stakeholders, NHS trusts and the local pharmaceutical committee, and is updated annually. Providers must agree with University's EDI principles. GP placements are arranged via the GP placement hub and have their own EDI training requirements.

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 comprises four academic colleges (Science, Social Science, Arts, and the Lincoln International Business School). The School of Pharmacy lies within the College of Science, along with the Schools of Chemistry, Computer Science, Engineering, Geography, Life Sciences, Mathematics and Physics and the Lincoln Medical School. Allocation of resources to individual Colleges is made by the University Senior Leadership Team, and then devolved to individual Schools by the Head of College. The Head of the School of Pharmacy, who is the School budget holder and a member of the College Management Team, meets regularly with the College's senior finance officer to review progress against the budgets. Responding to the team's wish to understand how the resource allocation is decided annually, the staff explained that the Head of School discusses the objectives and resource requirements with the Head of the College of Science, who, in turn, discusses the matter with the University. Funding is based on the numbers of students so that if these are greater than anticipated, more staff members are requested. Moreover, both the University and the College accept the need to cap student intake if the School reaches its capacity. Pharmacy is supported, along with other healthcare professional courses; the MPharm will be funded if the College and University agree that the needs are appropriate, even if it is making a loss. Staffing budgets are constantly reviewed to support the MPharm, taking into account developments in other programmes run by the School, including the BSc (Honours) degree in Pharmaceutical Sciences and two integrated Masters programmes in Applied Pharmaceutical Science and Pharmaceutical Science with Business, as well as the Postgraduate Certificate in Advanced Pharmacist Prescribing, currently under development. In response to the team's concern about the availability of funding to cover the costs of the additional placements described in the documentation, the staff stated that this would be negotiated with the College; placement costs are on a fee per student basis and if student numbers go up, the funding automatically increases.

As well as making a case for additional staff, the School can also employ Teacher Practitioners or Clinical Associates from the School's own funds; these are supported through the School's non-pay budget, which can be increased if required on request to the University, and which also pays for placements. The School pays a percentage of the salaries of Teacher Practitioners, who are employed by their organisations (NHS Trust or community pharmacy organisations) and who are appointed

through joint selection interviews with the University. Clinical Associates are appointed as clinical lecturers and provide 100 hours of teaching per year. Teacher Practitioners and Clinical Associates complement the 15 members of teaching staff, providing an appropriate skill mix needed to deliver all aspects of the MPharm degree; the School has strong partnerships with several local and external bodies, such as NHS Trusts, local community pharmacy organisations, and Local Primary Care organisations, who provide specialist input and teaching, including clinical placements. The MPharm SPY programme is staffed through the Science Foundation Team with input from the MPharm programme co-leads. The School is also supported by three full-time administrators.

The School shares teaching and research laboratory facilities with the Schools of Life Sciences and Chemistry in the Joseph Banks Laboratories (JBL) and the Janet Lane-Claypon (JLC) buildings and a variety of teaching rooms are available in other buildings across the campus. These facilities are appropriately equipped for teaching all scientific and clinical aspects of the pharmacy curriculum. The staff described how the current physical resources are adequate, considering the proposed increase in student numbers. The School is prioritising the purchase of clinical equipment and is taking over a large room to use for skills teaching, including clinical examination. This room will have all the usual equipment for physiological measurements, such as blood pressure and peak flow; it will also incorporate a simulated ward with computerised mannequins and will be used for tutorials, dispensing and for primary care activities. Although such facilities are currently available in medicine and nursing, the School wishes to create its own resource; this will provide independence from other schools and avoid the need to send students to other parts of the campus.

The students described the facilities, including the laboratories and clinical suite, as well as the library, as excellent. IT support is very good. There had been some initial timetabling problems during the Covid-19 pandemic, but these had resolved with time. Although it is School policy, some staff members were reluctant to record their lectures and there have been problems locating some recordings. Following the pandemic, the teaching was now a mix of online and face-to-face. Online learning worked satisfactorily but the students missed the interaction with the staff; this interaction was now being rebuilt.

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 ☐

Like all programmes within the University, the MPharm undergoes annual continuous monitoring. This process considers the number, profile and progression of students, a review of external examiner feedback, data from the National Student Survey (NSS), student satisfaction, teaching quality, student outcomes and the learning environment. Following this scrutiny, the School produces a continuous programme monitoring (CPM) action plan which is reviewed each month; the action plan is also peer

reviewed annually by Directors of Teaching and Learning from other Schools. Each module is reviewed annually by the module lead and the staff who deliver the module teaching; input to this review may also come from pharmacy practitioners, guest specialist lecturers and students. Proposed modifications are then further discussed between the module leads, the programme lead and the Director of Pharmacy Education. Small changes can be made rapidly, although more significant changes, such as those to assessments or learning outcomes require approval by the School Subject Committee with input from external examiners and referral to the College of Science Academic Affairs Committee (CoSAAC). More major changes to modules and programmes, such as structural changes, changes in module and programme names, are again reviewed at a School and College level through the Pharmacy Subject Board and then CoSAAC and are then referred to the University Academic Board for approval.

Noting the input of the NSS survey data to the continuous monitoring of the programme, the team requested information about any improvements that the School has made to the MPharm programmes. The staff described how the NSS had identified that sometimes students in early years had difficulty in linking different parts of the course due to the high level of integration. While these links become clear by year 3, the School has addressed the problem by coding and mapping all individual teaching sessions, enabling students to link the sessions to the modules and the threads that run across the years (See standard 5); this coding and mapping is also helpful to new members of staff. Other changes made in response to monitoring outcomes include the provision of learning resources in advance, the recording of teaching sessions, and making the mathematical material in the Preparatory Year more relevant to pharmacy, to ensure that students are better prepared for year 1.

In the design and delivery of the MPharm, the School considers the views of a range of stakeholders; these include students, external examiners, a Patient Advisory Panel, and the School Advisory Panel, the latter panel comprising members of the local pharmacy profession and representatives of key organisations such as ULHT, Health Education England (HEE) and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG), as well as community pharmacy chains. Responding to the team's wish to learn of the plans for the future development of the School of Pharmacy Advisory Panel and School of Pharmacy Patient Advisory Panel, the staff described how there will now be twice yearly meetings; the School will also seek specific feedback on some aspects and meet more frequently if needed. GP practices and other new providers also contribute to the School of Pharmacy Advisory Panel. The School has access to a cohort of patients from different backgrounds with different health conditions; these patients provide feedback on what they get from pharmacy and what they need. While there is a core group of patients, the cohort also includes patients with specific conditions such as psychoses or Parkinsonism; thus, the Patient Advisory Panel may have a different composition each time it meets. With reference to the patient cohort, the staff clarified the role of the patient partnership participation worker. This is a full-time staff member in the School of Health and Social Care who works with School of Pharmacy for one day each week. The role covers the coordination of the 100 different patients who can come into the School to assist in student learning; the School can choose patients with specific conditions, such as asthma or addiction problems, and both patients and students value these interactions. The patients are DBS checked and paid an hourly rate. Patients can be used in focus groups to provide service-user feedback into the course.

Student feedback is obtained via the Staff and Student Liaison Committee (SSLC) and through student representation on the Subject Committee, as well as through ongoing modification of modules. Responding to the team's wish to know how the School ensures a timely response to feedback, the staff described how, in addition to the SSLC, which meets frequently, students provide feedback through their year and module representatives, informal contact with the staff, a College Community Forum and an anonymous comments box; students are also invited to dinner with senior management and give informal feedback on these occasions. The Head of School and Programme Lead discuss recent feedback from during weekly meetings, following which they meet the administrative staff and implement any actions, such as reminding members of staff to post their lecture notes. The School communicates actions taken through the student representatives, who then disseminate the information. While acknowledging their opportunities to provide feedback, the students commented that some issues had been raised repeatedly and not resolved; these included timetabling problems and delays in receiving marks and feedback on their marked work. They suggested that the School should be much more transparent about when feedback would be available; better communication is needed and these matters have improved recently, with more information being posted on Blackboard and more updates on cancellation of activities.

The School has contracts and agreements with a number of placement sites such as Lincolnshire Co-op, United Lincolnshire Hospitals NHS Trust (ULHT) and sites for inter-professional learning such as GP practices. These agreements state the management responsibilities and lines of accountability of both organisations, including criteria for what each placement must provide. Responding to the team's request for further information about the management of the experiential learning and interprofessional learning elements of the programme, the staff described how placement management is undertaken by a staff member with administrative support; this covers a variety of tasks including organisation of timetables, the provision of a quality assurance document for placements, holding briefing meetings with placement hosts and addressing specific placement requirements, such as Covid passports, Covid testing, timetabling, health and safety aspects, as well as risk assessments, for example, for pregnant students. Other placement matters requiring attention are identification of who will undertake assessment of students on placements, collecting feedback from students about their placements, providing host feedback to the School on student performance, for example, on their punctuality and professionalism, and how patients feel about them. In all these aspects, the School works collaboratively with the community, hospital and GP placement providers through liaison with specific people; the Head of School meets regularly with key contacts in placement organisations, and there are weekly meetings within the School to discuss plans. Students are supported by the Teacher Practitioners during their placement activities.

In response to the team's wish to learn about the roles and responsibilities of Health Education England (HEE) in the delivery of experiential learning, the staff stated that the School's relationship with HEE is developing and that placements will eventually transfer to HEE. The three-day care home placement in year 4 is enabled through HEE funding and the School is developing ideas for implementation when further funding becomes available.

The staff described how the quality of placement sites is assured through student feedback obtained using an online questionnaire, with assistance of administrative staff in ensuring the completion of these questionnaires. The School acts on this feedback as well as on the feedback that placement hosts provide about the students and shares the feedback with all providers each year across the

summer, along with discussions on how to improve.

While most criteria of this standard are likely to be met, criterion 4.2 is not met. This is because the team has concerns that the design of placements does not currently enable all students to undertake activities and demonstrate learning outcomes, through work-based assessment, at the 'does' level. Thus, the team imposed a condition that the School must revise its experiential learning strategy and placement agreements to ensure that the teaching, learning and assessment of all students undertaken with placement providers enables them to develop the skills and level of competency to achieve the learning outcomes. Please also see standards 5 and 6.

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 curriculum is clinical and patient focused; the distinctions between the traditional disciplines of the pharmacy have been removed, and the course is focused on outputs, where students apply their knowledge to clinical problem solving. The course consists of 480 credits across four years and follows the 'human life cycle'. Thus, year 1 covers childhood illnesses, pregnancy and breastfeeding. Year 2 addresses conditions commonly associated with young adults, while Year 3 deals with middle age and Year 4 addresses older people with conditions such as cancer, Parkinsonism and dementia. Science and practice are integrated throughout, although the quantity of science reduces across the years, with very little in Year 4, the final year being orientated towards clinical practice and pre-prescribing skills. Each of years 1, 2, and 4 comprises two 60-credit, integrated modules; in year 3 there are two 45-credit modules and the research project (30 credits). Various learning threads run from years 1 to 4 to help students and staff to relate the teaching sessions to the progression of the course across the years. The main focus of all teaching and learning is patient care, referred to as 'Integrated Therapeutics and Decision-Making'. The 55 GPhC learning outcomes (described in Part 1 of this Report) have been mapped to the learning outcomes for each module and the learning threads. The

staff told the team how pedagogic research underpins learning and teaching practice within the course. The School follows guidelines issued by the Lincoln Academy of Learning and Teaching, and the College of Science has recently appointed a Director of Teaching who runs activities in which the School will participate. Within the School, staff members have presented pedagogic papers at conferences and some student research projects are based on pedagogic research.

Responding to the team's wish to know how the School is assured that structuring the curriculum around the human life cycle is effective in developing student skills, knowledge and understanding, the staff stated that students understand and appreciate this approach, which allows them to remember where particular topics were taught. Complexity is built year-on-year, with constant reference to material taught in earlier years, and with students remaining aware of conditions that are more prevalent in certain age groups; for example, although taught in year 1, there is a case on eczema in year 3, so that students must refer to earlier material. Feedback about graduates from professional panels and alumni is complimentary about the patient-centred approach. The students told the team that they liked the patient-centred spiral curriculum, in which they learn everything associated with each disease, including the science underlying the clinical picture, with all aspects being linked from the beginning; the threads running across the years are very helpful, enabling students to see where various aspects of science fit in. As the course progresses through the age groups, the material becomes more complex and includes comorbidities. The student felt that the disadvantage of the approach was that some conditions covered in earlier years are not addressed again. However, by year 4 they were confident and feel very well-prepared and ready to start their Foundation Year training. In this regard they have found the face-to-face placements, especially in different settings, to have been very helpful. This was reiterated by Lincoln graduates, who told the team that they had more skills than graduates from other schools of pharmacy and were more confident. The students described how they were well prepared for the Oriel process for applying for training places; they had undertaken focussed sessions with support for calculations and been provided with sound advice on choosing their training environment.

Teaching and learning include both in-class (lectures, practical laboratory classes, clinical skills workshops and tutorials) and off-site activities; the in-class activities include interactions with patients with a variety of health conditions such as mental health problems, GI problems, diabetes, Parkinson's disease, respiratory and cardiovascular disease, while the off-site activities include placements, inter-professional education (IPE) sessions, and health promotion campaigns, providing students with experience of working with patients, carers and other healthcare professionals. These off-site elements form each student's professional portfolio that runs throughout the course; this is designed to encourage self-directed, real-world learning, and the development of professionalism, acting as a bridge into Foundation Year training and lifelong continuing professional development.

There is a series of placements in both community and hospital sectors as well as in primary care across years 1-3, and a diversity of core placements in year 4; the final year placements include a hospice, primary care, a mental-health trust and an elective chosen by the students. The staff emphasised to the team that all core material is delivered in house, with placements serving to enhance core learning. Students also meet patients who come onto campus. While week-long placements were moved online during the pandemic, these have largely returned to face-to-face activities during this academic year, although hospital placements in years 1 and 3 initially remained online because of rising Covid cases. Online activities comprised case studies discussed with a

pharmacist over two days; the learning outcomes were similar, although there was no physical interaction. The students told the team that they accepted the need to move to online placement activities, and confirmed the use of online case studies, which they described as more like a lecture, with little opportunity to speak to the pharmacist. The students confirmed that they experienced placements every year in hospital, community, and GP practices, although there had been significant disruption due to the pandemic. The placements linked with what was being learned in the course and provided opportunities to undertake patient-facing tasks such as medicines reconciliation and discussing health with patients with specific condition such as diabetes, as well as to address issues such as the transfer of care of patients moving from care homes to hospital. Placements increased in length across the years, with concomitant increases in the tasks that students could undertake. Some activities were online, such as a mental health case study and a nurse-led discussion of hospice palliative care. They also described a longitudinal placement across years 3 and 4; here, they followed a patient over a year and prepared a care pan. While some students described the placements as being very good throughout, others described inconsistencies among placements, with the experience offered being dependent on the placement host; some allow students to be involved while others do not have time, especially in hospitals where staff were too busy to allow interaction with patients. They described community pharmacy placements as more of a retail experience. In GP practices they mirrored a pharmacist, listening to telephone conversations and inputting material to a computer.

Noting the use of some group placements, the team wished to know how the School will ensure that each student has the opportunity to demonstrate meeting the required learning outcomes and at the required level of competency. The staff explained that while community pharmacy placements can be undertaken individually, the hospitals will only take groups. However, while the students arrive as a group, they are usually supervised individually although sometimes in pairs. Thus, groups of six students are divided into threes and three members of the hospital staff then look after three students.

The team noted that in the revised course there has been a move to multiple, short placements and wished to know how this will allow students to demonstrate meeting the learning outcomes. The staff explained that two consecutive half-day placements allow continuity of observations across the two days, with the student meeting a competency on the second day. Acquisition of competencies through placements is focussed on the first three years, so that by year 4 students will have acquired most of their knowledge for application in the final year. There is a progressive increase in placements across the programme covering the required competencies; the elective placement in the first semester of year 4 is additional. Although moving the research project from year 4 to year 3 means a reduction in placements in year 3, this increases the placement capacity in year 4. Within their portfolios, students develop their own plans to meet their learning needs; these include any competencies that have not yet been met. The final year elective placement provides the opportunity to meet all missing competencies, which must be signed off by the end of that placement. In response to the team's request for further details about the elective placement, the staff reiterated that its purpose was to ensure that student will meet outcomes that have been documented in their portfolios as 'not yet met'. The choice of elective placement depends upon where they intend to undertake their Foundation Year training and is further informed by meeting stakeholders at a careers fair, with support from the practice team. The School works with its partners to establish jobs for students, who are encouraged to work in pharmacies throughout the course; some work in GP practices and will undertake their electives in that setting. The staff described the process of

identifying their own learning needs and choosing an elective placement as a good way for students to develop their professionalism. By the end of the final year, students are independent learners and prepared for their Foundation Year training.

Responding to the team's wish to learn how the School's placement strategy will be revised once HEE's funding position is clear, the staff described how they were working closely with HEE and will adapt as the position becomes clear over the next two years. Activities have been planned to meet the learning outcomes and currently the School has all the resources and capacity to meet all of the learning outcomes independently of HEE funding. The staff reiterated that everything that is core is delivered in house, with placements serving to enhance in-house teaching and learning.

In response to the team's request to learn how the School assured the quality of teaching and assessment across different placement providers, the staff explained that the assessment of dispensing, which takes place on placements, is undertaken by NVQ assessors; all of these assessments are moderated. During the pandemic, this had to be adapted to an online assessment. On returning to face-to-face placements, the providers ensure that all the relevant staff members are present at the time to undertake the assessments.

IPE activities include working with student nurses, biomedical scientists, and medical students, as well as with students of occupational therapy and social work. Professionalism is emphasised throughout the course, including during the Science Preparatory Year. In response to the team's wish to learn more about how IPE activities will be organised going forward, and how students will be assessed against the relevant learning outcomes, the staff described how students will learn to work in multidisciplinary teams. This includes the development of an action plan for a health promotion campaign; students pitch the plan to a 'dragons den' of local public health experts and then implement the plan. Their operation of the plan in practice is assessed by a 'mystery shopper', following which the students write a reflective account, which is then assessed. The students confirmed that they had IPE activities in each semester working with students of nursing, medicine, paramedic science and biomedical sciences.

Students must pass all assessments, including each assessment component within a module before progression from one year to the next. Potentially unsafe actions in assessments are 'red-flagged'; this results in an automatic failure of that assessment element and students would need to undertake remedial action, which would require them to analyse the cause of their action and to provide a risk assessment. Competency-based assessments are examined on a pass-fail basis and unsafe actions identified in the portfolio element of the module would result in failure of the module overall (see standard 6).

While most criteria of this standard are met, or likely to be met, criterion 5.6 is not met. This is because the team has concerns that the design of placements does not currently enable all students to undertake activities and demonstrate learning outcomes, through work-based assessment, at the 'does' level. Thus, the team imposed a condition that the School must revise its experiential learning strategy and placement agreements to ensure that the teaching, learning and assessment of all students undertaken with placement providers enables them to develop the skills and level of competency to achieve the learning outcomes. Please also see standards 4 and 6.

Standard 6: Assessment

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

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

A variety of assessments methods are used, with examinations based on clinical cases; assessments become more complex as students move through successive years. The team asked for further information about the School's assessment plan, particularly focusing on how it has been designed to assess students' meeting of those learning outcomes that require to be demonstrated at the 'does' level. The staff described numerous assessments that started at the 'shows how' level, moving by the end of the final year into 'does'. These include objective structured clinical assessments (OSCEs), presentations, assessment of clinical skills and dispensing, and calculations tests. There are synoptic assessments in each year; these combine the knowledge, understanding and application of clinical therapeutics, pharmacology, and genomics. The portfolio includes reflections on placements and IPE activities and information on meeting competencies and learning outcomes; this portfolio is assessed as part of the final year professional viva. The final year includes a timed assessment of the care plan developed over the year-long longitudinal placement. Currently, apart from dispensing, which is assessed during placements, all competencies, including clinical skills appear to be assessed within the School. The staff told the team that all core skills, such as measurement of blood pressure and interpretation of laboratory data, are covered in classes, assessed, for example, in OSCEs, and signed off in-house at the University; students record their acquisition of skills in their portfolios, which are then signed off, as well as being addressed in the professional viva. The staff stated that as this area of pharmacy practice evolves there will be the opportunity for assessment of these skills to take place when students are on placement. The number of assessments has been reduced following feedback from students and external examiners. The staff told the team that the impact of this will be evaluated through an analysis of examination result and progression data.

The staff explained how standard setting is used both for OSCEs and examinations, with each scenario

being reviewed by the practice team and red flags identified. There is a team briefing before the OSCEs are run, with a debriefing following the OSCEs to consider red flags and any problems. Regular away days are held to discuss standards and the School works with the College's Director of Examinations. There are guidelines on examination question writing to ensure a common structure and format. Extensive discussions have taken place relating to moving assessments online and back to face-to-face following the pandemic.

Students receive detailed information about all assessments at the start of each module; this includes the marking/assessment criteria. Patient safety is a priority. Within all assessments, any answers that could impact significantly on patient safety or patient wellbeing are identified by the assessors. Where a student's answer or actions could potentially impact on patient safety, the student would fail that assessment. Responding to the team's request for further information about how assessments ensure that students are practising safely, the staff described the use of red flags in OSCEs. Where students make a serious error, they fail and this is addressed through a reflective process, whereby they must undertake a root cause analysis, and understand the consequences of an error, thus learning from their mistakes. Students learn about the importance of error reporting and are required to maintain an error log. Students are permitted to fail only one OSCE station and the OSCE team discusses all errors.

In response to the team's wish to know how the School ensures the provision of timely, high quality, consistent feedback to students, the staff reiterated the University' policy that feedback must be given no more 15 days after submission of an assessment, although the Covid pandemic impacted on the time taken to provide feedback. For each OSCE there is a practice for which every marker enters a mark on an online spreadsheet and provides feedback against each station. Everything is fed back to the students within one week so that it is received before the summative OSCE, with students receiving individual feedback. For other assessments students receive generic feedback, as well as individual feedback provided as annotated comments on their submitted work. Individual submissions are annotated with feedback. Generic feedback meets the 15-day policy, but individual feedback can take longer because the staff must wait until everybody has submitted the assignment. General feedback is provided immediately after the examinations, but individual feedback takes longer, because the marks must be approved by the examinations board. The School audits the consistency of feedback. When asked if they received sufficient feedback on their work, the students told the team that the timeliness, quantity and quality of feedback was inconsistent and depended on individual staff members. Frequently, feedback was generic to the whole group, although they could request individual feedback. They would like more information on when to expect feedback on their submitted work.

While most members of staff are experienced in assessing, those with less experience undergo mentoring, and all assessments are either second-marked or double-marked. External examiners, who are independent and whose responsibilities are clearly defined, ensure that assessments are rigorous, set to the correct standard and are fairly conducted; they report to the Examinations Board and to the University. The University provides an induction programme for newly appointed external examiners, who also have discussions with School staff about their role and are provided with a range of other documents and advice.

While most criteria relating to this standard are met, or likely to be met, criteria 6.2, 6.3 and 6.8 are not met. This is because the team had concerns that the design of placements does not currently

enable all students to undertake activities and demonstrate learning outcomes, through work-based assessment, at the 'does' level. Thus, the team imposed a condition that the School must revise its experiential learning strategy and placement agreements to ensure that the teaching, learning and assessment of all students undertaken with placement providers enables them to develop the skills and level of competency to achieve the learning outcomes (condition 2). Please also see standards 4 and 5.

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

	Met	Likely to be met	Not met
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

	Met	Likely to be met	Not met
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 ☐

A wide range of support mechanisms are available for students for academic, general welfare and career advice. Students have ready access to a wide range of highly-experienced pharmacy professionals who work within the School. Such professionals act as role models and can mentor students, offering professional and career-related advice. The students greatly valued these pharmacy professionals, whom they get to know throughout the course and who are very supportive, providing valuable help in preparation for the Oriel application process for foundation training places. They described to the team how the practice team brings a wealth of experience and shares the understanding that they have developed throughout their careers illustrating this with useful anecdotes.

Students are allocated a personal tutor in year 1 and remain with that tutor throughout the course to ensure continuity of care. Tutors meet their students at least twice per semester for year 1 students and once per semester for other years; meetings are recorded. Where students need additional support, they can contact or self-refer to another source of support. If a student's academic performance or attendance is poor, this would be reported to their personal tutor, who would discuss the issues with the student and develop an appropriate plan or list of support measures. Personal tutors can refer their students to specialist support services, such as Student Wellbeing, where needed. A similar tutor arrangement is in place for students entering the MPharm SPY course; these students have a tutor drawn from the Science Foundation staff but also have a Pharmacy link tutor. On transferring to the first year of the MPharm, they are allocated a personal tutor drawn from the School of Pharmacy staff. The team wished to know how many tutees are allocated per tutor each

year, and how the School will ensure that personal tutors have enough time to provide pastoral support considering their other academic commitments. The staff described how the Senior Tutor allocates tutees, attempting an even distribution among the staff members. Each tutor has an average of 20 tutees, although in some years tutors may have more. First year students must meet their tutors at least twice per semester, while this is reduced to at least once per semester in all later years. There are planned meetings, but ad hoc meetings also take place as required. Tutors keep track of various matters such as the portfolio. Poor academic performance is identified and flagged to the student's personal tutor through formal and informal mechanisms. Staff members identify students who are having problems and the Progression Panel highlights students experiencing difficulties to their Personal Tutors; such students are encouraged to meet their tutors. The staff workload model incorporates their work as tutors and the Head of School looks at the workload of each staff member during the annual appraisal. The students confirmed their regular meetings with tutors, which were required for sign-off of their portfolios, and told the team that they received excellent pastoral support from them. Tutors responded quickly and it was easy to arrange meetings when required. Where a change of tutors has been necessary, this was done seamlessly. In general, however, although individual members of staff were excellent, academic support had been inconsistent with e-mails unanswered and meetings not organised. These problems had been attributed to the Covid pandemic. On the other hand, support for their dissertations had been very good and the switch to online teaching because of the Covid pandemic had been seamless. They had received good support for the Oriel application process for foundation training places.

Responding to the team's request for information on how the School would support students during the period in which a fitness to practise case is being considered, the staff stated that support would be available throughout from the Fitness to Practise lead. The Personal Tutor would be aware, and students would be encouraged to speak to their tutor, as well as being referred to Student Wellbeing. If there is a conflict of interest, for example, if the personal tutor is involved in the Fitness to Practise process, the Senior Tutor would offer support. Fitness to practise processes continue, even if the student withdraws from the MPharm programme.

Students can raise concerns through their personal tutors or through the University's formal complaints procedure; simple concerns, or complaints about simple academic matters, can also be raised through students' module or year representatives. In response to the team's wish to know how a student could raise a concern regarding something they saw within a patient-facing teaching session and what mechanisms exist to deal with such a concern, the staff outlined the processes that are in place. The student could raise matters, such as professional concerns, with the member of academic staff in charge of the particular session, and the staff member would direct the student to their tutor and/or to Student Wellbeing. On placements, students could raise concerns with the placement host and/or the placement coordinator or could identify the concern in their feedback on the placement. The Placement Handbook includes a description of whistleblowing policies.

Support for academic staff begins with the induction programme that is offered to all new staff members. This introduces staff to the University and to key services and departments such as Human Resources which, in turn, can provide staff with a range of employment information, for example, on pay and benefits, expenses, leave entitlements, as well as on University policies and procedures. The induction programme also introduces staff to their probation programme, including mandatory training requirements, and how they can access the various continuing professional development

opportunities. New members of staff who are not already accredited by AdvanceHE, must achieve appropriate accreditation within 12 months of starting employment; a great deal of support is provided to help them achieve this. The Lincoln Academy of Learning and Teaching (LALT) encourages collaboration and innovation, actively supporting learning and teaching, as well as offering mentoring and continuous professional development. Peer review of teaching is encouraged, and members of staff are supported by their line managers, as well as through regular informal staff meetings and meetings of committees of which they are members.

All members of academic staff undergo an annual academic appraisal with the Head of School, which also includes a discussion of workload. This gives staff the opportunity to reflect on their achievements over the previous 12 months and identify goals for their own development for the forthcoming year. It also allows the Head of School to develop an understanding of staff career aspirations and to discuss any development opportunities available.

Members of staff can raise concerns through both formal and informal channels; this can be undertaken through their line managers, or the Head of School. Ultimately, concerns can be raised with the Head of College, or, if required to the General Pharmaceutical Council as the accrediting body.

Teach out and transfer arrangements

The School will ensure that all students graduating from the MPharm from 2025 onwards will have met the requirements of the 2021 standards. Transition arrangements are in place for current students so that students who entered the MPharm degree in 2021/22 will meet the new standards and will graduate in June 2025. Those students in years 2, 3 and 4 in 2021/22 will graduate meeting the 2011 standards. The School has plans in place to address the problem of students currently on the course, who, for various reasons, may not progress smoothly from one year to the next; this would include individual study plans some catch-up sessions to ensure that they have met all of the required learning outcomes.

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).