



Master of Pharmacy
degree (MPharm)

Liverpool John Moores University
Report of an interim event
March 2018

Event summary and conclusions

Provider	Liverpool John Moores University
Course	Master of Pharmacy degree (MPharm)
Event type	Interim event
Event date	12-13 March 2018
Accreditation period	March 2015 – March 2021
Outcome	Continued accreditation confirmed. The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree provided by Liverpool John Moores University should continue to be accredited for the remainder of the accreditation period.
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1.
Recommendations	No recommendations were made.
Registrar decision	The Registrar of the GPhC accepted the accreditation team's recommendation and approved the continued accreditation of the programme for the remainder of the accreditation period.
Key contact (provider)	Professor Charles Morecroft
Accreditation team	Professor Ian Marshall, (Team Leader) Emeritus Professor of Pharmacology, University of Strathclyde Associate Professor Sandra Hall (Academic) Pharmacy Professional and Clinical Leadership, Head of Pharmacy Practice, De Montfort University Professor Paul Gard, (Academic) Deputy Head of School, University of Brighton Mrs Barbara Wensworth, (Pharmacist) Freelance Consultant Pharmacist Ms Catherine Boyd, (Lay member) Consultant, Axient Consulting Limited
GPhC representative	Ms Jenny Clapham, Research and Insight Manager, GPhC
Rapporteur	Mr Christopher McKendrick, Quality Assurance Officer, 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. The GPhC is responsible

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

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

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

Purpose of this event

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

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

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

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

The interim event

The interim event is divided into four components:

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

The four components of the interim event



Background

The MPharm programme at the Liverpool John Moores University (LJMU) was reaccredited in March 2015 for a full six years, with no conditions and three recommendations. Since the reaccreditation, the MPharm has implemented the 120-credit format one level per year. From 2017/18, all levels including 6 and 7 (third and final year) were started in the new format.

Documentation

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

Pre-visit

In advance of the main visit, a pre-visit meeting took place via teleconference on 23 February 2018. The purpose of the pre-visit meeting was to prepare for the event, allow the GPhC and the university to ask any questions or seek clarification, and to finalise arrangements for the visit.

Satellite visits

Satellite visits took place on 27 (x2) and 28 November 2017, 05 December 2017, 05 February 2018 and 07 March 2018 to allow team members to observe off-site activities in advance of the main visit.

The main visit

The main visit itself took place on site at Liverpool John Moores (LJMU) University on 12-13 March 2018 and comprised a series of meetings with staff and students of the University, along with observations of a number of teaching and learning activities.

Declarations of interest

Mrs Barbara Wensworth declared that Prof Charles Morecroft (Lead Pharmacist & Subject Leader) was her supervisor at the charity Pharmacist Support. Prof Charles Morecroft stopped working for the charity about 3 years ago. The team agreed that this did not present a conflict of interest.

Professor Sandra Hall declared that her husband, Geoffrey Hall, was the MPharm and BSc (hons) Chemical and Pharmaceutical Sciences external examiner for the School of Pharmacy and Biomolecular Sciences at LJMU from 2013 to 2017. The team agreed that this did not present a conflict of interest.

Professor Paul Gard declared that Prof Charles Morecroft was an external examiner for pharmacy practice at the Brighton School of Pharmacy. Prof Charles Morecroft's term of office finished in 2015. The team agreed that this did not present a conflict of interest.

Summary of key findings

The accreditation team advised the School that the team's conclusions from this event were based on what team members had been told, what they had observed, and documents that they had read prior to and during the visit and the satellite visits. The purpose of this interim event was to monitor the progress made with delivering the MPharm degree since the 2015 reaccreditation, and to observe a range of educational activities that related to practice and the standard 10 outcomes.

A presentation by senior members of staff built on the information provided in the submission and gave an update on progress since the last visit in 2015. Points raised in the presentation, as well as other matters, were discussed with the staff and with students and the following narrative incorporates those discussions.

Progress since last event

Standard 1: Patient and public safety

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

Since the last reaccreditation in 2015, the School has changed its FtP regulations; the Lead Pharmacist is required, with other appropriate staff, to review all allegations of transgressions regarding pharmacy undergraduate and postgraduate students, and escalate the case, if required, to an FtP Panel for a determination. The role of the Lead Pharmacist in any FtP case would be one of 'presenting officer'. The FtP Panel members consist of the School Director or nominee (Chair); two academic representatives with no direct connection to the student; and, one independent experienced practitioner who is registered with the GPhC. The student has the right to be accompanied but the other individual must not represent a conflict of interest.

A full separation between referral and investigative stages of the Fitness to Practise (FtP) process had been developed, a clear policy regarding who can support/represent student in FtP hearings was in place. There have been no student FtP concerns since the last reaccreditation event in 2015.

The FtP regulations now require all international students to provide a Letter of Good Character, in addition to a completed UK DBS enhanced check once they have been a resident for a required amount of time. The letter should be from someone who knows the applicant well (for at least three years) and is of professional standing in the community. The letter cannot be from a relative, partner, in-law or step-parent. All non-UK applicants are appropriately screened before admission to the MPharm programme.

Students appear to have a clear understanding on their role as a 'professional in training'. Students are made aware of FtP processes from day one and are aware that although they are still students, their personal conduct could reflect on the profession. Most students appeared aware of the University's

academic misconduct policies and procedures, attendance requirements, and the GPhC Standards for Pharmacy Professionals (May 2017).

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

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

There are several formal and informal mechanisms used to obtain feedback from students; these processes contribute to the evaluation of the quality of the MPharm programme. These include the use of the Staff Student Consultative Committee, the Board of Study meetings, the National Student Survey, the use of student representatives, off-campus placements and events and One Minute Module Evaluation (OMME). A valuable source of student feedback is the programme's student focus discussion groups which occur at the end of each semester one for each year of the programme.

The National Student Survey (NSS) 2017 showed that the programme achieved a 91% satisfaction rate; with high scores in 'teaching on my course' (93%), 'learning opportunities' (88%), 'academic support' (87%) and 'learning resources' (91%). The NSS feedback suggests further focus needs to be placed on 'assessment and feedback' (68%). Considering this, the programme team has therefore reviewed the assessment descriptions and marking schedules to ensure that students are aware of assessment criteria and the marking rubric to ensure fair and anonymised marking.

Feedback for 'off-campus' activities is undertaken by the Faculty administration that is responsible for allocating students to placements. There have been some concerns raised by students regarding the content and delivery of hospital placements. These concerns were explored by the programme team, and two 'focused discussion groups' were organised with levels 6 and 7 students to solicit feedback. The student's main concerns were focused on inconsistency, room-based activities and journey time to and from hospital placements. Student feedback suggested that hospital placements at levels 6 and 7 do not facilitate a consistent experience across all students and hospitals. To ensure a more consistent experience, the programme team reviewed the placements and more pharmacy-based scenarios were introduced. This concluded in the implementation of a series of workshop and detailed placement outlines/expectations. The community pharmacy placements attracted little comment and were generally well received by the students.

The staff and students were generally positive about the move to the 120-credit modules, although some concerns were raised by staff about the additional work involved in the move to the new University Virtual Learning Environment (VLE), as well as implementing the changes from the new Academic Regulations.

There is a Stakeholder (Employers) Forum that was set up in 2016/17. This is made up of staff from outside the pharmacy department supporting the programme, teacher practitioners, a general practitioner, and representation from community, hospital and industry sectors. Meetings are held twice a year focus on the vertical integration, placements and competencies. The outcomes of these meetings feed into the development of the programme via the Programme Development Team meetings.

Standard 3: Equality, diversity and fairness

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

Staff and students share in the principles of equality, diversity and fairness, and have detailed policies and procedures to reflect this. In a recent report by HEFCE (2017) the University was commended for the number and range of events and initiatives focusing on equality and diversity issues.

Prospective MPharm students with disabilities, or special educational needs, are made aware of the need to identify any issues that may subsequently impact on their future employment and their fitness to practise in the pharmacy profession. The programme team, to ensure a fair student admissions procedure, and

compliance with the University's Admissions and Equality and Diversity policies, contacts all pharmacy applicants who have indicated a UCAS disability code B, C, D, E, F, H, I and J, this is undertaken by the MPharm programme leader. The programme leader is responsible for assuring that that students are eligible to receive reasonable adjustment in line with the professional requirements of the programme. All decisions regarding reasonable adjustments will be reported to the Admissions team.

Students are taught about how various disabilities can impact service users access to pharmacy services. An example of this was observed in a satellite visit undertaken during a dementia workshop that focused on living with dementia. One of the aims of the workshop was to understand how pharmacists could adapt their behaviour and service provision to meet the need of dementia patients. Many of the students in the class volunteered to become 'dementia friends'.

Standard 4: Selection of students *and* trainees

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

Overall, since the last reaccreditation visit, applications to the MPharm programme have reduced. A review was undertaken by senior programme staff; from the academic year 2018/19 the standard MPharm entry requirements will change. It was felt that the previous MPharm entry requirements hindered prospective applicants applying to the programme. The A Level requirement for Chemistry will now be a minimum grade C from 2018/19. The change to the MPharm entry requirements will not reduce the total number of UCAS points required for the programme, which will remain at 120 UCAS points. The interview process and the aptitude test will be removed from the application process. All offers will now be based solely on educational attainment. Applicants must have obtained grade C (grade 4) or above in English Language and Mathematics GCSE or Higher Diploma in Maths/ English Prior to starting the programme. An offer onto the MPharm may be unconditional on qualifications already achieved or conditional on qualifications yet to be achieved.

The MPharm programme utilises a 'chemistry support' course that was introduced in 2015/16. Students, on starting the programme, undertake a chemistry diagnostic test which specifically provides additional support through the provision of tailor-made chemistry support content.

International applicants must achieve IELTS 7.0 (minimum of 6.5 in each category). Due to an admissions procedural oversight in academic year 2015/16, seven overseas students were incorrectly offered a place on the MPharm programme despite their academic IELTS score being below the specified minimum. It was agreed that these overseas students would have until the end of their second year (level 5) to achieve the required IELTS requirement. Presently, two students have achieved the required IELTS requirements. The Lead Pharmacist is in regular contact with the remaining five students reminding them of their responsibility to ensure this is completed before the end of the academic year.

The team was informed that the School of Pharmacy and Biomolecular Sciences is currently in the process of developing a foundation year (level 3) programme, which will permit students to enter year 1 (level 4) of the MPharm programme (subject to meeting relevant progression criteria). The foundation degree content will focus on Chemistry, Biology, Anatomy and Physiology. Various options are still under consideration regarding how to ensure applicants meet the academic and professional requirements of the MPharm programme. The Lead Pharmacist wishes to ensure that the proposed foundation year is aligned closely to the requirements of the accredited MPharm to ensure students applying are not disadvantaged when progressing to the accredited programme. It was suggested by the programme team that the foundation programme will have component marking, no trailing, require success in all assessment components, numeracy competency, and have module pass marks of an equivalent standard to the MPharm entry criteria, along with similar FtP requirements. Relevant documentation will be developed and sent for University approval during the next few months. Once approved, it is anticipated that students will be able to register on the foundation programme from September 2018. The progression criteria for the foundation programme will require students to achieve a pass mark in each validated assessment

component of the Level 3 programme. Each assessment component of core modules will be Pass/Fail. A numeracy competency will be included in the Skills and Perspectives in Pharmacy 2 module, five opportunities to pass across the academic year will be provided with a pass mark 70% (aligning to Registration Examination numeracy competency).

Standard 5: Curriculum delivery and student experience

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

Since the reaccreditation in 2015, the MPharm has implemented the 120-credit module per year. It was recognised by the programme team that two new 120-credit modules at levels 6 and 7, all delivered for the first time this year, did not run as smoothly as it did at level 4 and 5. The overall satisfaction for level 4, 5 and 6 modules range from 69.0% to 82.2%, with the level 7 module having the lowest overall satisfaction score at 48.6%. Students reflected on the structure of the 120-credit module, some having moved through the old-style credit system; the students found the new credit system to be more focused on relevance to modern pharmacy practice. All the students that had undertaken case-based learning reported they enjoyed it. Students were mindful that the programme was ultimately a pass or fail programme due to the large credit weighting.

Since the last reaccreditation, several substantial changes to the Academic Framework regulations were proposed that would have directly impacted the MPharm programme. All Level 7 modules would have moved to a 50% pass mark for students first registering on the programme in September 2016. The first year that this will affected the MPharm level 7 students would be 2019/20. The programme requested a variance; this was approved for the new offering of the MPharm to ensure that the 50% pass mark was applicable and aligned to the current offering. Regulations around 'fit to attempt' for assessments were also changed; students would deem themselves 'fit to sit' by attending an examination and any submitted exceptional circumstances form would no longer be considered if the student attended the examination. However, if a student became ill during an examination a claim of special mitigating circumstances could be submitted.

At each level of the MPharm programme, students must be successful in all assessment (coursework and examination) components and competencies. Students have two opportunities to be successful at the coursework (accounts for 60% of module mark) and examinations (accounts for 40% of module mark). If they are successful at the second (referral) attempt the component (coursework or examination) is capped at 40%. For the competencies, student have a specified number of opportunities (ranging from 2 to 5) to indicate they achieve the required standard. If after all coursework, examination and competency opportunities have been taken, students are still unsuccessful (i.e. not achieved 40% in all assessments and passed all competencies). If one or two competencies have not yet been achieved after all the opportunities have taken a student may be given an Exceptional Opportunity (i.e. one further attempt) at that competency. An Exceptional Second Referral (ESR) is available to students who have been unsuccessful at the referral opportunity of their coursework and/or examination. This is only available if 80% of the module mark has been achieved. For example, an ESR attempt in one of examinations (accounts for 20% of the module mark) or up to two coursework components (as long as they both do no account for more than 20% of the module mark). If none of the above are applicable, a student may be offered a Final Module Attempt (FMA), in which the whole module must attended, and all assessments retaken, no marks are carried over and only one attempt at each assessment is available. Students are required to pay the full fee to undertake an FMA.

The penalties available to the Academic Misconduct Panel (AMP) were revised and it was felt would unfairly disadvantage pharmacy students, as the academic credit value of the module was incorporated into the penalty calculation, and with the modules of the MPharm programme at 120 credits per year, effectively students could have over half of their credits removed for what would be considered a relatively minor transgression. Variance for this regulation for the year 2016-17 was approved in May 2016 and approval to extend the variance for a further year to cover 2017-18 was requested and approved. Due to the nature of the academic regulation, the department will have to request this variance on a yearly basis.

Students are exposed to community pharmacy and hospital placements, simulations, IPE and, patient and public engagement. Students reported that hospital placements provide an introduction to aspects of working in a hospital pharmacy and allows for discussions around pharmaceutical care for patients in a hospital setting. These placements aim to allow students to consider how patients can be empowered, the need for integrated care, and how to improve patient outcomes. While in community pharmacy placements, students can observe the patient's journey from receiving a prescription to dispensing of the prescription and the associated patient guidance involved. These are not directly assessed, as the focus is to give students an opportunity to learn in a safe environment and reflect on their current skills and knowledge. These activities feed into several coursework assessments at each level of the programme, for example, the Personal and Professional Development Plan (PPDP) and portfolio competency.

The overall aim of the IPE strategy is to develop the necessary skills and behaviours of future health and social care staff to provide effective patient care. The IPE activity during the level 4 (year 1) aims to develop students' understanding of the role of teams in patient care. In previous years, level 4 pharmacy students have participated in an interprofessional learning conference with LJMU undergraduate nursing students. The team was informed that it was not possible to hold the level 4 IPE conference for 2017/8 with nursing students because of difficulties aligning teaching opportunities across the programmes. No replacement has been found but the programme team was confident it will find a sustainable IPE provision to replace this in due course. At level 5 (year 2), the IPE activities aim for students to recognise the skills, knowledge and competencies of other professionals and how different professionals can work collaboratively. A partnership with the University of Liverpool Medical School and the School of Health Sciences led to the delivery of an IPE event in 2016 and 2017 with over 700 students (Pharmacy, Medical and Allied Healthcare Professionals) in attendance. In 2015/16 and 2016/17, Level 5 students also worked collaboratively with LJMU Sports and Exercise Sciences (SES) students to explore together the issues around drug use in sport. Unfortunately, engagement from SES students was reported as poor and created a poor experience for MPharm students. For 2017/18, this activity was changed to a two-hour lecture which is delivered by a Sport and Exercise Sciences lecturer whose expertise is around drugs in sport. The IPE activities for the level 6 (year 3) module include a day at the Simulation Centre at University Hospital Aintree and an optional NICE Student Champion "Evidence Search Workshops". The activities at University Hospital Aintree are hospital-based scenarios, where students explore challenges associated with team working from a human factors perspective e.g. poor communication, the lack of adherence to standard operating procedures. During the scenarios, students are required to work as "pharmacists" undertaking medicines reconciliations, reviewing treatment, discharge planning and liaising with medical and nursing staff as appraise and facilitate safe effective care. IPE at level 7 (year 4) aims to provide students the opportunity to demonstrate skills and behaviours within an interprofessional environment, reflecting on their strengths and weaknesses for development from all previous IPE sessions. Students attend the Simulation Centre at University Hospital Aintree and work within interprofessional teams with undergraduate medical and nursing students and through hospital-based scenarios students observe the role of other healthcare professional in practice and recognise where their role fits into this wider team. Students are required to apply their clinical knowledge, competencies and skills developed throughout their MPharm programme to the scenarios.

The Stabilise course (IPE at level 7) is an IPE course which requires students to work in interprofessional teams comprising final year nursing and medical students. Following an introduction that explores key characteristics of an effective team, students participate in a range of scenarios that requires interprofessional team working e.g. paracetamol overdose, asthma and sepsis. The Stabilise course is now fully funded by three HEIs: University of Liverpool (medics and nurses); Edgehill University (nurses); LJMU (nursing & pharmacy). Level 7 'Masterclasses' are intended to provide students with a focussed study-day(s) on specific subjects through an alternative perspective or study experience delivered by external experts, covering topics considered to be current or emerging national/international health and social care priorities. For 2017/8 a total of six Masterclasses have been scheduled. Opportunities for IPE sessions appeared to be disjointed and inconsistent in places; feedback from students suggest that IPE could be improved. However, IPE sessions that are engaged in by students are described as informative and applicable to modern day pharmacy practice. The programme acknowledges that it has been a challenge to get other

professions to engage and commit to IPE but will look at ways to ensure that IPE opportunities are consistent and relevant throughout the programme.

First year students reported they had been allocated their placements by the programme and that this has been a positive experience. Second year students were required to source their own placements. Third year students also had to source placements themselves and used family members and contacts for a questionnaire (project) on ethics and consent. Fourth year students reported that they didn't feel they have enough exposure to placements during their previous year and felt placement exposure was increased in other cohorts due to the change of the programme structure.

The programme recently undertook a pilot whereby a local GP practice provided a placement for 6 MPharm student. There have been no long-term discussions about funding, but it is hoped that if agreements can be formed, this can be created as a new pathway for MPharm students.

Overall, the feedback suggests that students would like more placements and IPE experience; it was felt by MPharm students that students on other professional programmes undertake more, and specific, placement experience. It was suggested that a small number of students appear not to be attending their hospital placements; although students can be reluctant to attend some placement settings, it is a requirement of the programme and students undertake all their placements as required. The programme team suggested that in order to make students more enthusiastic about the different pathways open to students upon graduation, the programme could provide students with more information on the transferable skills that each of the placements offer.

Standard 6: Support and development for students *and* trainees

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

The MPharm NSS scores indicates that students are well supported on the programme. NSS scores from 2017/18 show learning at 89.6% and academic support at 86.8%, with 87.5% of students satisfied with the teaching on the programme, 88.0% were satisfied with the learning opportunities provided by the programme, 91.0% with learning resources, and 86.5% with the learning community. Overall, students feel well supported on the programme. There are 10 timetabled tutorials per academic year, and these are a mix of individual and group sessions and each academic staff member allocates four hours per week to a drop-in facility, the details of which are displayed outside their office. Students felt confident that they could contact their tutors and programme leaders if they had a problem, either personal or academic

Mentoring and peer learning is actively encouraged on the programme, with both activities undertaken by students on a voluntary basis. Mentoring is where level 4 students are paired with level 6 students with the intention that level 6 students support level 4 students throughout the year with specific sessions. Peer learning is where level 4 students are paired with level 5 students; the intention is for level 5 students to offer help and support in the learning of level 4 students. The mentoring is undertaken during three scheduled sessions in the second semester where staff provide case studies with questions.

The programme has recently changed the VLE platform from Blackboard to Canvas. Students are still able to access previous module content on Blackboard. Students like the new Canvas system but would like everything transferred over to Canvas, if possible.

Standard 7: Support and development for academic staff *and* pre-registration tutors

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

Academic staff are encouraged to commit time to their own personal development. All staff are expected to participate in development activities designed to improve University's operations. Academic staff are

afforded the opportunity to study a postgraduate qualification in teaching (if they do not already possess one) and all new academic staff are allocated sufficient protected time to complete a Postgraduate Certificate in Learning and Teaching in Higher Education and to gain Fellowship status of the Higher Education Academy.

Following the movement away from a 20-credit module system, the MPharm programme Workload Allocation Model has been adjusted to take account of the 120-credit module. This has generally been well received by the academic staff and affords them the time they need for their own research, teaching, as well as contact hours (tutorials) with students.

Standard 8: Management of initial education and training

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

The responsibility for the MPharm programme lies with the MPharm Board of Studies (BoS), the MPharm Programme Development Team (PDT), Lead Pharmacist, programme leader and module leaders. There is a clear leadership structure within the MPharm programme with clear lines of responsibility for individual modules, student support and admissions.

The Pharmacy Admission tutor at the last accreditation, retired from LJMU in December 2017, and the central school of pharmacy admissions role has now been incorporated into role of the MPharm programme leader from the 2017/18 admissions cycle. There have been no other notable changes to the senior MPharm team since the last accreditation visit.

The MPharm academic staff members are well resourced in terms of administration, technical and research support. The technical team directly involved with supporting MPharm has grown to 25.8 FTE.

Standard 9: Resources and capacity

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

The MPharm programme has a Student-Staff Ratio (SSR) of 18:1, which is based on the University 2016/17 figure returned to Higher Education Statistics Agency (HESA) and the estimated SSR for 2017/18. Given the reduction in pharmacy student numbers applying, and consequently enrolling onto the programme, it is difficult for the programme to determine any future impact on staff numbers. The current number of GPhC registered pharmacists involved in the programme is down from thirty-five (22.35fte) noted in March 2015, to twenty-nine (equivalent to 20.5fte). In July 2017, confirmation that the withdrawal of Health Education: North West (HENW) funding (paid directly to the NHS hospital trusts) for the 2.25fte hTPs was received. There are now 2.3fte hTPs, down from the 3.55fte noted at the previous accreditation visit. LJMU previously funded 1.3fte, with HENW previously funding 2.25fte, totalling the 3.35fte. To ensure the hTP provision, LJMU has now totally funds the 2.3fte hTPs. One member of staff (1fte) retired from the MPharm core team and it was agreed by the programme senior management team that although student numbers on the programme are down, in order to have an effective teaching presence at the hospital, LJMU would use the funds from the 1fte retired post to supplement the hTP posts. Overall, the hTPs are still primarily concerned with student hospital placements. However, now that the contracts are fully funded by the University, hTPs are expected to be working at the University when not at the hospital. The programme team believe, that although there has been a reduction to the number of hTPs. the quality of provision and student experience will not be adversely affected. The implications of the funding change meant that there was a late start to placements at level 7 (4th year) and no placements at level 6 (3rd year). The students that were not able to attend the hospital-based placement in 2017/18 were provided with simulation-based workshops which the met the learning needs of students. However, these simulations did not include access to patients.

At the time of the last reaccreditation event, LJMU had been successful in obtaining 10 million pounds (part funded by HEFCE Teaching Capital funding for 2015/16 and LJMU match funding) to completely refurbish

the teaching laboratories and equipment on the fourth floor of the Byrom Street Campus for the Chemistry, Medicinal Chemistry and Pharmaceutics subject areas. This refurbishment was completed on time and staff and students began using the new facilities in 2016-17. The team undertook a tour of the facilities available to MPharm students. Dependent of the nature of the work in the laboratories, students will be supervised at a minimum of 20:1 student:staff ratio. The team was shown lab 4.05 which has a capacity of 120 students, was well resourced, and had 8 fume covers installed. The programme team showing the team around explained that this laboratory was mainly used for demonstrations and large group practical's. It was noted that laboratory 4.06 had capacity for 80 students, was well resourced and had 20 fume covers. Overall, the team was impressed at the quality and number of laboratories available to MPharm students. It was noted that these facilities are shared with 5 other chemistry related programmes but there has not been any timetabling conflicts.

The Faculty Operations Team is staffed by 93.5 full-time equivalents (FTE) covering administration, technical and research support. Over half these FTE (48.5) have some involvement in supporting the MPharm programme, through from admissions to technical support. The core support of 16 administrative and 22 technical staff has grown since the last submission and there are now two additional Placement Learning Support Officers who work directly supporting clinical pharmacy placements. The technical team directly involved with supporting MPharm has grown to 25.8 FTE.

LJMU has moved to a Central Timetabling Process with dedicated staff, which enabled existing staff to undertake programme administration. A series of meetings were undertaken with module leaders to develop a strategy to implement the central timetabling to ensure that the programme was allocated the appropriate rooms.

Standard 10: Outcomes

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

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

Observation of student activities

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

The Year 4 Dementia workshop (activity 1) helped students to build on their background theoretical knowledge and to learn how to adapt their behaviour and service provision to meet the needs of dementia patients. The students were engaged and responded to the activities and questions well.

The Year 4 Prescribing workshop (activity 2) presented students with a complex patient case which was appropriate for their level of study. The session provided good integration of the students' learning from throughout the course together with the experience from their placements including dealing with patients. The hospital placement (activity 3) for Year 4 students encouraged students to make connections with other learning on the course and promoted multidisciplinary working, evidence-based practice and collaboration with patients and other healthcare providers to improve patient outcomes.

The simulation session at Aintree Hospital University (activity 4) undertaken in Year 3 gave students the opportunity to follow a patient journey and to work as part of a multidisciplinary team. The session promoted team work and an appreciation of the skills of other healthcare professionals. The patient and public engagement session (activity 5) for Year 1 students provided an excellent opportunity for students to meet with patients and to learn about what was important to them in healthcare provision. The students demonstrated high levels of enthusiasm and the sessions were well supported by staff.

The Year 2 IPE event (activity 6) held on campus involved approximately 25 students from a range of healthcare backgrounds working together in small groups. It was a creative session that conveyed its messages well and students were fully engaged. The Year 2 session on optimising patient care (activity 6) was based on realistic scenarios and the students developed insights into issues around patients and how they took their medicines. The session demonstrated good integration with the content of Years 1 and 3. The optimising patient care workshop (activity 7) students were provided with scenarios to consider the needs of the patients in terms of medicines administration and where problems may arise. Students provide some very thoughtful ideas about the difficulties these patients might have. Student engagement was very good, they seemed involved and interested throughout. The Year 3 aseptic practical (activity 8) was a very well-resourced session which provided the students with an excellent opportunity to gain insight into the practical challenges of aseptic dispensing. The clinical pharmacy workshop (activity 9) for Year 4 was a good session which brought practical application of an advanced pharmacy service. The students were very engaged throughout. The motivational interviewing session (activity 10) for Year 3 involved peer evaluated role play and was a good opportunity for the students to develop a patient-centred approach to their practice. The students demonstrated excellent levels of engagement with this activity. The Year 1 aspirin synthesis session (activity 11) was another well-resourced session that emphasised the need for good laboratory practice and vigilance with regard to health and safety.

The team was satisfied that all of these activities contributed to meeting the standard 10 learning outcomes at the appropriate level.

Conclusions

The team agreed that the MPharm degree is developing according to the original requirements of the accreditation at LJMU and there are no additional conditions or recommendations.

Interim visits cover selected topics and not all standards are discussed. The team focused on standards 5, 9 and 10 during this event.

The students articulated how the course enabled them to understand, at an early stage, why they are learning various aspects of the course. They described clear integration within the MPharm and understood how complexity develops in the later years.

The students reflected on the 120 credits modules and described these as useful for integrating and consolidating their knowledge and skills. The assessments were also useful in bringing together many aspects of their learning and the students appreciated the range and spread of assessments throughout the programme.

The students felt that they are treated as professionals and demonstrated a clear understanding of their professional responsibilities and the role of pharmacists in the provision of healthcare.

The students highlighted some of the areas of the programme that had been of particular value including the clinical pharmacy workshops and prescribing skills sessions and it was clear from their feedback that the staff team work hard to continually develop and improve the programme.

The students described how they use current research to inform their studies and are regularly signposted to relevant research by staff members. However, they were less aware of the current research activities of the staff within the School.

Overall, the placements and practical experience within the programme are valued by students as they help to embed their knowledge and develop their confidence and skills with all aspects of patient care. However, the students described their time on placements as limited and were keen to have more placements across both settings in all years of the programme to further embed their skills in dealing with patients.

The students described a variety of activities based around other professions and had found these useful in understanding the roles of other healthcare professionals. The importance of the multidisciplinary team

was reinforced throughout the programme, but the students reflected that they would benefit from more direct contact time with other professions.

Students commented that the move to Canvas had improved the content and accessibility of the online resources and also agreed that the facilities and equipment available at the university was of a high standard and sufficient for the number of students on the programme.

In terms of feedback, the students greatly valued the workshops and support they received if they failed an assessment. However, they felt that this feedback and support would also be beneficial if extended to those who had passed in order to identify areas for further improvement.

The students talked warmly of the tutorial scheme and appreciated the availability of staff to provide assistance and to address any concerns. They also described the efforts of staff in taking their concerns seriously and addressing them appropriately and clearly felt supported and listened to by the staff at LJMU.

The team was disappointed that the opportunities for students to learn with students from other healthcare professions did not appear to have increased since the last accreditation. The accreditation team recognise the challenges that have been encountered in delivering the IPE strategy but agreed that more opportunities should be sought for students to work with other professions. The delivery of IPE would also benefit from being more robust and consistent across the four years of the programme. We will review this when we return in three years' time.

It was encouraging to hear about the work that is being done to diversify the patient groups that the students encounter to help prepare them for practice.

The team agreed that the current workload model required considerable commitment of time from the teaching staff but recognised that this was of value to students in terms of support they receive.

The team was encouraged that the new funding arrangements for hospital teacher practitioners has enabled the university to better utilise the TPs in the design and delivery of the programme. It became clear to the team that this new role of the hospital TPs has become crucial to the continued development and effectiveness of the programme and that this should be maintained.

The student to staff ratio has remained similar to what it was at the previous accreditation event and the team would encourage the university to maintain the SSR at similar levels in the future.

The team noted that the university proposes to introduce a foundation course that would allow entry into year one of the MPharm degree. It is important that the university ensures that the students progressing from the foundation programme to the MPharm are adequately prepared to undertake the MPharm degree.

All sessions observed met the objectives stated in the documents given to the visiting team and the team are confident that all the standards continue to be met. The team also noted the generous resourcing of the programme in terms of staff time.

It was a pleasure to meet with LJMU staff and students. The students came across as articulate and mature in their engagement with the team. They clearly appreciate the support they receive from staff at LJMU. The team wish the MPharm every success as it progresses into the future.

Appendix 1 - Activities

Observed activities

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

Activity number	Activity	Year/Level
1.	Dementia workshop	Year 4
2.	Prescribing skills workshop	Year 4
3.	Hospital Placement	Year 4
4.	Hospital Placement	Year 3
5.	Patient engagement session	Year 1
6.	IPE session	Year 2
7.	Optimising patient care (workshop)	Year 2
8.	Aseptic (practical)	Year 3
9.	Clinical pharmacy (workshop)	Year 4
10.	Motivational interviewing (workshop)	Year 4
11.	Aspirin synthesis	Year 1

Appendix 2 - Standing conditions

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

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

Appendix 3 – Standards

GPhC standards for the initial education and training of pharmacists

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

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

Or by clicking on the following link:

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

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