

**Liverpool John Moores University, Master of
Pharmacy (MPharm) degree and MPharm degree
with preparatory year reaccreditation, part 1 event
report, November 2022**



Contents

Event summary and conclusions	1
Introduction	3
Role of the GPhC.....	3
Background.....	4
Documentation.....	5
Pre-event.....	5
The event.....	5
Declarations of interest	6
Schedule	6
Attendees	6
Key findings - Part 1 Learning outcomes	8
Domain: Person-centred care and collaboration (learning outcomes 1 - 14)	8
Domain: Professional practice (learning outcomes 15 - 44).....	9
Domain: Leadership and management (learning outcomes 45 - 52)	10
Domain: Education and research (learning outcomes 53 - 55).....	11
Key findings - Part 2 Standards for the initial education and training of pharmacists	12
Standard 1: Selection and admission	12
Standard 2: Equality, diversity and fairness	13
Standard 3: Resources and capacity	16
Standard 4: Managing, developing and evaluating MPharm degrees	17
Standard 5: Curriculum design and delivery	20
Standard 6: Assessment.....	24
Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree	27
Teach out and transfer arrangements	29
Decision descriptors.....	31

Event summary and conclusions

Provider	Liverpool John Moores University
Courses	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year
Event type	Reaccreditation (part 1)
Event date	29 November - 1 December 2022
Approval period	2022/23 – 2030/31
Relevant requirements	<u>Standards for the initial education and training of pharmacists, January 2021</u>
Outcome	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by Liverpool John Moores University is reaccredited, and MPharm degree with preparatory year accredited, subject to a satisfactory part 2 event and four conditions.</p> <p>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.</p> <p>The part 2 reaccreditation event will take place in the 2024/25 academic year and is likely to take place on-site.</p>
Conditions	<ol style="list-style-type: none"> To put in place additional learning opportunities during the 2022/23 academic year to help prepare the current year 4 students for entering foundation training. This is because the team is concerned that the limited experiential learning opportunities available to this cohort of students means they are inadequately prepared for practice. This is to meet criterion 5.6. <p>A clear and detailed plan must be submitted for review by end of January 2023.</p> <ol style="list-style-type: none"> Plans for seeking feedback from patients and the public on the design and delivery of the course must be brought forward so that meaningful engagement begins in the 2022/23 academic year. This is because there is limited evidence of patient and public engagement and plans for achievement of this are not clearly defined. This is to meet criterion 4.3.

	<p>The deadline for submission of a response is 30 April 2023.</p> <ol style="list-style-type: none"> To define the roles and responsibilities and lines of accountability of all those involved in experiential learning and interprofessional learning and set out the systems and policies for managing these elements of the programme (including assessments) with clear timescales. This is to meet criteria 4.1, 4.2, 5.7, and 6.8. To submit a clear plan detailing how providers and supervisors in the workplace will be supported, appropriately trained, and developed in their role. This is to meet criteria 5.3, 7.5 and 7.6. <p>The deadline for submission of a response to conditions 3 and 4 is 31 August 2023.</p>
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	<ol style="list-style-type: none"> To improve the consistency of communication to students in response to their feedback on the programme. This is because although feedback is routinely sought from students, they have feedback that they are not always aware of actions taken in response to their feedback (this relates to criterion 4.4). <p>A response to the recommendation should be sent to the GPhC for review by the accreditation team by 30 April 2023.</p>
Minor amendments	<ul style="list-style-type: none"> The School must ensure that entry requirements and selection information are accurate, complete and consistent across all websites, as well as in the programme specification and other programme materials (For example, the UCAS website does not refer to an interview or health checks. Another example is the presence of inconsistencies concerning the acceptance of Scottish Highers and Irish leaving certificate and in the IETLs requirements)
Registrar decision	<p>The Registrar of the GPhC accepted the team’s recommendation, but in consideration of the number of conditions that had been set and the negative comments received from students confirmed that approval would also be subject to a satisfactory monitoring event to take place during November/December 2023 to check on progress.</p> <p>Following the event, the provider submitted evidence to address condition 1 and the accreditation team agreed that it was now met.</p> <p>The Registrar therefore approved the reaccreditation of the MPharm degree, and accreditation of the MPharm degree with preparatory year, subject to the three remaining conditions, a satisfactory monitoring event, and part 2 event.</p>

Key contact (provider)	Professor Sarker, Director of the School of Pharmacy and Biomolecular Sciences*
Accreditation team	<p>Professor Steve Howard* (Team Leader), Independent Healthcare Consultant, Non- Executive Director, writer and presenter</p> <p>Dr Fran Lloyd (team member - academic), Associate Postgraduate Pharmacy Dean, NICPLD, Queen’s University Belfast</p> <p>Dr Gemma Quinn (team member - academic), Associate Professor of Clinical Pharmacy, University of Bradford</p> <p>Lesley Johnson (team member - pharmacist), Director of Education and Training, CIG Health Care Partnership</p> <p>Kirsten Little (team member - pharmacist newly qualified), Senior Clinical pharmacist CAMHS (children and adolescent mental health services), NHS Forth Valley</p> <p>Dr Cathy O’Sullivan (team member - lay), Workforce Development Consultant</p>
GPhC representative	Philippa McSimpson*, Quality Assurance Manager (Education), General Pharmaceutical Council
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde
Observers	<p>Maeve Sparks (Observer - new accreditation panel member in training), Rotational Pharmacist, Salford Royal Hospital</p> <p>Anum Iqbal (Observer - new accreditation panel member in training), Locum Pharmacist across both primary and secondary care, PhD Researcher Newcastle University</p>

* attended the pre-event meeting

Introduction

Role of the GPhC

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

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

The GPhC’s right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the **Pharmacy Order 2010**. It requires the GPhC to ‘approve’ courses by

appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

Background

MPharm degree

The MPharm programme at Liverpool John Moores University (LJMU) is delivered by the School of Pharmacy and Biomolecular Sciences, one of three schools within the Faculty of Science. The programme was reaccredited in March 2015 for a full six years, with no conditions and three recommendations. In summary, the three recommendations were:

1. The University should revisit its student fitness to practise policy to ensure that there is full separation between the referral/investigation stage of the fitness to practise (FtP) process and the hearings stage. The University's response described how while the Lead Pharmacist contributes to the decision as to whether to escalate a case to a FtP Panel, and will normally be the presenting officer at any hearing, no panel member will have prior knowledge/awareness of the case being reviewed.
2. The University should develop a clear policy on who can support and/or represent students in fitness to practise hearings in case the University is ever challenged about this. The University's response was that the Faculty FtP regulations encourage students to have a supporter or friend present at all stages of the FtP procedure, although no person can act as a friend where there is conflict of interest, or where he or she might gain personal advantage by acting in that capacity. While students may request to be accompanied at a meeting or hearing by a legal adviser, the attendance of a legal professional must be in the capacity of a friend; this is because the University asserts that these meetings or hearings are internal proceedings.
3. The School should revisit its procedures in relation to non-UK applicants to ensure that all reasonable steps are taken to obtain relevant good character documents. Accordingly, the Faculty FtP regulations now require all international students to provide a 'Letter of Good Character' in addition to a completed UK DBS enhanced check. International students registering on the pharmacy programme are informed of this requirement.

An interim event was held in March 2018. On this occasion 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; there were no conditions 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 2020/21. 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 accreditation purposes, it is assumed that the course content for the four taught years following the preparatory year will be identical for students on the MPharm degree and the MPharm degree with preparatory year.

The MPharm with preparatory year (referred to by the University as MPharm with Foundation Year, MPharmF) programme started in September 2020. In 2020/21 and 2021/22 respectively, 19 out of 23 and 40 out of 50 entrants to this programme successfully progressed to the first year of the MPharm. However, because of the difficulty posed by managing entrant and progression numbers into the first year of the MPharm, the University decided that the MPharm with preparatory year would close, with the final intake of students being September 2022. Although the 2022/23 academic year will be the last intake, the GPhC confirmed that as this course variant has not yet been through an accreditation process, it was necessary to review this variant of the programme during the event, as the current cohort will graduate to the 2021 standards.

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

The event

The event was held at Liverpool John Moores University on the Byrom Street Campus from 30 November to 1 December 2022 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm course and a meeting with students.

Declarations of interest

There were no declarations of interest.

Schedule

Day 0 - 29 November, 2022

Private meeting of the accreditation team

Day 1 - 30 November 2022

08:00 – 09:00	Private meeting of the accreditation team
09:00 – 09:40	Management and oversight of the MPharm – part 1 - Presentation
09:40 – 10:00	Private meeting of the accreditation team
10:00 – 11:30	Management and oversight of the MPharm – part 2 - Questions and discussion
11:30 – 12:00	Private meeting of the accreditation team
12:00 – 13:00	Teaching, learning, support and assessment – Part 1 <ul style="list-style-type: none">– Presentation– Questions and discussion
13:00 – 14:00	Lunch break and private meeting of the accreditation team
14:00 – 15:00	Teaching, learning, support and assessment – Part 1 (continued)
15:00 - 15:20	Break
15:20 – 16:20	Teaching, learning, support and assessment – Part 2 <ul style="list-style-type: none">– Presentation– Questions and discussion
16:20 – 17:00	Private meeting of the accreditation team

Day 2 - 1 December 2022

08:15 - 08:45	Private meeting of the accreditation team
08:45 – 09:15	Tour of MPharm teaching and learning facilities
09:15 - 09:30	Private meeting of the accreditation team
09:30 – 10:30	Student meeting
10:30 – 10:45	Private meeting of the accreditation team
10:45 – 12:00	Teaching, learning, support and assessment – Part 3 <ul style="list-style-type: none">– A detailed look at the teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team
12:00 – 15:15	Private meeting of the accreditation team
15:15 – 15:30	Delivery of outcome to the University

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Anderson, Dr Vicki	Disability Coordinator, Senior lecturer in Pharmacology
Aragon, Tavi	Hospital teacher practitioner
Bishop, Professor Laura*	ProVC, Faculty of Science
Chadwick, Kathryn	Teacher practitioner
Cubbin, Dr Ian	Senior lecturer clinical pharmacy
Cutler, Dr Suzanne	Formulary coursework assessment lead and portfolio assessment lead
Davies, Mr Jonny	Co-leader level 7 module
Devine, Alison	Senior lecturer pharmacy practice
Downing, Dr James	Examination paper 1 coordinator
Ehtezazi, Dr Touraj	Interim MPharm programme leader
Enoch, Dr Steve	Co-leader level 6 module and interim subject leader chemistry and pharmaceutical sciences
Fawcett, Dr Sandra	Senior lecturer in Skin Physiology
Garcia, Dr Jose Prieto	Senior lecturer natural products, MPharm Admissions tutor
Gaskell, Dr Elsie	Co-leader level 4 module
Gitsham, Dr Andy	Co-leader level 4 module
Giuntini, Dr Francesca	Co-leader level 5 module and pharmaceutical calculations assessment lead
Henney, Dr Neil*	Programme leader for MPharm and MPharmF
Hindley, Ben	Hospital teacher practitioner
Leigh, Aly*	Head of Operations, Faculty of Science
Lunn, Dr Andrew	Co-leader level 7 module
Madden, Professor Judy	Professor in Silico Chemical Assessment
McCloskey, Dr Alice	Senior lecturer clinical pharmacy
Morecroft, Professor Charles	Lead pharmacist and pharmacy subject leader
Mullen, Dr Rachel	Research coursework assessment lead
Nesbit, Johanne	Pharmacy law and ethics assessment lead
Nickless, Gareth	Senior lecturer in clinical pharmacy
Penson, Dr Peter*	Interim Subject leader Pharmacological Sciences
Power, Professor Mark	Vice-Chancellor, Liverpool John Moores University
Roberts, Dr Matt	Reader in Pharmaceutics
Russell, Melissa	Senior lecturer in Pharmaceutical & Medicinal Chemistry
Saleem, Professor Imran	Professor of Nanomedicine
Sarker, Professor Satya*	Director of School
Shemilt, Dr Kate	Senior lecturer in clinical pharmacy
Smith, Nicola	Faculty of Science Placement Learning Support Unit manager
Traynor, Mike	Co-leader level 5 module and pharmacy skills assessment lead
Wood, David	Faculty Administrator Pharmacy HEE coordinator
Wright, Dr Sally	Co-leader level 6 module and person-centred care coursework assessment lead
Yousaf, Dr Sakib	Examination paper 2 coordinator

* attended the pre-event meeting, along with Lucy McKenzie, Academic Quality and Standards Team leader (monitoring and external regulation)

The accreditation team also met with a group of 33 MPharm students; this comprised students from all years of MPharm and the MPharm with preparatory year (MPharmF) programmes.

Key findings - Part 1 Learning outcomes

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

The following learning outcomes were explored further during the event: **Learning outcomes 1, 6, 8, 14, 28, and 46**; additionally, learning outcome 17 was discussed as part of the meetings to discuss teaching, learning and assessment.

The team agreed that all 55 learning outcomes were met (or would be met at the point of delivery) or likely to be met by the part 2 event.

See the **decision descriptors** for an explanation of the 'Met' 'Likely to be met' and 'not met' decisions available to the accreditation team.

The learning outcomes are detailed within the **Standards for the initial education and training of pharmacists, January 2021**

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

Learning outcome 1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 2 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 4 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 8 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 9 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 10 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 11 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 12 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 13 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 14 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

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

- 1 (*Demonstrate empathy and keep the person at the centre of their approach to care at all times*),
- 3 (*Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person*),
- 6 (*Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences*), 7 (*Obtain informed consent before providing care and pharmacy services*),
- 9 (*Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care*),
- 10 (*Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action*) and
- 14 (*Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care*)

This is because the team agreed that currently there is insufficient evidence that they are met at the appropriate level. This is because much of the evidence for meeting these outcomes will be obtained during periods of experiential learning and inter-professional learning, both of which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during the part 2 event.

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 16 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 17 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 18 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 19 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 20 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 21 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 22 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 23 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 24 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 25 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 26 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 27 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 28 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 29 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 30 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 31 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 32 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 33 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 34 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 35 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 36 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 37 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Learning outcome 38 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 39 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 40 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 41 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 42 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 43 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 44 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

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

- 15 (*Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times*)
- 16 (*Apply professional judgement in all circumstances, taking legal and ethical reasoning into account*)
- 17 (*Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to*)
- 18 (*Take responsibility for all aspects of health and safety and take actions when necessary*)
- 19 (*Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so*)
- 20 (*Apply the science behind pharmacy in all activities*)
- 21 (*Apply the science behind pharmacy in all activities*)
- 35 (*Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance*)

This is because the team agreed that currently there is insufficient evidence that they are met at the appropriate level. This is because much of the evidence for meeting these outcomes will be obtained during periods of experiential learning and inter-professional learning, both of which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during the part 2 event.

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

Learning outcome 45 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 46 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 47 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 48 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 49 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 50 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 51 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 52 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>

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

- 45 (*Demonstrate effective leadership and management skills as part of the multi-disciplinary team*)
- 46 (*Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities*)

- 52 (*Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change*) are likely to be met; currently there is insufficient evidence that they are met at the appropriate level.

This is because much of the evidence for meeting these outcomes will be obtained during periods of experiential learning and inter-professional learning, both of which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during the part 2 event.

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

Learning outcome 53:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 54:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 55:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The team agreed that outcome 53 (*Reflect upon, identify, and proactively address their learning needs*) is likely to be met; currently there is insufficient evidence that it is met at the appropriate level. This is because much of the evidence for meeting this outcome will be obtained during periods of experiential learning and inter-professional learning, both of which have yet to be fully developed and implemented. This learning outcome will be reviewed again during the part 2 event.

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

The criteria that sit beneath each standard are detailed within the [Standards for the initial education and training of pharmacists, January 2021](#).

Standard 1: Selection and admission

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

Criterion 1.1 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.6 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.7 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.8 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.9 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Information is provided to prospective applicants via the online prospectus and the School of Pharmacy and Biomolecular Sciences webpages. This includes course information, entrance criteria, fitness to practise requirements, the application process, finance and fees, course feedback and career prospects. The MPharm admissions tutor, supported by the MPharm programme leader, is responsible for admissions for the MPharm and is supported by the centralised admissions team.

Applicants who are likely to meet the academic criteria are asked to complete a short questionnaire to initially assess their values and professional suitability. Those who return a completed response are offered a short, online, one-to-one interview. The interview is based on the submitted questionnaire and focuses on motivation to study pharmacy, demonstration of empathy, ability to communicate, self-awareness of personal strengths and weaknesses, and applicants' mental and emotional resilience. Applicants who perform satisfactorily at interview are made a conditional offer of a place, subject to meeting fitness to practise requirements. Students must complete a Disclosure and Barring Service (DBS) enhanced check and health screening during semester 1 of their first year.

The University is committed to fairness in its procedures for the recruitment and admission of students and seeks to ensure that no prospective student is treated less favourably on any grounds: there is a zero-tolerance policy towards any form of discrimination. The pharmacy student population is very diverse, with approximately 2/3 female, 50% of students self-declaring as Black, Asian or Minority Ethnic (BAME), and 40% of the intake being white. In 2020/21, the proportion of students from areas showing the highest level of deprivation (IMD Q1) was 40%.

Responding to the accreditation team's wish to know more about the interviews, the staff described how these are offered automatically to all suitable applicants via the central University admissions team. The interview is based on a survey that applicants complete beforehand. Questions are based on the applicants' responses to the survey that covers motivation, self-awareness, empathy, and resilience, as well as self-assessment on numeracy and professionalism. Consistency among interviewers is ensured by using an assessment rubric. Candidates are rejected only if they show no potential to become a successful pharmacist. Interviews are currently conducted online, although it is planned for interviews to be conducted face-to-face on campus in the future, although online interviews, using the same format, will continue for those who cannot attend in person, such as those based overseas. The whole pharmacy team is engaged in interviews; these take place on Wednesday afternoons, which are normally free of teaching commitments.

The team wished to learn how the School ensures that the principles of equality, diversity and fairness are embedded in the interview process, as well as how it monitors and acts upon data relating to the selection and admissions process by protected characteristics. The staff described how all staff members undergo mandatory EDI training. They also informed the team that they are now examining entry qualifications by protected characteristics to see how students can be supported through the MPharm; there is a constant review of attainment gaps (please see standard 2). While the School is looking at admissions data to determine fairness in the admissions process, it is difficult to access applicant equality and diversity data and therefore to match such data with those who receive offers.

The documentation showed that occasionally applicants who do not meet the published entry criteria are accepted onto the programme. The team wished to learn how many such students enter the MPharm each year and what is the minimum acceptable entry qualification. The staff explained that such decisions are made by the central admissions team and not by the School. Offers to those not meeting published criteria are made only at confirmation; only a small number of such applicants are accepted and the maximum drop in A-level performance would be eight UCAS points, with no decrease in core requirements. Students accepted in this way continue to perform well on the course.

The team was satisfied that all nine criteria relating to selection and admission are met, subject to a minor amendment.

Minor amendment: The team noted that the UCAS website does not refer to the need for an interview or health checks; moreover, there are inconsistencies relating to IELTS requirements and the acceptance of Scottish Highers and Irish leaving certificate. Therefore, the team requires the University to ensure that entry requirements and selection information are accurate, complete and consistent across all websites, as well as in the programme specification and other programme materials.

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

Met ✓

Likely to be met

Not met

Criterion 2.2	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.3	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.4	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.5	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.6	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The University, through its Equality and Diversity Policy, is committed to the prevention of discrimination and the advancement of equality for both staff and students and has robust systems in place to support this commitment. It promotes an environment where everyone is treated equally, with dignity and respect and tracks equality and diversity issues through a systematic collection of relevant data and the undertaking of equality impact assessments; these include, for example, policies, procedures, and educational programmes and enable the early identification of problems, which, on resolution, ensures equality of opportunity. The University's central EDI Team site gives clear definitions of equality, diversity and inclusion and presents the institution's interpretation and operationalisation strategy for the Equality Act 2010. Thus, specification of the nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) and scenarios that depict different types of discrimination are stated explicitly.

The MPharm programme team has a strategy for analysing and acting on admissions and student performance data which can be broken down by protected characteristics. This strategy aims to use data on student performance at all stages of the MPharm journey (from admissions through to GPhC registration) to identify any inequalities. This will include analysis of intersectionality to identify exactly where any inequalities may lie, and particularly to identify any predictors of poor performance so that action can be taken proactively at the earliest possible stage of the student journey. Changes being implemented over several years in collaboration with students are leading to clear improvement in addressing attainment gaps between groups defined by protected characteristics. It is also clear that there is still work to be done here, particularly for the attainment gap between black and white students. Pursuant to the University's Equality and Diversity Policy, teaching, learning, and associated facilities are organised to ensure practical and reasonable equality of access where this will enhance the learning experience, and to ensure that the programme is accessible, relevant, appropriate and responsive to a diverse student population. Concerns regarding equality and diversity are captured through several existing fora, for example, the Staff Student Consultative Committee (SSCC), and the School Management Team.

Members of staff must complete an e-learning module, Diversity in the Workplace, each year. This module introduces staff to the equalities legislation and aids their understanding of their responsibilities and rights as members of staff. It explains the application of knowledge in the context of the workplace. Evidence of meeting this mandatory requirement is reviewed at each annual Personal Development and Performance Review (PDPR), and completion is tracked at Faculty level. The induction process for staff joining the University includes a section on equality and diversity. The University EDI Team offers additional training on Unconscious Bias with supporting video and audio materials developed with staff and students. All new MPharm students also take a mandatory EDI module during Induction Week; this is followed by a tutorial early in the academic year. The module and subsequent discussions highlight MPharm-specific examples. Plans are underway for the design of a level

6 EDI tutorial starting in the current 2022/2023 cycle. This tutorial will make maximum use of the wealth of existing and current materials or literature and will serve as a refresher, also providing preparation for post-graduation work environments. Appropriate formative exercises and assessments will be encouraged and used to engender student discourse and engagement with an EDI-specific narrative as part of their learning experience. Work is in progress to decolonise the curriculum and make it more inclusive; this work has identified existing good practice and required improvements.

Noting the attainment data in relation to sex, race, age and disability, the accreditation team wished to learn how the School uses these data to inform course delivery. The staff described how they achieve this through incorporating appropriate course material, for example, in considering health inequalities in relation to gender, as well as adapting simulation scenarios. Responding to the team's wish to know what progress they had made to address the evident attainment gap of BAME students, whereby some such students perform significantly less well than others, the staff stated that they were working with students to address this. The School monitors students, especially through meetings with personal tutors, noting attendance, observing how they engage in workshops and how they engage in digital learning through the Canvas VLE. Where students are underperforming, the personal tutor intervenes to determine underlying factors such as employment commitments and provides advice, for example, on time management.

As stated under standard 1, all staff undergo mandatory online EDI training, participation in which is monitored electronically. Responding to the team's query about how they evaluate effectiveness of this training, the staff stated that the School's attainment of the Athena SWAN Bronze Award is an indirect measure. The School is responsive in EDI matters, for example, taking steps to correct the imbalance between numbers of male and female student representatives. There is broad staff development relating to EDI, for example, in relation to mental health, disability, decolonising the curriculum and 'unconscious bias' training, the last being mandatory for all staff members involved in recruitment panels.

Responding to the team's wish to learn how the School approaches equality and diversity and includes it throughout the programme, the students described how their induction covers disability, diversity and inclusion. Coursework involves group working where the groups show great diversity. There is an EDI dashboard that includes lectures and quizzes, and EDI issues are incorporated into the students' portfolios. Workshop scenarios cover different demographics, considering ethnicity, gender and age and the course deals with variability in response to drugs across different races.

The team queried how the School assured that the principles of equality, diversity and fairness are embedded in placement sites and that placement supervisors have received training in this area. The staff described how there is a code of practice for placements which includes all requirements and expectations, covering EDI as well as other matters such as health and safety. The School collects student feedback on all issues relating to placements.

The team was satisfied that all six criteria relating to equality, diversity and fairness are met.

Standard 3: Resources and capacity

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

Criterion 3.1	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 3.2	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 3.3	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

The MPharm programme, like all LJMU undergraduate programmes, does not have a discrete business plan, as resourcing is managed at the Faculty and School level. Pay budgets are managed at Faculty level to ensure staffing levels are maintained across all subject areas. The devolved pay budget covers the costs of core academic, technical, and administrative staff including the hospital teacher practitioners who are seconded to the University. Non-pay and capital budgets are determined formulaically by a Resource Allocation Model, primarily based on actual student full time equivalents, but also incorporating weighting for fee differentials (for example, international students) and high-cost subjects such as chemistry and pharmacy. The University devolves these budget allocations to Faculties and then to individual Schools. The School controls the non-pay budget and allocates an equitable share to each programme. Staff requirements are discussed with the subject group leaders and appropriate bids are made through the Faculty of Science for new posts. The School Director is responsible for ensuring that each programme has sufficient funds to deliver the full range of required activities. Discussions are underway to consider the investment in additional space, equipment, and staff to ensure that the MPharm programme meets the new GPhC IETP standards.

The School of Pharmacy and Biomolecular Sciences currently has 81.95 FTE academic staff, of which 33.8 are allocated to pharmacy; new appointments will bring the pharmacy FTE staffing to 39.6 FTE, including eight hospital-based and five community-based teacher practitioners and giving a student-staff ratio of 18:1. There are also 20 administrative/placement support and 23 technicians who are Faculty-based staff and who provide support for several undergraduate and postgraduate programmes. There are 30 GPhC registrants on the staff, including one Faculty-based pharmacy technician; 13 registrants are independent prescribers.

All staff members continue to work together to deliver multi-disciplinary content and assessment across the MPharm programme. Members of staff from science-based disciplines meet regularly with practice colleagues to discuss aspects of the programme that are applicable to their own teaching and assessment. Some pharmaceuticals, pharmacology, and medicinal chemistry colleagues are involved in the delivery of dispensing and clinical workshops. With the emphasis on multi-disciplinary learning in the new programme, many meetings have taken place to review content and delivery of lectures, workshops and practical classes which have involved all members of academic staff.

Most learning for the MPharm programme is undertaken within the James Parsons Building on the University's City Campus. This building incorporates IT facilities, general science laboratories, workshops, classrooms, and large lecture theatres, as well as specialist pharmacy teaching accommodation, such as clinical skills suites, a simulation centre and dispensary facilities. The University is currently developing plans for additional clinical

facilities that will be available to the MPharm in September 2023. These include a dedicated pharmacy simulation suite incorporating a six-bed hospital ward, observation and control rooms, breakout rooms to facilitate feedback, multifunctional clinical teaching rooms, and a clinical skills suite with relevant equipment, including that required for anatomy and physiology teaching.

Responding to the team’s wish for clarification of the proposed student intake numbers going forward, the staff explained that the target number is set early on in conjunction with the centralised admissions process. While the previous number admitted was in the range 120-140 per year, it is now around 200, the marked increase being due to the progression of students from the MPharm with preparatory year, together with the breakdown of the normal predictive systems, with higher number of A-level students achieving their offer grades. The staff stated that in the next admissions cycle numbers will decrease to around 160, because of the discontinuation of the MPharm with preparatory year. The School maintains staffing in response to student numbers through discussions with the Faculty to maintain a student/staff ratio of 18:1, which is the University target. The staff told the team that resources to support the non-pay budget always follow student numbers and that the system works to maintain the quality of provision. The team noted the confidence of senior leadership that the two critical MPharm leadership roles, the Pharmacy Subject Group Lead and the MPharm Programme Lead, both of which were about to become vacant, would be filled. The team was told that interviews will take place in January 2023 and there are contingency plans to cover any hiatus. An interim Programme Leader is in post; his position will be backfilled with another member of staff.

The students were generally satisfied with the facilities, some of which were visited by the team. Seeking an update on the planned building works for the new clinical facilities, the team learned that the project has progressed to the second planning stage and is out to tender. Work will commence once teaching for the current academic year stops and the School is confident that the work will be completed on time. The Vice-Chancellor reassured the team that the project will be finished in time for the start of the 2023/24 academic year.

The team was satisfied that there are robust and transparent systems for securing resource for the MPharm; thus criterion 3.1 is met. Criteria 3.2 (*‘The staff complement must be appropriate for the delivery of all parts of the MPharm degree’*) and 3.3 (*‘MPharm degrees must be delivered in premises that are fit for purpose’*) are likely to be met, assuming the staff posts, including the critical leadership posts, are filled and that the planned building work is completed. The School is asked to keep the GPhC updated over the coming months on recruitment to the two senior staff posts.

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	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 4.2	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 4.3	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 4.4	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.5	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The MPharm programme is managed within the School of Pharmacy and Biomolecular Sciences, one of three schools in the Faculty of Science, which is headed by a Pro Vice Chancellor (PVC), who, along with the PVCs of the other four faculties, is a member of the University's Executive Leadership Team. Associated with the Faculty is an assistant academic registrar, whose role is to advise and assist Faculty staff in the design, validation and delivery of programmes and modules, and to ensure that University and national regulations and processes are followed. Within the School, the Director is supported by the leaders of each of the five subject groups (Molecular and Forensic Sciences, Biomolecular Sciences, Pharmacy, Pharmacological Sciences and Pharmaceutical and Chemical Sciences). The School Management Team (SMT) includes the School Director and the five subject leaders. The SMT advises the Director of School on policy matters and resource allocation. The Lead Pharmacist in the School is responsible for leading the academic and professional development of pharmacy and for liaison with the GPhC. The MPharm programme leader is responsible to the Lead Pharmacist for the academic management and development of the programme. The MPharm Board of Studies has oversight of the MPharm programme, together with the Programme Development Team (PDT), the Lead Pharmacist, and the programme leader. Evaluation of the programme against institutional indicators, using data derived from student performance at module and programme level, is undertaken through annual 'Continuous Monitoring and Enhancement' (CME) combined with scrutiny by independent external examiners. The CME process includes student feedback obtained informally as well as through formal routes, particularly the staff-student consultative committee, the National Student Survey, and the Board of Studies, on which there is student representation. Input from external stakeholders to the programme has been largely concerned with placement provision but stakeholder consultation will increase over the next two academic years. Moreover, the School has proposed the formation of a Board of External Stakeholders (BoES), drawn from patients, members of the public and pharmacy placement providers. This group will advise on all aspects of the development of the MPharm.

The management of the MPharm placements and other off-campus teaching is undertaken by the Faculty of Science Placement Learning Support Unit (PLSU). Members of this unit, along with the Lead Pharmacist and Programme Leader, liaise with the relevant placement providers to secure and sustain appropriate placements. With the advent of Health Education England (HEE)-commissioned placements, the School intends to secure service level agreements with all providers. Practitioner placement coordinators will liaise with the PLSU, the Lead Pharmacist, the Programme Lead and other relevant people within the School. All placement sites are reviewed by the relevant placement coordinator, including any student and/or provider feedback from the previous year. The allocation of students follows a fair and transparent system and utilises designated software, which retains a comprehensive record of the placement providers and where placements are occurring, as well as co-ordinating the evaluation of the placements by requesting student and provider feedback.

The accreditation team requested information on how the School supports students to secure placements for experiential learning across settings through the PLSU and details of the proposed HEE-commissioned placements. The staff explained that the School has acted independently to find placements in primary, secondary and in tertiary care specialist settings and is setting up contracts through the PLSU. Software will be used to allocate students,

taking into account their personal circumstances. Community pharmacy placements will commence in December 2022 and those in hospital will begin in January 2023. When HEE-commissioned placements commence, the PLSU will still be involved and will require additional coordinators. The PLSU monitors the quality of placements through feedback obtained from students and providers, as well as through visits by coordinators; community pharmacies must have successfully undergone a GPhC inspection, while hospitals must meet HEE requirements. The School is planning a 'train the trainers' system, which will need appropriate infrastructure. Work on HEE-commissioned placements is still being built and the School believes that there will be sufficient capacity for week-long placements; however, contingencies are in place through using simulations and simulated placements, in which the University has extensive experience. Placement capacity is planned to increase through expansion into Wales; HEE have agreed to this but only based on paying the HEE tariff, rather than the Welsh one. Hospital contracts will be established through HEE and the School is planning for three-year contracts with community pharmacy and primary care.

Responding to the accreditation team's wish to learn about the School's systems and policies for managing the delivery of inter-professional learning (IPL), the staff explained that the current focus has been on placements, rather than IPL, some of which will be achieved through placements. There are plans to appoint an IPL lead. The School is planning IPL with nursing, medical and dental students.

In response to the team's wish to learn about plans to include patients and the public in the development of the MPharm, the staff described how the programme development team wants to involve patients and members of the public as lay members, and is inviting service user groups to participate. There is extensive experience of patient involvement within the Faculty of Health and the School will work with colleagues in that Faculty; some patients are currently involved in simulations. The School will form a stakeholder committee comprising employers, patients and professionals, for example, from industry; patient societies have been consulted and the School is working with Liverpool Health Partners, which is concerned with measurement and reduction of health inequalities.

Noting that the National Student Survey results suggested room for improvement in timeliness of feedback to students and in helping students to understand how their feedback has been acted upon, the team asked about actions that the School has taken in response to this. The staff described how conversations take place with students to determine their expectations and to make them appreciate that learning in classroom includes formative feedback; students receive verbal feedback in the classroom as well as formal feedback (please see narrative under standard 6). When asked if they feel that there is sufficient opportunity to provide feedback on the programme, the students told the team that they achieve this through their representatives on the Student Staff Consultative Committee (SSCC), although it is difficult to get the cohort to engage in providing information. The students sometimes feel that they do not get listened to sufficiently. Although their feedback sometimes leads to actions being implemented, they do not always hear the outcomes of surveys, the School relying on student representatives to convey these outcomes.

Noting that during the Periodic Programme Review, students had highlighted the need to reconsider the balance of online and face-to-face teaching, the team asked if the School had considered this and what actions they had taken. The staff explained how they were continuing to review this matter to achieve the correct balance, while avoiding discrimination

against students who lack the appropriate resources. Online lectures have been maintained while also using on-campus, face-to-face, interactive lectures. The students told the team that online, recorded lectures were useful because they could view them in their own time, but they also wanted face-to-face lectures. The team also heard from the students that the quality of some lectures, including those presented online was poor; students' criticisms included poor audibility, as well as the content being too specialised, and the inclusion of too much detail.

The team was satisfied that criteria 4.4, 4.5 and 4.6 are met. However, the team agreed that criteria 4.1, 4.2 and 4.3 are not met. Criterion 4.1 (*There must be systems and policies in place to manage the delivery of the MPharm degree, including the periods of experiential and inter-professional learning*) and 4.2 (*There must be agreements in place between everyone involved that specify the management, responsibilities and lines of accountability of each organisation, including those that contribute to periods of experiential and inter-professional learning*) are not met, because the provision of placements and especially inter-professional learning activities remain to be implemented and details of their management are unclear (see also standards 5 and 6). Therefore, the team imposed a condition (see condition 3) that the School must define the roles and responsibilities and lines of accountability of all those involved in experiential learning and interprofessional learning and set out the systems and policies for managing these elements of the programme (including assessments) with clear timescales.

Criterion 4.3 (*The views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering MPharm degrees*) is not met because there is limited evidence of patient and public engagement and plans for achievement of this are not clearly defined. Therefore, the team imposed a condition (see condition 2) that the School must bring forward its plans for seeking feedback from patients and the public on the design and delivery of the course, so that meaningful engagement begins in the 2022/23 academic year.

In relation to criterion 4.4 (*Feedback from student pharmacists must be built into the monitoring, review and evaluation processes*) the team recommended (see recommendation) that the School should improve the consistency of communication to students in response to their feedback on the programme. This is because although feedback is routinely sought from students, they reported that are not always aware of actions taken in response to their feedback.

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	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.2	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.3	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 5.4	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.5	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Criterion 5.6	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 5.7	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 5.8	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.9	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.10	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.11	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.12	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.13	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The programme comprises a single module in each year, although assessment is undertaken through nine separate assessment modules at each level (see standard 6). The curriculum is designed to achieve the GPhC learning outcomes (see part 1), providing the required knowledge and skills, while allowing students to develop the necessary professional attitudes, behaviours, and independent learning abilities to enter the Foundation Training Year, and become safe and effective practitioners. The curriculum follows a ‘body systems and disease states’ pathway at the early levels of study, allowing integration of science and practice knowledge and skills; this provides a sound platform for the focus on patient-centred care during the later levels of study. By year 4, students will consider highly complex, patient-centred, and population-based scenarios to ensure that students can respond appropriately to the complicated concepts and challenging problems inherent in delivering quality healthcare. Each year consists of several thematically entitled topics. To support and nurture integration at each level, each topic draws on programme-wide strands, for example, patient safety, medicine quality and effectiveness, and prescribing and consultation skills. Vertical integration is achieved by revisiting and developing content and concepts from within and across modules/levels. Skills required for independent prescribing will be developed across all four levels of MPharm, beginning with, for example, initial understanding of the relevant legislation, management of prescriptions and medicines, basic communication skills, and record keeping. Students will build on this as they progress, culminating in advanced level honing of their skills through application in simulated scenarios in year 4 and through supervised ‘hands-on’ activities during placements.

Throughout the course, students gain practical experience of working with patients, carers, and other healthcare professionals. For the academic year 2022-23, the programme team anticipates five weeks of placements across the programme, comprising one week in community pharmacy in year 2 and one week in each of community pharmacy and secondary care in years 3 and 4. Over the next two successive academic years, depending on capacity, the HEE-commissioned placement provision within the programme will expand to at least eleven weeks. These will cover different sectors, including community pharmacy, GP surgery-based clinics, and secondary care; additionally, students will undertake specialist one-day placements, for example, in residential and nursing homes, HM prisons, and tertiary care. As well as placements, there will be campus-based activities involving patients and the public. From the 2022-23 academic year, all students will also undertake simulation placements on campus, allowing them to apply their knowledge and skills in a safe environment. Here, students will interact with ‘patients’ in the form of virtual avatars, computerised, interactive mannequins, or actors.

Plans are under development for pharmacy students to participate in interprofessional education (IPE) in all years; this will involve variously nursing, medical and dental students.

In years 3 and 4, IPE will be achieved largely through the various secondary and primary care placements. Simulation activities in year 3 will involve multi-disciplinary staff working on scenarios that encourage students to explore challenges associated with team working, addressing issues such as the consequences of poor communication, and of not adhering to standard operating procedures.

The accreditation team asked how external tutors involved in the delivery of work-based placements work with the MPharm team to deliver their contribution to the programme. The staff described how this resulted from a partnership between providers and the School and relies importantly on the role of coordinators/collaborators who work between the School and the placements and who must be familiar with the sectors with which they work. Currently, there are two coordinators within the Placement Learning Support Unit (PLSU); these have an administrative role. Funding is available for an additional four coordinators (who will be pharmacists). The specific details of the posts may be dependent upon University approval and agreements with partner organisations, but one model of how the coordinators might be employed may, in the case of hospitals, be jointly employed by the hospitals and the School. These roles will be developed during the 2022/23 academic year and will include development of contracts with the University. The coordinators will be involved in 'training the trainers', which will be especially important in the context of future assessment of students in the workplace.

Noting that for many current students there had been no face-to-face placements in 2020/21 and 2021/22 because of the pandemic, the team wished to learn of the School's plans to ensure that these students gain sufficient, meaningful contact with patients, carers and other healthcare workers during the remaining time on the programme. The staff outlined the plans for the current year, stating that students in years 2, 3 and 4 will participate in placements, especially those in years 3 and 4 who have missed out on face-to-face experiential learning; all these placements have been confirmed with the providers. However, year 1 students will not be able to have this experience in the current academic year because fitness to practise/DBS checks cannot be completed in time; this will be resolved for those students entering in 2023/24, who will undertake placements in semester 2 of that year. As described above, all face-to-face placement activities will be supported by simulated placements on campus. The students confirmed to the team that they had undertaken very little placement experience, mostly comprising simulations. When asked if they felt prepared for their foundation training, the final year students told the team that they lacked confidence because of their limited placement activity and inter-professional learning (see below), which resulted in them not being prepared for communication with patients.

The team noted that no inter-professional learning (IPL) had taken place in the previous two academic years and asked about the progress for arranging this for 2022/23 and future academic years. The staff outlined planned IPL for the current academic year but reported that further developments awaited the appointment of an IPL lead, as well as somebody to lead on patient and public engagement; the staff acknowledged that this was a priority and told the team that the new programme lead will take on these roles until specific people are appointed. The students told the team of their limited exposure to IPL, which had largely been confined to an activity with nursing students in the case of those currently in year 3. Year 4 students described how people from other healthcare professions came in to present

talks and how they had interacted with other healthcare professionals on placements, where their workbooks specify the requirement to speak to other healthcare professionals.

In response to the team's wish to know how prescribing skills are embedded throughout all years of the programme, the staff stated that the skills have been selected and that the School has identified where these skills should be taught across the years. The foundation knowledge and core skills for prescribing will be introduced in year 1 with an increasing focus on clinical history taking, diagnosis, clinical reasoning and prescribing in years 3 and 4. There will be a gradually expanding repertoire of clinical and diagnostic skills throughout, along with an ongoing gradual introduction of material from postgraduate independent prescribing programme. The staff described how students will be able to practise their prescribing skills through simulation, the provision for this having been developed during the Covid pandemic. The School is planning for face-to-face activities supervised by members of staff; this will now start in earlier years; first year pharmacy skills include writing a prescription, taking into consideration legal and other requirements.

Concerned about the increase in requests associated with mitigating circumstances, resulting in some students being offered up to seven assessment attempts, the team wished to learn how this situation had arisen and how it is being addressed. The staff explained that this had resulted from University-level policy decisions in response to the pandemic, which had led to additional resit opportunities; the University will revert to its pre-pandemic policies whereby the number of permitted attempts is limited to three. In response to the team's wish to learn how they ensure a consistent approach to the deduction of marks due to patient safety concerns, the staff explained that assessment rubrics incorporate patient safety. Deduction of marks is considered by a patient safety panel, with the panel's decision based on the marking rubric, along with a consideration of specific circumstances; for example, making one error is regarded differently from if the error is repeated. Safety is incorporated into the standard setting process used for objective structured clinical examinations (OSCEs); if a student does something unusual relating to safety, this would then be considered by the patient safety panel after the OSCE.

Responding to the team's wish to learn how the School's fitness to practise procedures apply to those students in year 0 of the MPharm with preparatory year, the staff described how this was exactly the same as for students in year 1 of the MPharm. Thus, students complete a self-declaration on health and criminal status; they must return this declaration before they are registered. The health questionnaire is submitted to Occupational Health (OH) and reviewed by an OH nurse, followed by a decision being made on the students' fitness to study. Once on the programme, students go to OH to check their vaccination status. Workshops address the standards for pharmacy professionals and fitness to practise. The PLSU conducts a workshop on enhanced DBS applications, which must be undertaken within a set timeframe; students are informed that they must complete the process by the middle of semester 2 to continue on the programme. Overseas students require a character reference from their own countries, as well as a DBS check.

The students told the team that they appreciated the value of integrated learning across topics without reference to subject disciplines. They found workshops to be more useful than lectures, the quality of which varied enormously, but stated that interactive lectures were useful and recorded lectures allowed them to access these in their own time; some recorded lectures, however, contained far too much detail. Simulations were very good as they brought together many different aspects.

Overall, the accreditation team was satisfied with the design and delivery of the MPharm curriculum and that this curriculum will 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 team also agreed that the design and delivery of the programme will ensure that student pharmacists practise safely and effectively. Thus, the team agreed that criteria 5.1, 5.2, 5.4, 5.5, 5.8, 5.9, 5.10, 5.11, 5.12 and 5.13 are met. However, criteria 5.3 (*Everyone involved must work together to deliver the MPharm degree*), 5.6 (*The MPharm degree curriculum must include practical experience of working with patients, carers, and other healthcare professionals*), and 5.7 (*During the MPharm degree, there must be an inter-professional learning plan*) are not met.

Criterion 5.3 is not met because there is insufficient evidence of any plan showing how providers and supervisors in the workplace will be supported, appropriately trained, and developed in their role. Therefore, the team imposed a condition (condition 4) that the School must submit a clear plan detailing how providers and supervisors in the workplace will be supported, appropriately trained, and developed in their role (see also standard 7).

Criterion 5.6 is not met because the team was concerned that the limited experiential learning opportunities available to present final year cohort of students means they are inadequately prepared for practice. Therefore, the team imposed a condition (see condition 1) that the School must put in place additional learning opportunities during the 2022/23 academic year to help prepare the current year 4 students for entering foundation training.

Criterion 5.7 is not met because the roles and responsibilities and lines of accountability of those involved in experiential learning and interprofessional learning are unclear. Therefore, the team imposed a condition (see condition 3) that the School must define the roles and responsibilities and lines of accountability of all those involved in experiential learning and interprofessional learning and set out the systems and policies for managing these elements of the programme (including assessments) with clear timescales (see also 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	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.2	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 6.3	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 6.4	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 6.5	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.6	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.7	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.8	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓

Criterion 6.9	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.10	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.11	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.12	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.13	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.14	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

As described under standard 5, assessments are decoupled from content delivery. All assessments are designed to ensure that students demonstrate meeting the GPhC's 55 learning outcomes (see part 1). Diagnostic, formative, and summative assessments are used throughout the programme. The summative assessment in each year comprises three 20-credit coursework modules, two 30-credit end-of-year examinations and four zero-rated, pass/fail competency modules; the competency modules focus on pharmacy skills, pharmacy law and ethics, pharmaceutical calculations, and the professional portfolio. Competencies assessed include pharmacy skills, pharmacy law and ethics, the professional portfolio, and pharmaceutical calculations. Pharmacy skills are assessed through objective, structured clinical examinations (OSCEs) using live workstations. The portfolio assessment provides a framework over the four years of the programme for students to evaluate and reflect on their progress, recognise their learning needs, and plan activities to enhance their skills and knowledge, developing lifelong learning skills, and instilling an ethos of professionalism, where the students take responsibility for their learning and continual professional development; students also record learning from their experiential and IPE activities in the portfolio.

Progression to the next level of study requires a student to pass all nine assessment modules, as well as passing the content module (zero credits). To pass the content module, students must complete the relevant governance requirements and pass all assessment modules relevant to that level of study; the governance requirements include, for example, placement declarations, professional declarations that focus on attitude and behaviour, engagement with the programme, and compliance with the dress code. All assessment modules are supported by introductory sessions. Assessments ensure that any student who poses a risk to patient and public safety will not be allowed to continue pharmacy education and training.

To ensure that all assessments are integrated and reflect current practice, they will be developed by a cross-disciplinary team at each level of the programme. All assessments are marked against pre-determined criteria, allowing students to demonstrate achievement of the GPhC learning outcomes. Assessments and the set criteria are developed by assessment teams and are also reviewed by external examiners. Standard setting will be undertaken as appropriate for each assessment type. Assessment details and criteria are all made available to students at the beginning of each academic year. Following completion of the initial marking, the assessment leads, together with level/year leaders, review the outcomes to ensure that marking has taken place in accordance with agreed rules and methods. Each of the four external examiners reviews coursework and examinations, comments on the programme, and produces an annual report, which is reviewed as part of the cyclical monitoring and enhancement of the programme.

Students receive feedback on their summative coursework assessments within 15 working days of the submission deadline. As a minimum, feedback on summative assessments will comprise the overall grade/outcome, and the breakdown of the grade against the published

marking scheme, including grade descriptors. In most cases, written or verbal feedback will also be provided either at cohort or individual level, depending on the assessment. Students are invited to request further feedback from staff members either in person or via e-mail. Formative feedback is provided by academic and practice staff; this includes verbal feedback during teaching activities or on placement, or during mock assessments.

Responding to the accreditation team's wish to learn about the assessment plan for experiential learning placements, the staff described how this will be based on 'entrustable professional activities' (EPAs), which will have inputs from learning both on campus and during placements; EPAs will contribute to the formative and summative assessment of placement work. The School is awaiting the development of a definitive list of these EPAs. The portfolio will also be used to record workplace-based assessments of specific GPhC learning outcomes; these will include case-based discussions, and records of observations of skills, as well as reflective accounts covering matters such as leadership and dispensing errors. Senior students will support students in early years with their portfolios through a peer mentoring scheme. There will be a formative assessment of the portfolio through a tutorial in semester 1 and a summative review of the evidence in the second semester; the summative assessment will be undertaken by a GPhC registrant who is not the personal tutor. From 2023, the portfolio will closely resemble the Foundation Year training portfolio and will incorporate skills that will be of use during the foundation year. Currently, students submit their portfolios via the Canvas virtual learning environment, but the School is developing a standardised system in collaboration with the placement providers and HEE; this will work across the different sectors.

The team enquired how the School ensures that placement providers have the appropriate skills, experience and training to undertake formative assessment of students. The staff stated that while this is incorporated into the code of practice, currently there is no formal training. However, the School will develop a 'train the trainers' programme. Within the University, all members of academic staff go through the Postgraduate Certificate in Learning and Teaching in Higher Education, which covers assessment methods.

Noting the use of multiple-choice questions (MCQs) right up to Year 4, the team asked how these change in style and/or complexity across the years. The staff explained that one reason for using MCQs is to reflect the GPhC's registration assessment. In early years, these test recall of knowledge but in later years are based on cases and require students to make decisions, for example, on the choice of drugs.

In response to the team's wish to know how the School is assured that the pass mark in numeracy assessments reflects safe and effective practice, the staff explained that papers are subject to standard setting using an appropriate method. In the first two years the questions focus on core material and basic problem solving, while in year 3 and 4 the calculations are based on real-world situations and are clinically relevant. Calculations are embedded in pharmacy skills workshops in the teaching environment.

Overall the accreditation team was satisfied with the assessment strategy and that criteria 6.1, 6.5, 6.6, 6.7, 6.12, 6.13, and 6.14 are met. There was insufficient evidence to support meeting criteria 6.2, 6.3, 6.4, 6.9, 6.10, 6.11, which, however, the team agreed are likely to be met by the part 2 reaccreditation event.

Criterion 6.8 (*Higher-education institutions must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of experiential and inter-professional learning, during the MPharm degree, against each of the learning outcomes*) is not met. This is because the School has not yet clearly defined management systems to plan, monitor and record the assessment of students in relation to experiential learning and interprofessional learning. Therefore, the team imposed a condition (see condition 3) that the School must define the roles and responsibilities and lines of accountability of all those involved in experiential learning and interprofessional learning and set out the systems and policies for managing these elements of the programme (including assessments) with clear timescales (see also 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

Criterion 7.1	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.2	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.3	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.4	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Support for everyone involved in the delivery of the MPharm degree

Criterion 7.5	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 7.6	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 7.7	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 7.8	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

All first-year students participate in a three-day induction session at the start of their studies. This includes a welcome to the University and the School, a review of the MPharm programme, and several activities to enhance students' awareness of the campus, laboratories, clinical suites, and the library; the induction highlights fitness to practise requirements and professionalism, as well as the importance of attendance and engagement with the programme. All students are assigned a personal tutor who is a member of the pharmacy academic staff. The tutor's role is to facilitate students' engagement with their academic programme, as well as with wider University activities, and to act as the point of contact to facilitate student access to other central University support services. Personal tutors can identify 'at risk' students and offer support, advocacy, and signposting to help them continue with their studies; student engagement with the Canvas virtual learning environment (VLE), scheduled on-campus sessions and placements is monitored, providing an early indication of individual difficulties so that appropriate action can be taken. There are three scheduled tutorials per semester, at least one of which is a formal one-to-one meeting to discuss academic progress, pastoral support, and personal and professional development planning. In addition to their tutors, students have extensive access to academic staff

through personal contact on campus, via email, or telephone, or by booking an appointment; every member of academic staff reserves at least four hours per week for student appointments. Many of the academic staff are GPhC registrants who have extensive experience in the main professional sectors, and who provide mentoring and professional role-models for students.

All members of staff are line-managed and mentored by experienced staff. Members of staff undergo an annual Personal Development and Performance Review (PDPR)/appraisal enabling them to plan, reflect and record their performance, and identify personal training needs and career aspirations. There is a comprehensive Workload Allocation Model covering all academic staff; this aims to achieve an overall balance of staff workload across teaching, administration duties, research, and enterprise activities. Workload is reviewed during the annual PDPR process.

All new staff members undertake an induction and probation protocol. The induction focuses on their role to ensure that they understand the expectations, duties, and activities. Within the School, new appointees meet with their line-manager on arrival, are introduced to their immediate colleagues, and have a short informal meeting with the School Director. The induction process ensures that all new starters receive the appropriate documentation and are provided with an orientation to the School, as well as the professional context of the MPharm programme. All non-GPhC registrants are introduced to a variety of GPhC policies and standards that govern the initial education and training of pharmacists, including the emphasis on patient and public safety across the programme. The horizontal and vertical integration of pharmacy-related disciplines ensures that staff from science and practice work together to build the MPharm curriculum. New members of academic staff are allocated sufficient protected time to complete the Postgraduate Certificate in Learning and Teaching in Higher Education and gain Fellowship status of the Higher Education Academy.

In response to the accreditation team's wish to learn about how the School supports students during Year 0 of the MPharm with preparatory year and how these students are monitored and supported once they move into the remainder of the MPharm, the staff described how they have 10 tutorials across the year with tutors from pharmacy; these tutorials cover science skills, communication skills, statistics and numeracy. All students have access to any member of staff, with staff members making themselves available for four hours/week through the 'SeeMyTutor' system. On progressing to year 1 of the MPharm, students retain the same personal tutor. The School monitors students who enter the programme via this route and finds that they do well, often outperforming direct entrants; these students are comfortable with being at university and bring with them enthusiasm and experience from employment, including employment in pharmacy. Noting that the MPharm preparatory year is being discontinued, the team wished to know how those in year 0 who need to retake assessments will be supported. The staff explained that although the course is closing, the year 0 modules will continue, so that support will be available.

When asked how satisfied they were with the support received from the staff, the students offered mixed responses, with some being very happy while others stated that support was available but that they needed to be proactive in seeking it; some staff members were much

more supportive than others. Staff members generally responded to e-mails where students could not get face-to-face appointments.

Responding to the team's wish to hear how the School communicates to students how to raise concerns, the staff told the team that students are informed about the systems for raising concerns at the beginning of the programme; this information is repeated each year. These systems include the Staff Student Consultative Committee (SSCC) at which student representatives can raise any matter. Although no formal minutes are taken, action points are documented and passed to the Board of Studies from which they can be escalated if required. Additionally, module leaders hold student forums and students can also inform their personal tutors of concerns about the programme. Although year 0 students on the MPharm with preparatory year are included in these processes, they are reluctant to participate (see also the narrative under standard 4).

When asked about the mechanisms in place to support the providers and supervisors in the workplace to help them develop in their professional role and about the training that is provided for these people, the staff explained that this will be the role of the placement coordinators. Support will be easier to provide in hospital but providers and supervisors in community pharmacy may need more support. No training is provided currently but in future placement coordinators will act as a conduit between the providers and the school placement team. The staff acknowledged that this two-way conduit needs to be in place as soon as possible to determine what training is required and what can be provided; hospital teacher practitioners will be very much involved. For both support and training there should be a uniform approach across sectors in the region with generic outcomes. Currently, the School is not collaborating directly with other schools of pharmacy in the region (UCLan, Keele, Manchester) but the staff suggested that HEE should bring these schools together to determine the best approach.

Overall, the team was satisfied with the support and development for student pharmacists and staff involved in delivering the MPharm; thus, criteria 7.1, 7.2, 7.3, 7.4 and 7.8 are met, while criterion 7.7 (*Everyone involved in the delivery of the MPharm degree must have effective supervision, an appropriate and realistic workload, mentoring, time to learn continuing professional development opportunities, and peer support*) is likely to be met. However, criteria 7.5 (*There must be a range of systems in place to support everyone involved in the delivery of the MPharm degree to develop in their professional role*) and 7.6 (*Training must be provided for everyone involved in the delivery of the MPharm degree*) are not met. This is because currently there is no support or training for placement providers and supervisors and the plans for such support and training were unclear. Therefore, the team imposed a condition (see condition 4) that the School must submit a clear plan detailing how providers and supervisors in the workplace will be supported, appropriately trained, and developed in their role (see also standard 5).

Teach out and transfer arrangements

The implementation of the MPharm 2023 in September 2023 will impact on students who are in years 1, 2 and 3; these students will start on, or be transferred to, the MPharm 2023 in the academic year 2023-24. Thus, only year 4 students of that academic year will remain on the

old programme/education standards and all others graduating in July 2025 and beyond will meet the requirements of the 2021 GPhC standards.

Since 2021-22, the pharmacy team have begun transitioning the MPharm programme content to the 2021 IETP standards. This started by embedding the innovations in teaching, learning and assessment that took place during the Covid-19 pandemic. These amendments include delivering some sessions online, for example, didactic teaching, virtual simulation, some interprofessional education, and synchronised small group activities. Such changes will allow a greater focus on using small group face-to-face activities; these activities include clinical skills, communication, decision-making, hands-on patient interaction, clinical reasoning, and managing risk, preparing students to be prescriber-ready at graduation. Content of the early years of the programme has already transitioned or is about to transition to MPharm 2023. This transition will continue into 2022-23 for years 1 and 2, with year 3 content transitioning in 2023-24. As from 2022-23, the programme governance requirements have been aligned to those required in the content modules of the new programme structure, in preparation for the transfer.

Assessments will remain as for the old programme until 2023-24. It will not be possible to move to the new coursework structure until September 2023; however, the focus of coursework is being aligned, wherever possible, to the plans for the new programme during the 2022-23 year. Some of the existing competency assessments are very similar to those proposed for the new programme; these include pharmacy law, numeracy, and the portfolio. The pharmacy skills assessment in the new programme will utilise an OSCE methodology and will comprise dispensing activities at the lower levels of the programme as well as communication/consultation workstations. To transition to this revised assessment, the dispensing assessment in years 1 and 2 for academic year 2022/23 will change to an OSCE style (station-based activities) methodology. The content of the end-of-year examinations will start to align to that of the new programme in years 1 and 2 as from 2022-23, with the format moving towards that used in the MPharm 2023 programme.

Currently, students can take leave of absence and defer assessments. Also, those who pass at least 60% of the assessments can retake the level of study as a 'Final Module Assessment'. The programme maximises the opportunity to progress to the next level of study or graduate from the programme by providing three assessment periods each year; that is April/May, July, and early September.

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).

