



Master of Pharmacy
degree (MPharm)

University of Manchester
Report of an interim event
March 2018

Event summary and conclusions

<i>Provider</i>	University of Manchester
Course	Masters of Pharmacy degree (MPharm)
Event type	Interim event
Event date	19-20 March 2018
Accreditation period	March 2015 – March 2021
Outcome	Continued accreditation confirmed The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree provided by the University of Manchester should continue to be accredited for the remainder of the accreditation period.
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made.
Registrar decision	The Registrar of the GPhC accepted the accreditation team's recommendation and approved the continued accreditation of the programme for the remainder of the accreditation period.
Key contact (provider)	Professor Jason Hall, Director of Undergraduate Teaching
Accreditation team	Professor Andy Husband (Team Leader), Professor of Clinical Pharmacy and Head of the School of Pharmacy Newcastle University Dr Adam Todd (Academic), Reader in Pharmaceutical Public Health, School of Pharmacy, Newcastle University Ms Gail Fleming (Pharmacist), Pharmacy Dean, Health Education England (London and South East) Mr Mike Pettit (Pharmacist), Senior Lecturer in Pharmacy Practice, University of Sussex
GPhC representative	Ms Joanne Martin, Quality Assurance Manager, GPhC
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

Introduction

Role of the GPhC

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

was carried out in accordance with the GPhC's 2011 MPharm Accreditation Methodology and the course was reviewed against the GPhC's 2011 education standards 'Future Pharmacists: Standards for the initial education and training of pharmacists'.

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Purpose of this event

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

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

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

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

The interim event

The interim event is divided into four components:

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

Background

The MPharm programme at the University of Manchester was reaccredited for six years in 2015 with two conditions and one recommendation. The conditions were:

- i. The School was required to develop and articulate a strategy for inter-professional education (IPE) which should increase year on year. While acknowledging that the IPE in years 3 and 4 was clearly embedded and met the definition of IPE, the activities in years 1 and 2 were not currently

consistent with this definition. This was to meet criterion 5.6. In response to this condition, the Division has worked with other health programmes in the Faculty to revise the IPE strategy and to develop an extensive programme of IPE activities throughout the programme.

- ii. The assessment of competency using OSCEs was required to be reviewed to ensure that it was reliable, valid and consistent with best practice; this was to confirm that those students who fail aspects of the assessment are appropriately reassessed using an evidence-based approach to address patient safety issues. This was to meet criterion 5.11. In response to this condition, the Division reviewed all OSPEs and OSCEs in the programme; as part of this review the 'instant resit' for the final year OSCE, which was one cause of the team's concern, was immediately removed, resulting in the requirement of all students who fail an OSCE or OSPE to re-sit and pass the full examination. All staff members involved in OSCE/OSPE setting and marking routinely meet to make blueprints (mapping the OSCE/OSPE stations against competencies), and to validate and set standards for the examinations. Other improvements to OSCEs/OSPEs relate to station selection, feedback to students, marking schemes, and a change in the number of attempts.

The recommendation, relating to standard 4, was that the School should review the selection and admissions processes to ensure that they were fair and consistent for all students both home and overseas; this was because the team considered that the differences in the processes for home and overseas students were not equitable. Accordingly, all overseas applicants now undergo a Skype interview with the admissions tutor and the admissions manager.

The accreditation team advised the School that the team's conclusions from this event were based on what team members had been told, what they had observed, and documents that they had read over the course of the visit and the satellite visits. The purpose of this interim event was to monitor the progress made with delivering the MPharm degree since the 2015 reaccreditation, and to observe a range of educational activities that related to practice and the standard 10 outcomes. Interim events cover selected topics and not all standards are discussed; thus, standards 1, 3 and 7 were not addressed at this event.

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

Progress since last event

Standard 1: Patient and public safety

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

This standard was not discussed during the interim event.

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

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

Since the 2015 reaccreditation, the Faculty of Medicine and Health Sciences has merged with the Faculty of Biological Sciences to form a single structure, the Faculty of Biology, Medicine and Health, comprising three schools, these being respectively the schools of Health Sciences, Medical Sciences and Biological Sciences. Pharmacy now lies within the School of Health Sciences, in the Division of Pharmacy and Optometry, one of six divisions in the School, the others being Human Communication, Development & Hearing, Informatics, Imaging & Data Sciences, Nursing Midwifery & Social Work, Population Health, Health Services Research & Primary Care, and Psychology & Mental Health. Thus, all formal documentation and communications now refer to the Division of Pharmacy and Optometry, although for non-statutory, or non-contractual, written documentation, and for communications with students, staff and external bodies, the name Manchester Pharmacy School is retained. The merger with Optometry offered potential joint teaching opportunities, for example, in relation to ocular delivery systems, as well as opportunities for IPE.

Quality assurance of the MPharm utilises student feedback received through the Staff-Student Liaison Committee (SSLC), as well as through unit surveys, the results of which are considered by the Unit Leads at Unit Review meetings and presented to the School's Teaching Standards Committee; data from the National Student Survey also form part of the quality assurance deliberations. Quality assurance of community pharmacy placements has built on the good practice derived from experience with the corresponding placements in hospital pharmacy and also utilises student feedback. All providers receive an initial visit from two members of staff and the Placement Administrator, and premises are revisited every three years. The strategic direction of placements is driven by Practice Placements Steering Group, which comprises representatives from a range of providers and organisations, including independent, small and large multiple community pharmacies, primary care, NHS England, and Manchester Medical School, as well as staff from the Division; this group provides feedback on plans, advises on new placements, and maps placement outcomes to the curriculum, as well as receiving feedback on the placements. Other external input to the MPharm programme and its development is obtained from a Patient and Public Advisory Board, which is a reference group for undergraduate teaching and learning, and from the External Advisory Group; the latter comprises a variety of employers and considers all aspects of the MPharm programme.

Standard 3: Equality, diversity and fairness

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

This standard was not discussed during the interim event.

Standard 4: Selection of students

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

At the 2015 reaccreditation, the team recommended that the School should review the selection and admissions processes to ensure that they were fair and consistent for both home and overseas students; this was because it was considered that the differences in the processes for home and overseas students were not equitable. In response to this recommendation, the Division amended the procedures for the recruitment and selection of overseas applicants, who now undergo a Skype interview with the admissions tutor and the Admissions Manager; these interviews are identical to those for the home applicants, with offers of places being made based on performance in the interview. The University also offers an MPharm with a Foundation Year; students for this programme apply in exactly the same way as those students applying to the standard MPharm and are similarly interviewed, being admitted specifically into year 0 of the MPharm. The majority of the Foundation Year is delivered by nearby Xaverian College, which runs year 0 for many other courses; the course is taught to the same standard as A-level and the University sets the grade required to progress onto the MPharm, which is equivalent to the corresponding A-level grades (ABB). Students taking the Foundation Year attend the University for half a day every other week, where they are introduced to various aspects of pharmacy such as communication skills and literature searching and must pass the year in order to progress to the MPharm; such students do well on the MPharm programme, many achieving 2.i and first-class degrees.

Standard 5: Curriculum delivery and student experience

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

The MPharm programme comprises six vertical strands, these being 'The Medicine' (covering pharmaceuticals, pharmaceutical chemistry, and pharmacokinetics), 'The Pharmacist' (covering professional aspects, law and dispensing, managing minor ailments, and ethics), 'The Patient' (covering physiology, pharmacology and therapeutics), 'The Public' (covering public health and microbiology), 'Research' (covering research skills and research project), and 'Integrated Professional Practice' (incorporating placements, quality control, inter-professional education, and continuing professional development). 'The

Public' unit runs across years 1 and 2 and 'Research' across years 3 and 4. These strands identify the units (modules) making up each year. The credit rating of units in each year are being progressively reorganised to give a credit value to the previously zero-credit weighted 'Integrated Professional Practice' (IPP) unit. The changes made in the programme since the last reaccreditation have conferred benefits to both teaching and assessment. Teaching ~~has improved, and~~ now involves the development of joint lectures incorporating both science and practice, enabling students to see the integration and connections among the various units. Assessments include integrated papers which incorporate all aspects of science and practice. Important elements of assessment are the objective structured clinical examinations (OSCEs) and objective structured practical examinations (OSPEs); all students who fail an OSCE or OSPE must now resit and pass the full examination. Staff members who are involved in OSCE/OSPE setting and marking now meet routinely to make blueprints, mapping the OSCE/OSPE stations against competencies and looking at the balance of topics, as well as validating and setting standards for the examinations, using the 'minimally competent student' as a basis. Integration in the curriculum is facilitated by the placements undertaken in community and hospital pharmacy. The general approach to placements is that year 1 is concerned with orientation and observational learning, while shadowing and case-based learning occurs in year 2, hands-on working in placements takes place in year 3 with a focus on pharmaceutical care, and year 4 placements consider the transition to pre-registration training and emerging pharmacist roles; there is thus a progression from students being highly supervised in year 1 to working much more independently in year 4. Hospital pharmacy placements start in year 1 with a three-hour orientation and a consideration of infection control. This is followed in year 2 by considering clinical monitoring, acute coronary syndromes, heart failure, respiratory disease, inflammatory bowel disease and kidney disease. Year 3 hospital placements deal with patient-centered consultation, diabetes, the multidisciplinary team, surgery, neurology and mental health, while year 4 addresses medicines reconciliation, clinical checking of high-risk drugs, and the role of the preregistration pharmacist. There are also optional industrial placements in years 2 and 3. In response to a condition imposed at the 2015 reaccreditation, the Division has worked with other health programmes in the Faculty to revise the inter-professional-education (IPE) strategy and to develop an extensive programme of meaningful and relevant IPE activities throughout the programme. The focus of IPE is the multidisciplinary team, covering teamwork, the roles of other healthcare professionals, and the application of skills in interacting with the multidisciplinary team from the pharmacist's perspective in year 4; in these activities, the pharmacy students work variously with a wide range of professionals and healthcare students including nurses, students of midwifery dentistry, speech and language therapy, audiology, optometry, and medicine. In general the students expressed the view that due to a variety of reasons, sessions with the medical students were not always as satisfactory as with other professions.

Standard 6: Support and development for students

The team was satisfied that the single criterion relating to this standard continues to be met.

The documentation had outlined the formation of a new Student Welfare and Professionalism Support (SWAPS) team to coordinate student support across the Division, and this was explained further in meeting 2. This team, led by a Senior Academic Adviser, comprises the four-year tutors along with experienced academic advisers, the aim of SWAPS being to provide an alternative, impartial support network; an important principle of its membership is to separate staff members making decisions on student progression, including those who are members of the Mitigating Circumstances or Health and Conduct committees, from those staff members providing pastoral and welfare support. The students described the excellence of the support offered by the School, with academic advisers being readily accessible to offer help or to signpost them to the different services available across the University. There is a scheme known as PLEDGE (Pharmacy, Life Experience, Development, Graduate Employability), which encourages and recognizes students' extra-curricular activities, especially those relating to social responsibility, volunteering and involvement in University Committees; students can obtain an award (bronze, silver, gold or platinum) based on evidence for meeting the criteria.

Standard 7: Support and development for academic staff

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

This standard was not discussed during the interim event.

Standard 8: Management of initial education and training

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

As described under standard 2, Pharmacy now lies within the School of Health Sciences, in the Division of Pharmacy and Optometry. The management is both at Division level, through committees for Teaching & Learning, Teaching Standards, Health & Conduct, and Mitigating Circumstances, and at programme level for examination boards and the Staff-Student Liaison Committee; each programme (MPharm and BSc Pharmaceutical Science) retains its own lead and, at programme level there is also a lead for 'Student Experience'. The chair of the Health & Conduct Committee, which deals with academic malpractice, changes according to the affected programme; 'fitness to practise' matters are dealt with at Faculty level. The programme leads for pharmacy and optometry act respectively as Director and Deputy Director of Learning and Teaching for the Division and meet frequently with the Head of Division. In practice, the Division really operates as the School of Pharmacy did previously, although there is now the requirement to work closely with Optometry; this has benefits, including opportunities for IPE activities.

Standard 9: Resources and capacity

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

Resourcing needs are determined by senior member of staff and agreed during budget-setting meetings at School and Faculty level; the Head of Division holds the budget.

Standard 10: Outcomes

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

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

Observation of student activities

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

Several of the observed activities were based around inter-professional learning. These included a first-year inter-professional education activity involving students of pharmacy, midwifery and speech & language therapy (activity 5). The objectives here were to understand the range of healthcare professional input into a patient journey, to identify the place of each professional in the patient journey, and to identify the basic roles of each of the professionals. In the workshop, students from these different healthcare courses followed the journey of a real patient through primary, secondary and tertiary care over a six-year period. There was also a year-2 activity that introduced students to the hospital setting from a pharmacy perspective (activity 1). Here, the students considered the identification and interpretation of clinical monitoring parameters, recognised the staffing structure of the nursing and medical teams on the ward, looked at the impact of an infection on a patient's biochemistry and physiological function, and addressed the importance of hand hygiene and infection control. There was also a year-4 IPE event (activity 4) involving fourth year pharmacy students working with third year midwifery students, in which the students jointly addressed the case of a patient with bipolar affective disorder who becomes pregnant as a result of contraceptive failure, and who stops taking her medication during the pregnancy due to fears of safety;

subsequently her mental health deteriorates. The students used a multi-professional approach in undertaking a root cause analysis and discussed some of the key factors that contributed to the patient's health at 24 weeks of her pregnancy, reviewing where multi-professional working could be improved to support such patients, and thus minimise harm. Other observed activities were three first-year workshops (activity 2) covering formulation of suspensions, identifying and checking prescription issues, and discussing how to advise patients on using their medicines. The team also observed a practical exercise dealing with the measurement of lung volumes (activity 3) using a peak flow meter and spirometer that helped students to understand how pharmacists can monitor disease and support patients, and a third-year team-based learning (TBL) session (activity 6), on healthcare leadership, with a focus on stress in the workplace. Overall, the team found the students to engage well with these activities, which all contributed to meeting the appropriate standard 10 learning outcomes.

Conclusions

Interim visits cover selected topics and not all standards were discussed; thus standards 1, 3 and 7 were not discussed at all and standards 8 and 9 were not discussed to any great depth.

Standards 5 & 10 (curriculum delivery and learning outcomes):

The team had the opportunity to observe activities both during the event and on the various satellite visits; the four satellite visits comprised IPE events in years 2 and 4, a year 2 session on measuring lung function, and a first-year laboratory-based workshop; these allowed the team members to see the students in a range of environments and activities and are detailed elsewhere in this record. The year 2 IPE session in hospital was one of a series of sessions helping students to develop an insight into pharmacy in a hospital setting; the session also focussed on the role of the multi-disciplinary team. The year 1 workshops addressed formulation, prescription review, and communications. The year 2 sessions on the topic of lung function provided opportunities for students to gain insight into measuring respiratory parameters and considering diagnostic methods. During the event, the team observed an IPE session, where year 1 pharmacy students worked in small groups with students of speech and language therapy and midwifery to consider a scenario based on the case of a mother whose unborn child shows a cardiac abnormality with complications; here, the students followed the patient journey in encountering a range of different healthcare professionals. The second activity observed during the event was a third year, team-based learning session on leadership, focusing on stress in the workplace, which was the third in a series, the previous ones looking at resilience and motivation; here, the students completed iRATS and tRATS based on their pre-reading. The session involved role-play and situational judgement test exercises. In all of the observed activities both during the satellite visits and the event, the team found the students to be well prepared, and fully engaged, showing good team working, and, in the IPE activities, showing good interaction with each of the other professions. The activities were all appropriate to the level of the programme and contributed to meeting the stated standard 10 learning outcomes.

In the meeting with the students, they articulated how the course enabled them to understand, at an early stage, why they are learning various aspects of the course. They described clear integration within the MPharm and understood how complexity develops in the later years, although there was some inconsistency in their satisfaction around the patient care plan assessment in both the preparation and the design. However, the support available in preparing for OSCEs and OSPEs was thorough and helpful. They also described mixed experience with inter-professional education, explaining that they had more positive and meaningful experience with the non-medical students. The team noted plans for the further development of inter-professional education, and the visiting team will look forward to seeing these developments at the next visit. The activities based around patients, other professions and practical experience are appreciated and valued by the students. Throughout the meeting, the students constantly referred back to these activities and articulated how these were crucial in developing the skills and professional attitude needed to become a pharmacist. They stated that they would like to do these sessions more often, because this is where they feel they embed the knowledge and develop their confidence and skills in working with patients. It is clear that an enormous amount of effort is being invested in the range

and depth of placements and experiences being offered, and that the students appreciate this investment in them, articulating how much they benefited from these experiences. The team heard of the School's plans for further development and look forward to seeing progress at the next visit.

All sessions observed met the objectives stated in the documents and through discussion on 20th March today, the visiting team is confident that standards 5 and 10 continue to be met.

It was a pleasure to meet with the students who came across as intelligent, articulate and mature in their engagement with the team. They clearly appreciated the support they receive from staff at the University of Manchester.

Appendix 1 – Activities

Observed activities

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

Activity number	Activity	Year/Level
1	Hospital Placement containing IPL activity (PHAR20500)	2
2	PHAR10200 Pharmacist workshop	1
3	The Patient Practical skills class (PHAR20300)	2
4	Inter-professional Workshop: A root cause analysis in mental health (PHAR40300)	4
5	Inter-professional Workshop: 1st year The Patient Journey (PHAR10500)	1
6	Healthcare leadership team-based learning	3

Appendix 2 - Standing conditions

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

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

Appendix 3 – Standards

GPhC standards for the initial education and training of pharmacists

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

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

Or by clicking on the following link:

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