

**University of Manchester, Master of Pharmacy
(MPharm) degree and MPharm degree with
preparatory year reaccreditation part 1 event
report, April 2023**



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Event summary and conclusions

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| Provider | University of Manchester |
| Courses | Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year |
| Event type | Reaccreditation (part 1) |
| Event date | 27-28 April 2023 |
| Approval period | 2022/23 – 2030/31 |
| Relevant requirements | Standards for the initial education and training of pharmacists, January 2021 |
| Outcome | <p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree and MPharm degree with preparatory year offered by the University of Manchester be reaccredited, subject to a satisfactory part 2 event. There were no conditions or recommendations.</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 reserves the right 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 will to take place virtually.</p> |
| Conditions | There were no conditions. |
| Standing conditions | The standing conditions of accreditation can be found here . |
| Recommendations | No recommendations were made. |
| Registrar decision | <p>The Registrar of the GPhC has reviewed the reaccreditation report and considered the accreditation team’s recommendation.</p> <p>The Registrar is satisfied that the University of Manchester has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the initial education and training of pharmacists, January 2021.</p> <p>The Registrar confirms that the University of Manchester is approved to continue to offer the MPharm degree and MPharm with preparatory</p> |

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| | year programme for 6 years, subject to satisfactory part 2 event. The Registrar noted that there were no conditions associated with this event. |
| Key contact (provider) | Harsha Parmar, Senior Lecturer |
| Accreditation team | <p>Professor Antony D'Emanuele (Team Leader), Pharmaceutical and Higher Education Consultant; Emeritus Professor of Pharmaceutics, De Montfort University*</p> <p>Professor Cate Whittlesea (team member - academic), Professor of Pharmacy Practice, Head of the Research Department of Practice and Policy and Associate Director of Clinical Education, and Interim Director UCL School of Pharmacy University College London</p> <p>Marianne Rial (team member - academic), Academic Quality Lead and Principal Lecturer, University of Hertfordshire</p> <p>Dr Hayley Wickens (team member - pharmacist), Consultant Pharmacist, Genomic Medicine, Central and South Genomic Medicine Service Alliance</p> <p>Dafydd Rizzo (team member - pharmacist newly qualified) Clinical Pharmacist, Cardiff and Vale University Health Board</p> <p>Katie Carter (team member – lay) Consultant in Healthcare Regulation and Education</p> |
| GPhC representative | Chris McKendrick, Senior Quality Assurance Officer (Education), General Pharmaceutical Council* |
| Rapporteur | Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde |

*attended pre-event meeting on 6 April 2023

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 programme was reviewed against the GPhC **Standards for the initial education and training of pharmacists, January 2021**.

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 the University of Manchester is delivered by the Division of Pharmacy and Optometry, one of six divisions in the School of Health Sciences located in the Faculty of Biology, Medicine and Health. The programme was last reaccredited in 2015 subject to two conditions; one relating to the development of inter-professional education (IPE) and the second relating to the need to review the assessment of competency using OSCEs. At the 2015 reaccreditation event, the team also recommended a review of the selection and admissions processes to ensure fairness and consistency for both home and overseas students. The conditions and recommendation were fully addressed prior to an interim visit in 2018, when continuing reaccreditation was recommended without further conditions or recommendations. This was followed by another interim event in 2021 when the accreditation team confirmed the continued accreditation of the programme to the 2011 Standards without any conditions or recommendations. This period of extension followed the GPhC's policy for MPharm degrees being reviewed at that time that continued to meet the 2011 standards. The next MPharm event would be full reaccreditation to the Standards for the initial education and training for pharmacists, 2021. This is the report of the Part 1 accreditation to these standards.

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 the purpose of accreditation, it is assumed that the course content for the four taught years following the preparatory year will be identical for students on the MPharm degree and the MPharm degree with preparatory year.

In 2009, as part of a widening participation programme, the University launched a Foundation Year programme for entry to the MPharm programme in formal partnership with Xaverian 6th Form College. The programme targets primarily applicants who have experienced educational and other disadvantage measured geo-demographically and by prior educational context. All students who enrol on the Foundation Year programme are registered as full-time University of Manchester students. An

event took place on July 1 2021 to accredit the Manchester MPharm with Preparatory Year programme that incorporates this established Foundation Year. At that event, the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree with preparatory year provided by the University should be approved until the end of the 2022/23 academic year, at which point the provision would be reaccredited alongside the University's MPharm degree against the standards for the initial education and training of pharmacists 2021.

The University was advised that, given the change of the name of the pre-registration year to foundation training, it may wish to consider reviewing the course title of the MPharm degree with preparatory year, to ensure that the title is not misleading or confusing going forward. This may be a requirement for all course providers going forward. During the event, it was confirmed that the University intends to retain the title of MPharm degree with Foundation Year and this had been confirmed with the GPhC.

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 6 April 2023. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event, and was told the learning outcomes that would be sampled.

The event

The event took place on site at the University on 27-28 April 2023 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with past and present students.

Declarations of interest

Cate Whittlesea declared that she had worked with the Head of Division from 2005 to 2015 at another institution, and had acted as external examiner at Manchester from 2008-12. It was agreed that this did not constitute a conflict of interest.

Tony D'Emanuele declared that he had worked at Manchester from 1990-2006. It was agreed that this did not constitute a conflict of interest.

Schedule

Day 1: 26 April 2023

Private meeting of the accreditation team

Day 1: 27 April 2023

| | |
|---------------|--|
| 09:00 – 09:45 | Welcome and introductions Management and oversight of the MPharm degree - part 1 (presentation) |
| 09:45 – 10:15 | Tour of MPharm teaching and learning facilities |
| 10:15 – 11:00 | Private meeting of accreditation team |
| 11:00 – 12:30 | Management and oversight of the MPharm degree - part 2 (questions and discussion) |
| 12:30 – 13:30 | Private meeting of accreditation team |
| 13:30 – 15:30 | Teaching, learning, support and assessment - part 1 |
| 15:30 – 16:00 | Private meeting of accreditation team |
| 16:00 -17:00 | Student meeting |

Day 2: 28 April 2023

| | |
|---------------|---|
| 08:30 – 09:00 | Private meeting of the accreditation team |
| 09:00 – 10:00 | Teaching, learning, support and assessment - part 2 (independent prescribing) |
| 10:00 – 10:30 | Private meeting of the accreditation team |
| 10:30 – 11:45 | Teaching, learning, support and assessment - part 3 (Learning outcomes) |
| 11:45 – 15:15 | Private meeting of the accreditation team |
| 15:15 – 15:30 | Deliver outcome to programme provider |

Attendees

Course provider

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

| Name | Designation at the time of accreditation event |
|----------------------|--|
| Anna Nicolaou | Professor of Biological Chemistry |
| Andy Brass | Head of School of Health Sciences |
| Andrew Leach | Snr Lecturer in Pharmaceutical Chemistry |
| Alain Pluen | Senior Lecturer |
| Aleksandra Galetin | Prof of Transl. Pharmacokinetics |
| Ali Hindi | SPCR Fellow |
| Caroline Barrett | Lecturer in Pharmacy Practice |
| Caroline Skeels | Lecturer in Pharmacy Practice |
| Charlotte Skitteral | Group Chief Pharmacist, Manchester University NHS Foundation Trust |
| Costas Demonacos | Snr Lecturer Cancer Pharmacology |
| Daniel Jones | Clinical Tutor |
| Daniel Scotcher | Lecturer in Applied Pharmacokinetics |
| Denham Phipps | Lecturer |
| David Allison* | Reader in Pharmacy Education |
| Diane Bell | Lecturer in Pharmacy Practice |
| Diane Mitchell | Lead Education and Training Pharmacist for Undergraduate Teaching |
| Elena Bichenkova | Reader in Medicinal Chemistry |
| Ellen Schafheutle | Professor of Pharmacy Policy and Practice |
| Esnath Magola-Makina | Clinical Lecturer |
| Gavin Humphreys | Lecturer in Microbiology |
| Harmesh Aojula | Senior Lecturer |
| Harsha Parmar* | Senior Lecturer in Pharmacy Practice |
| Hiten Mitha | Community Pharmacy Placement provider |
| Ireny Iskandar | Lecturer in Pharmacy Practice |
| Janet Whittam | Pre-registration Facilitator |
| Jason Hall* | Professor of Pharmacy Education |
| Jayne Lawrence* | Head of Division of Pharmacy & Optometry |
| Jeffrey Penny | Senior Lecturer and Associate Dean for Postgraduate Research |
| Jenny Hughes* | Senior Lecturer (Teaching focussed) - Pharmacy Practice |
| Jenny Silverthorne* | Reader in Clinical Pharmacy |
| Jonathan Berry | Lecturer in Pharmacy Practice |
| Kate Oates | Lead Education and Training Pharmacist for Undergraduate Teaching |
| Katharina Edkins | Reader in Pharmaceutics |
| Kaye Williams | Head of Pharmaceutical Sciences |
| Li-Chia Chen | Senior Lecturer |
| Mary Rhodes | Senior Lecturer |
| Mark Oldfield | Instrumentation |
| Michael Harte | Professor of Neuropsychopharmacology |
| Ray Ski | Head of Science, Xaverian College |
| Richard Bryce | Reader in Biomedical Chemistry |

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| Richard Campbell | Senior Lecturer in Physical Pharmacy |
| Richard Keers | Senior Lecturer in Pharmacy |
| Ruth Ledder* | Senior Lecturer in Microbiology |
| Sally Freeman | Reader in Medicinal Chemistry |
| Sally Hickson | Lecturer |
| Sarah Knighton | Clinical Lecturer |
| Stephen Doherty | Head of Foundation School, HEE North |
| Selena Tai | Project Manager |
| Susan Cochran | Senior Lecturer in Pharmacology |
| Suzanne Thatcher | Science, Xaverian College |
| Siobhan McIlveen | Lead Tutor -Salford |
| Vicki Tavares* | Senior Lecturer |
| Victoria Silkstone* | Reader in Pharmacy |

*attended the pre-event meeting on 6 April 2023

The accreditation team also met a group of 15 students, two from Year 0, two from Year 1, one from Year 2, four from Year 3, four from Year 4, and two Foundation Year trainee pharmacists/recent registrants. Four of the students were from the MPharm degree with preparatory year.

Key findings - Part 1 Learning outcomes

During the reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree and MPharm degree with preparatory year. To gain additional assurance the accreditation team also tested a sample of 6 learning outcomes during a separate meeting with the provider.

The following learning outcomes were explored further during the event: **Learning outcomes 6, 13, 18, 41, 49 and 52.**

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.

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

- 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*) This is because the team agreed that there is insufficient evidence currently that they are met at the appropriate level. This is because much of the evidence for meeting these outcomes will be obtained when the national Entrustable Professional Activities (EPAs) are finalised, and during periods of experiential 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 checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 16 is | Met <input checked="" type="checkbox"/> | Likely to be met <input 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 checked="" type="checkbox"/> | Likely to be met <input 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 checked="" type="checkbox"/> | Likely to be met <input 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 type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 29 is | Met <input type="checkbox"/> | Likely to be met <input checked="" 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 type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 37 is | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 38 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 39 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 40 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 41 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 42 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 43 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 44 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |

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

- 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 pharmacy services, and make sure that the care and services provided are safe and accurate*)
- 20 (*Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so*)
- 28 (*Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person*)

- 29 (Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice)
- 35 (Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance)
- 36 (Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing)
- 37 (Prescribe effectively within the relevant systems and frameworks for medicines use)

This is because the team agreed that there is insufficient evidence currently that they are met at the appropriate level. This is because much of the evidence for meeting these outcomes will be obtained when the national EPAs are finalised, and during periods of experiential 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 <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 46 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 47 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 48 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 49 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 50 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 51 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Learning outcome 52 is | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |

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

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

This is because the team agreed that there is insufficient evidence currently that it is met at the appropriate level. This is because much of the evidence for meeting this outcome will be obtained when the national EPAs are finalised, and during periods of experiential learning, both of which have yet to be fully developed and implemented. This learning outcome 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 the following outcomes are likely to be met:

53 (Reflect upon, identify, and proactively address their learning needs)

This is because the team agreed that there is insufficient evidence currently that it is met at the appropriate level. This is because much of the evidence for meeting this outcome will be obtained

when the national EPAs are finalised, and during periods of experiential 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"/> |

The submission explained that the same academic member of staff is now the Academic Tutor for both the MPharm and MPharm with Foundation Year programmes, and the admissions process for both programmes has now been aligned for the 2023 entry.

Entry to the MPharm is based predominantly on A level results, with the offer being AAB to ABB, with Chemistry plus one other science e.g., Maths or Biology and a third rigorous subject. It was noted that a 'rigorous' subject would be any academic subject that has a demonstrated structure and rigor to its course and examination, implying that it was largely self-evident and that cases would be considered on an individual basis. Most offers will also have a subject-specific component, an A in Chemistry. The GCSE requirements are 5 GCSEs at grade 5 or higher, including a 5 in Maths and English. Entry to the MPharm with Foundation Year is predominantly based on those who have experienced disadvantage, measured geo-demographically and by prior educational context, but have obtained A level, or equivalent, including BTEC qualifications at the correct level, in appropriate subjects, Chemistry plus one other science e.g., Maths or Biology and a third rigorous subject, at DDC-BCC. The GCSE requirements are 5 GCSEs at 5 or higher, including a 5 in Maths and English. Contextual applicants only need obtain a 4 in Maths and English.

For the Foundation Year Zero, a contextual offer considers an applicant's socio-economic and educational background. Applicants are only rejected and not offered an interview if their predicted grades or subjects are not suitable or if their personal statement is solely directed towards medicine or dentistry. Reasonable adjustments for interview are made if a disability is declared on the UCAS applications and are made on a case-by-case basis. The team was told that the interview process is completely aligned to the MPharm process. The Foundation Year does not provide an automatic route to the MPharm as students still have to prove themselves academically able and pass all end-of-semester exams to a suitable standard before progressing onto Year 1 of the MPharm course.

Detail of all admissions information and guidance is given on the programme websites. Step-by-step guidance to the entry requirements is provided. All MPharm students, including those entering the Foundation Year Zero, are made aware of the fitness to practise requirements and procedures. Applicants are required to complete a professional standards declaration to ensure that they are of good character, in line with the GPhC fitness to practise requirements. Applicants are required to undergo health screening with the University Student Occupational Health Service prior to entry to ensure that they are fit to practise. Placements in community, hospital, GP or industry are not undertaken until Year 1 of the MPharm, but DBS and international police checks are conducted after confirmation of accepting a place on the MPharm or starting Year 1 for MPharm with Foundation Year students. Applicants are also screened against the Excluded Student Database (2023 onwards).

All applicants, Main and Clearing, both Home and Overseas, are interviewed by an academic member of staff prior to any offer being made. Since the 2020 admissions all interviews have been conducted virtually, but the team was told that the identity of the interviewee is not checked as the provider explained that not all under 18-year-olds have formal identification. The interview is designed to assess a range of skills, which align to the nine Standards for Pharmacy Professionals. The external advisory board has had input to questions on values and inclusivity. The team was told that questions include career and academic knowledge, an ethical scenario and self-reflection. Score descriptors are used to standardise the scoring across interviewers. Notes and scores for each application are saved and may be used to prioritise a grade drop on results day if required. Interviewers are all trained in equality, diversity and inclusion, EDI, including unconscious bias. The team was told that interviewers have limited information on protected characteristics apart from age and gender. Such information is collected centrally then interrogated at Division level; numbers in different groups have long been consistent in the Division. No student is accepted on to the MPharm or MPharm Foundation Year programme that has not met both the academic and non-academic requirements. Unconditional offers can only be made to students that have already satisfied these two entry requirements.

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

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| Criterion 2.1 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 2.2 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 2.3 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 2.4 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 2.5 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 2.6 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |

The team noted that there is a comprehensive approach to diversity issues covering legal aspects and contemporary mores. Within the Faculty of Biology Medicine and Health and the School of Health Sciences, SHS, there is an SHS EDI committee with staff and student EDI representatives from each of the six Divisions. The Division of Pharmacy & Optometry, DPO, has an EDI lead and is diverse with 23% of academic staff from a black or minority ethnic background; 49% are female and 36% were born outside the UK. The team was told that an interactive EDI training has been developed for week 1 of

the academic year for Year 1 MPharm students. Students explore what EDI means and learn about their responsibilities under the Equality Act 2010 which are built upon as learning about cultural competence develops. Diversity has been increased in the MPharm curriculum, for example by ensuring inclusion of patients from all protected characteristics in case studies.

Teaching staff members are provided with access to specific learning plans for students on the MPharm that are registered with the University disability advisory and support service. These learning plans detail individual requirements of students including exams and study support as well as individual requirements about placement needs, such as emergency evacuation plans. The Enquiry-based Learning, EBL, used in the programme allows students from different backgrounds to interact and work with others to learn.

The MPharm team of EBL writers has been trained in the use of inclusive curriculum design, including protected characteristics, and using inclusive language. EBL cases now contain flags to check that the diversity of the Manchester and UK population is represented in case studies. Specific health inequalities are addressed throughout the curriculum in relation to ethnicity, gender, sexual orientation, age, socioeconomic status, homelessness, and health. The range of assessments used in each year allows students to evidence application of their learning in range of ways that suit different learning styles. The team noted that an analysis of aggregated student progress data for racial and gender differences showed little consistent evidence of statistically significant performance differences based on race or gender. One clear difference was that the progression rates had been higher for the 2020/21 graduation class than for the 2021/22 class; this was ascribed to the effects of the COVID-19 pandemic and the differing teaching and assessment styles. The team was told that progression rates had now reverted to their pre-pandemic level.

The team noted that a group of students from China would be undertaking Years 2 and 3 of the MPharm programme from next academic year. The Chinese students will be paired with MPharm students and have six peer-mentored sessions, along with three cultural competency workshops. Their programme will be aligned with the MPharm except that they will undertake fewer placements.

The team learned that all academic and professional services staff members are expected to have completed courses within the last three years that provide information and applied case-based examples of the principles and legal requirements of equality, diversity and fairness relevant to their academic and professional services roles. The team wished to know how it was assured that placement providers had appropriate training in diversity issues and was told that there was an e-learning package and a tutor handbook, but it would be expected in any workplace that tutors would report back any problems. Teaching and learning via EBL ensures that all EBL groups are diverse, with at least one international student, facilitating the opportunity for students to learn about other communities and cultures.

Standard 3: Resources and capacity

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

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| Criterion 3.1 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 3.2 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 3.3 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |

The University, Faculty and School operate transparent resource allocation systems within the annual planning cycle. The Division currently contributes approximately 40% of its core income to centrally-

provided professional support services and facilities of the University. Pharmacy is based in the Stopford Building, which it shares with the Division of Medical Education and the School of Biological Sciences. The team was told that the low experiential learning tariff for pharmacy was challenging, particularly for primary care placements. As a result, the Division has invested in academic staff that have relevant links in primary care. SHS is financing the upgrading of IT infrastructure in the clinical skills and professional skills suites and plans are underway to re-purpose existing pharmacy skills space to provide more clinical skills teaching space. The Division will benefit from a successful £5.7 million funding bid to the Office for Students to build and equip new multiuser laboratories in the Stopford Building to accommodate up to 120 pharmacy students, which will release existing practical laboratory space for re-purposing for EBL and clinical teaching. The team was interested to see a new pharmacy student-focussed social space which will facilitate discussions of EBL questions.

The Xaverian College has a range of teaching and study spaces across its campus. From September, university classroom delivery will be based in both the Ryken and Firwood buildings. The Xavier Building is equipped with six science laboratories, all of which have an appropriate standard of teaching and learning resources. The building also houses two large dry laboratories for classroom teaching, a recently refurbished lecture theatre for sixty students, smaller lecture rooms, a university tutorial room and a university students' computer base. Recently completed refurbishment and remodelling works in Firwood have provided new dedicated accommodation for the exclusive use of the University Foundation Year programme.

The team was told that it is planned to maintain student numbers constant at the current level, and that the staff complement will remain constant. Thus, the total target number of MPharm students for the 2023-24 academic year is 640. There is a target intake of 160 (130 home and 30 overseas) for the MPharm degree and of 24 Foundation Year Zero students, with a staff:student ratio of approximately 1:14. Currently there is a total of 55, 47.2FTE, permanent academic staff for the MPharm degree and Foundation Year, including approximately 50 percent pharmacists. There are three fixed-term academic staff members, 3.0 FTE, covering periods of maternity leave and for a staff member on an NIHR Fellowship. Three fixed-term staff members, 2.2 FTE, support the increase in pharmacy student in numbers from the 2020/2021 entry. Twenty-one staff members work in pharmacy practice with the rest in pharmaceutical science. 70% of the academic staff are on teaching and research contracts. There are nine, 4.5 FTE, clinical tutors/honorary lecturers seconded to support student placements in hospital settings that are based in the Manchester Foundation Trust and the Northern Care Alliance. There is a cohort of 77 placement tutors, 4 mental health tutors, 19 general practice tutors and 54 community tutors, that supervise students for 3-40 hours. The team was told that the University has agreed to provide extra staff to accommodate the extra students from China.

95% of the teaching on the Foundation Year programme occurs at Xaverian College. All Foundation Year students are registered as full-time University of Manchester students and pay the standing home or overseas fee. Currently, four members of Xaverian staff, including the Assistant Principal teach on the Pharmacy Foundation Year; two biologists and two chemists. The Assistant Principal, and Pharmacy Foundation Year Course Leader, is also the students' academic and pastoral tutor. The team was told that they will be retiring in the near future but that their current deputy is shadowing to take over the role. The rest of the teaching, for example on the Orientation to Pharmacy Practice module is provided by MPharm pharmacist staff from the University.

Standard 4: Managing, developing and evaluating MPharm degrees

The quality of the MPharm degree must be managed, developed and evaluated in a systematic way

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| Criterion 4.1 is: | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 4.2 is: | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 4.3 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 4.4 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 4.5 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 4.6 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |

A Teaching Governance Committee ensures that the teaching, learning and assessment strategy is implemented, oversees all assessments, reviews, monitors and evaluates the effectiveness of teaching and learning. It monitors progression, approves proposed changes to units and reviews programme documentation. Student representatives are invited to join the committee. Annual monitoring ensures the standard of programmes and acts to improve the experience of students. The University requires that each programme submits a student experience action plan and a SWOT analysis of the programmes.

There are two units in each year of the first three years of the MPharm and there will be three units in the final year. Each unit is composed of two blocks. The unit lead is responsible for compiling examination papers; block leads are responsible for delivery of EBLs and the administration of block coursework. The student experience lead chairs the staff/student liaison committee. Placement leads cover and have oversight of all four years of the placement programme. Experiential learning is managed by a team with academic leads for hospital, community and GP practice placements. Administrative support for placements, equivalent to 0.8WTE, is provided from the SHS placements office which oversee all placement and experiential learning across professional programmes in the School. There are two placement steering groups; one for community and GP practice placements and another for hospital placements that meet regularly to evaluate and forward-plan placement provision. The steering groups comprise stakeholders from placement sites, head office or management, NHS England (NHSE), and the Division pharmacy placement team.

The submission explained that with the introduction of a non-medical clinical tariff for placements, the governance arrangements for placement provision have been revised to meet the needs of HEE. For hospital placements the HEE Education Contract, which provides a national consistent approach to the governance of placements, is in place with all the NHS trust placement providers as well as the University. Through the HEE Quality Framework, the compliance with the quality domains and outcomes delivered within hospital placements will be evaluated; the team was told that this will be done by the team of nine clinical tutors with unit reviews including feedback on placements. The HEE contractual arrangement with GP practice placement providers will eventually be managed in 2023-24 via the Greater Manchester primary care training hubs.

For 2022-23, an interim community placement agreement, based upon the HEE Private, Independent and Voluntary Organisations (PIVO) agreement has been signed by most placement providers, although the team was told that several multiples had not yet signed. This agreement lays out governance arrangements for the safety and appropriate delivery of placements, with each pharmacy undertaking an annual survey. The HEE contractual arrangement for community placement providers will eventually be via individual PIVO agreements as per GP practice placements. For 2022-23, there is

an interim placement agreement, based upon the PIVO agreement. New placement providers will be subject to a checking visit from the University team of teacher-practitioners. The team was told that service level agreements were still being negotiated for the small number of new placement sites. The team was told that the Division is confident that it will be able to achieve the planned number of placements and that it hopes to go beyond the current plans. The team agreed, given the ambitious plan to increase experiential learning to a potential 55 days, that criteria 4.1 and 4.2 be classified as “likely to be met”. These criteria will be revisited at the Part 2 event.

A practice placement steering group comprising representatives from large and small multiple pharmacies, independent pharmacists, local pharmacy committee and HEE guides the provision of community pharmacy and general practice placements, providing advice to facilitate the development of links with community and general practice. A patient and public advisory board comprising approximately 10 local pharmacy service users supports and advises on teaching approaches and research proposals from a public perspective. An external advisory board, EAB, of key local stakeholders comprising nine members of the Division plus 5 external members provides advice and direction and reviews any changes made to the programme. The external composition of the current EAB comprises the regional director of HEE, representatives of private companies and the NHS. A team of ten honorary clinical and senior clinical pharmacists has been integral in designing a curriculum to be contemporary in content and to prepare students for emerging areas of practice. These NHS prescribing pharmacists practise in paediatrics, oncology, mental health, surgery and trauma, pharmacogenomics, haematology, antimicrobials, and clinical trials.

Students provide input into many aspects of the programme via the formal staff/student liaison and teaching governance committees and more informal student platforms. Student representatives on committees are appointed and trained by the Student Union. Examples were given of changes introduced as a result of student feedback. After community placements, students attend a debriefing session where they complete a placement feedback form and have a conversation with a member of staff about their placement experiences, including an overall rating of the placement. Similarly, after GP placements, students debrief with the placement tutor at the end of the placement day and also with the placement lead at a face-to-face session. A student experience action plan is part of the University annual process of continuous monitoring which allows the programme team and student representatives to monitor teaching and learning and the taught student experience. Performance is reviewed annually in the context of student feedback from both external and internal sources. The team was told that any concerns that students have about placement providers are dealt with initially by the clinical tutors or teacher-practitioners, and the GP training hub. The team was told that such incidents are unusual but that the placement would be paused and/or a replacement arranged; the Division has never had to remove a placement provider and students rotate around four placements each year.

All teaching and learning resources for the Foundation Year are reviewed continuously and revised when necessary. This ensures that resources are updated to consider advances in scientific knowledge, for example, the development of new drugs, vaccines, cancer treatments, and changes in A level science specification. The Assistant Principal for University Programmes, who was involved in developing the AQA Biology A level specification, oversees these revisions and informs the University of any changes implemented.

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

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| Criterion 5.1 is: | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
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| Criterion 5.3 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 5.4 is: | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 5.5 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 5.6 is: | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 5.7 is: | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 5.8 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 5.9 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 5.10 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 5.11 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 5.12 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 5.13 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |

The submission explained that a revised MPharm programme, approved by the University in May 2022, was rolled out to Years 1 and 2 in September 2022. The revised programme was designed to maximise teaching efficiency, improve learner engagement and participation, incorporate all the GPhC 2021 learning outcomes and to enhance spiralling and integration of learning. The key parts of the teaching and learning strategy include the use of EBL in which all staff were trained with support from CPPE before it was rolled out, integrated course units, supervised learning events, SLEs, and experiential learning with placement provision being expanded from 16 days to 55 days over a 4-year period. This expansion will be to 11 weeks by 2025-26, although the timetable capacity will be 16 weeks.

EBL is delivered by teaching teams of three, one chemistry/pharmaceutics, one biology/pharmacokinetic and one pharmacy practice colleague, to co-facilitate classes. There is a scaffolded approach to develop skills in independent learning and information retrieval, teamwork and collaborative decision-making. Students interviewed told the team that there was a variable acceptance of the EBL approach with some students somewhat reluctant to participate. The team was told that it was acknowledged that the approach would take some time to become established. Year 1 students have engaged well with the EBL approach as they have not experienced any other approach at university. Students interviewed expressed concern about the size of the EBL groups with 80 students, albeit divided into smaller groups, in the same teaching room. It was explained to the team that the imminent refurbishment of the Stopford Building is intended to provide teaching accommodation more suited to the EBL approach than the presently used rooms. This issue will be revisited at the Part 2 reaccreditation of the programme. It was confirmed to the team that a survey on the effectiveness of the EBL approach will be conducted next September.

The Pharmacy Foundation Year programme consists of four biology course units and four chemistry course units. Mathematical skills are incorporated within these course units. Two biology course units and two chemistry course units are taught each semester.

The MPharm curriculum employs a body-systems approach with patient-focussed content in biological sciences and clinical pharmacy, and sequentially spiralling concepts in medicinal chemistry, pharmaceuticals, pharmaceutical analysis, leadership, pharmacogenomics, health economics, social pharmacy, law and professional practice. Learning across all disciplines is integrated within 60-credit single semester course units in each semester in Years 1-3, with each unit split into two themed 6-week blocks. To accommodate a 30-credit project in Year 4, course units in Year 4 are weighted at 30 credits, but the 6-week blocks remain. The block structure is designed to facilitate experiential learning, with one week per block being available for placements as the volume of placements increases.

Pharmacy professional skills are taught alongside the EBL, allowing students to connect theoretical learning and safe and effective pharmacy practice. Students gain hands-on experience in consultation skills, prescription-processing, physical examination and assessment and clinical decision-making in weekly professional skills classes with trained actors and practising pharmacists. Connected practical classes develop students' skills in experimental design, data collection, analysis and interpretation as well as key practical skills.

Workplace experience in the hospital setting includes oncology and mental health, along with community and GP practice sectors and increases year on year. The team was told that students have access to a travel bursary for those who need financial support with the extra costs these extra placements will bring. The rollout schedule has been agreed with acute NHS trust providers and a placement steering group. The risks of insufficient placements and supervision have been minimised by employing three additional clinical acute trust tutors and by the work of teacher-practitioners with community pharmacy. Pilot placements were funded by HEE in 2021-22 to include SLEs, physical assessment skills and extended duration placements. The team was told that the assessment of SLEs on consultation skills was summative with a minimum number required to be passed; these are recorded in the student's e-portfolio; almost all students passed the SLEs. SLEs on clinical skills are similar with immediate feedback provided and reflection for the e-portfolio.

Entrustable professional activities, EPAs, are utilised to maximise students' participation in service delivery and SLEs are used in the hospital sector to evidence students' skills acquisition. There has been an expansion of supervised SLEs and EPAs, the latter as part of the national pilot scheme. The team was told that EPAs have been used for the past five years although there has been a problem with inconsistency in placement experiences for students. The team was told that the satisfaction of learning outcomes from placement activities is never dependent on a single assessment.

To avoid clashes in the future, there is liaison with Bradford, Huddersfield, LJM and UCLan schools of pharmacy to map placement dates across the NorthWest. The growth planned for GP practice placements has involved pilots and engagement with the Greater Manchester Training Hub which has a pharmacy practice educator. The team was told that a simulated GP placement is used currently for Year 2 and that e-prescribing is planned for Years 3 and 4.

Practical experience of working with patients, carers and other healthcare professionals begins in Year 1, with experiences increasing in duration and in complexity with each year of the programme. The range of learning outcomes relating to person-centred care and collaboration are developed in a spiralling sequence of workplace and simulated placements and within the professional skills classes.

Simulation is used predominantly in consultation skills classes and interprofessional events, including the implementation of a simulated placement. The team was told that students receive information and feedback on their professionalism, including dress code, infection control and behaviour on wards in the hospital setting, with similar advice in the community and GP settings.

The team learned that the preparation for graduates to be prescribing-ready commences in Year 1 with person-centred clinical skills, prescribing governance, safety, clinical effectiveness and decision-making. It continues in the following three years with development of increasing complexity in these areas. All teaching staff have the opportunity to learn physical assessment skills with a specific training event including blood pressure measurement and vaccination technique. Training will also be provided for placement tutors. It was acknowledged that this would be difficult in community pharmacy although blood pressure monitoring is conducted routinely. The importance of developing role models in pharmacist independent prescribing was stressed by staff.

The submission indicated that students attend a range of inter-professional education, IPE, activities moving from simple interactions in the first year, for example, understanding the roles of other healthcare professionals, to more complex interactions by the final year of the course, for example, applying the skills of a pharmacist to interact with the multidisciplinary team, MDT. The feedback on IPE from Year 1 has been very positive. The team was told that this will include different perspectives of the multi-disciplinary team in Year 2, demonstrating team work in Year 3, up to skill application to interact with the MDT from a pharmacist perspective in Year 4. The team heard from students interviewed that there had been a variable experience overall of IPE, particularly during the COVID-19 pandemic; this area will be revisited at the Part 2 reaccreditation event. A collaboration will continue with the Medical School to deliver two virtual ward-based IPE events in Years 3 and 4 in which students work collaboratively to review acutely unwell patients, prescribe treatments and monitor their progress. The use of virtual reality headsets will be developed for interprofessional learning around challenging communication, allowing learners to practise in a safe environment. A healthcare leadership interprofessional workshop on the theme of leadership and patient safety has been running since 2016 for students from pharmacy dentistry, dental hygienists, nursing, and audiology. The team learned that students are required to think about what they gained from the IPE experience and include it in their CPD record showing that the CAIPE definition of IPE has been met demonstrably; some students do fail this element and are required to resubmit to meet the assessment requirements

The team learned that the links and transition to foundation training include Oriel support sessions, supported by alumni, an annual careers fair with HEE and NES representation. In Year 4 there is a preparation for foundation year training with representation from the GPhC, CPPE and HEE. In addition, there is a 4th year placement in semester 2 with a foundation year pharmacist trainee. SLEs and use of e-portfolio throughout MPharm help prepare students for the year of training, along with webinars on calculations, clinical topics, and assessment practice.

The Faculty fitness to practise procedure is applied where there are concerns about a student's fitness to practise, their professional behaviour and/or suitability in connection with the programme and/or registration with the relevant professional regulator. Students are supported through any process of referral by their academic adviser and are signposted to a range of support, advice and guidance sources available within the University. Procedures dealing with fitness to practise concerns are identical for both the Foundation Year and MPharm programmes. Concerns about students' fitness to study, fitness for placement or to practise, particularly where they concern safe practice in contact with patients or the public, may be raised by students themselves, via their academic adviser, year

tutor or any member of teaching or placement staff. The accreditation team enquired about the robustness of the yearly online fitness to practice declarations, including convictions and cautions, but was assured that the system employed will pick up any issues that need to be addressed.

The team noted that the programme was undergoing a major change, including the introduction of EBL, the large expansion of experiential learning and the preparation for pharmacist independent prescribing. As the introduction of these elements is ongoing, criteria 5.1, 5.2, 5.4, 5.6, and 5.7 were deemed to be “likely to be met” and these criteria will be revisited at the Part 2 event.

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

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| Criterion 6.1 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 6.2 is: | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 6.3 is: | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 6.4 is: | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 6.5 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 6.6 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
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| Criterion 6.11 is: | Met <input type="checkbox"/> | Likely to be met <input checked="" type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 6.12 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 6.13 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 6.14 is: | Met <input checked="" type="checkbox"/> | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |

Assessment of each course unit of the Foundation Year course is based on a progress test during a semester (10%), coursework/practical work assessment during a semester (10%), and an end of semester examination (80%). Students are normally required to achieve a mean mark of 70% or above in both biology and chemistry. Although not credit-rated, students must also pass the Orientation to Pharmacy module at 40%, with no single component mark less than 30%. Students may not progress onto the MPharm if they have not passed this module. Mathematics and calculations are included in both the chemistry and biology syllabi and assessed formatively as part of the coursework requirement each semester. The standard of assessments on the Foundation Year programme is equivalent to A level. The procedures followed in standard-setting on the Foundation Year are closely aligned to those used for standard-setting of A level papers. All assessments are reviewed internally within each curriculum area, by several staff members to ensure they are fit for purpose, robust, valid, and reliable. An external examiner reviews summative assessments, completed examination scripts and coursework to ensure that the correct set of standards are being met and that they relate to all learning outcomes. The team was told that feedback on assessments is provided to students within five working days.

Each learning activity on the MPharm is aligned with an appropriate formative and summative assessment. This reduces the assessment burden. There are multiple SLEs in professional and practical skills. The MPharm programme outcomes and the 2021 Initial Education and Training for Pharmacists outcomes are divided into cognitive domains: knowledge and understanding, intellectual skills, practical skills and transferable skills, to include calculations, research skills and clinical decision-making. In Years 1-3 of the course, each semester contains one 60-credit unit with each unit having the same predictable assessment structure, which is simple to navigate and ensures equal credit rating when assessments are used more than once. There are several credit-rated, pass/fail components in each year to test practical and transferable skills. These are pharmaceutical calculations (1 credit), laboratory practical skills (2 credits), professional development (2 credits), placements (2 credits) and professional skills (5 credits for prescribing skills, consultation skills and prescription processing skills). A patient safety panel considers any e-portfolio where there are multiple patient safety flags, in order to make decisions on progression and/or reassessment. The team was told that if students do not contribute to group coursework or EBL cases, they will not pass these elements. Attendance is monitored and a mini peer assessment tool used, generally showing that students are doing too much work rather than too little.

Students are observed each week in SLE workshops on consultation skills and prescribing skills and are marked as competent once they have been observed conducting the skill at the required level, on the required number of occasions. A patient safety prompt is present in all assessor records with patients giving immediate feedback on consultation skills. Actor patients are trained give feedback on students' clinical skills. Students are automatically graded as not being competent if there is a patient safety error. The team wished to know the minimum number of components required to be passed with no patterns of safety concerns and was told that for consultation skills, in Year 1 two of the six skills must be passed, increasing to two from four skills in Year 2, for prescribing skills, all SLEs must be passed. The team noted that this area will be revisited at the Part 2 reaccreditation event.

In Year 4, there is additionally a final professional skills objective structured clinical examination, OSCE, to provide assurance that graduates are prescriber-ready, and a summative pharmacy progress test to ensure that students can apply their knowledge of legislation and clinical practice and use information sources at an appropriate level for entry into the foundation training year. The team was told that the assessment of students' achievement of learning outcomes relating to independent prescribing is tested in Years 1-3 by SLEs with direct observation of practice, one-to-one feedback for consultation skills, the document reflection and development plan. The Year 4 OSCE, preceded by two mock OSCEs in Year 3, will have stations covering clinical skills and documentation, history-taking, decision-making and prescription-writing. In all years, a serious error with potential to cause patient harm will result in a mark of zero. Patient role players give feedback on the patient experience. Students have three opportunities per year to meet the standards demonstrating safe and effective practice in SLEs, and are allowed three attempts at the OSCE. The team was told that a third attempt is allowed for students with mitigating circumstances or for a single act or omission leading to a failure.

To prepare students for self-declaration of competence in their future careers, prescription-processing is assessed by a self-declaration of competence within the portfolio of these skills at the end of each block of the MPharm programme, where students submit those exercises that highlight their competence in these skills. Personal health and safety, as well as the safety of patients and the public is assessed and assured at several stages on the MPharm. This includes safety in the laboratory and while conducting research, in professional skills classes and during experiential learning. Pass

criteria for professional regulations assessments are set to ensure that safe and effective practice are achieved.

In assessments where the pass mark is 40%, in integrated examinations and coursework, the standard-setting process ensures that the mark scheme is devised so that the minimally competent student will score 40%. For examinations and knowledge/understanding-based coursework this is based on a marking scheme broken down into single marks. For intellectual skills-based coursework, descriptors are used for each section of the assignment to distinguish poor through to outstanding, with 40% descriptors set at the minimally competent level. Criterion-referenced absolute standard setting methods are used with a pass mark of 40% with the exception of the following special regulations and pass/fail assessments. For the formative progress tests in Years 1-3 modified Cohen standard-setting is used with the pass mark set at 60% of the 95th percentile performance, with a modification made for the 20% of questions which could be guessed correctly. In Year 4 of the MPharm when the progress test is summative, it is planned to use Ebel standard-setting to assign difficulty and importance levels to each question then define the performance of the minimally competent student on these question types to determine a pass mark at around 60%. Established modified Angoff and borderline regression will be used for the summative prescribing skills OSCE in Year 4. While agreeing that the standard-setting described was appropriate, the team noted that the SLEs are new and that the standard-setting for this new element of the assessment will be revisited at the Part 2 reaccreditation of the programme.

The team wished to know how work-based assessors, particularly those who do not have a joint appointment with the University are trained in assessment to ensure consistent assessment and feedback. The team was told that the Division has offered hospital placements for a long period of time and that these are run and assessed by the clinical tutors who know the expectations for student performance. Clinical tutors will supply their registers to the SHS professional support team, confirming that students that attended placement have met the learning outcomes. However, it was stated that the main barrier to training community pharmacy placement supervisors is the rate of change of tutors. Accordingly, the community tutors will not be assessing the students but rather signing them off as having attended and participated in the placement. When there are more and longer GP placements it will be expected that the placement tutors will have read the GPhC guidance on supervising pharmacy students. As the expansion of the placement provision has not yet been effected, this element of the assessment will be revisited at the Part 2 reaccreditation of the programme.

No accreditation of prior learning is permitted; all credits must be studied, compensation is not permitted, all assessments must be passed, and no carrying forward of failed credits is permitted. Students who are unable to successfully pass all assessments each academic year, including with permitted resits, will not be able to progress.

The team noted that the programme was undergoing a major change, including the introduction of EBL, the large expansion of experiential learning and the preparation for pharmacist independent prescribing, all of which must be assessed. As the introduction of these elements is ongoing, criteria 6.2, 6.3, 6.4, and 6.11 were deemed to be “likely to be met” and these criteria will be revisited at the Part 2 event.

Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree

Student pharmacists must be supported in all learning and training environments to develop as learners and professionals during their MPharm degrees. Everyone involved in the delivery of the MPharm degree should be supported to develop in their professional role

Support for student pharmacists

| | | | |
|-------------------|-------|---|----------------------------------|
| Criterion 7.1 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 7.2 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 7.3 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 7.4 is: | 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 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 7.6 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 7.7 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |
| Criterion 7.8 is: | Met ✓ | Likely to be met <input type="checkbox"/> | Not met <input type="checkbox"/> |

The main online platform for support is the student hub that provides a central space for students to access support services, guidance on academic policies and procedures, resources to support wellbeing and find answers to common queries relating to administrative aspects of university life. Support can also be accessed for mental health matters spanning general wellbeing through to crisis, guidance for physical health, financial services, including a living cost support fund, UK visas and immigration.

Academic advisors provide support and guidance spanning general welfare, orientation to pharmacy, learning skills development, reflection and employability, including help with CV development and review, and provide references for vacation and foundation training posts. Students meet with their academic advisor at least twice a semester with at least one of these meetings being one-to-one and focused on pastoral care, wellbeing and personal development. The second meeting is in small advisor groups, typically 5-8 students, where best practices are shared and advice provided on opportunities available to students for continued professional development. Students interviewed expressed their appreciation of the level and quality of support offered by staff members.

The first meeting with the new intake of Foundation Year students occurs during Welcome Week when the students meet with the Foundation Year Programme Director at the University to hear about the course and academic requirements. The meeting also includes an ex-Foundation Year student that is now in Years 2-4 of the MPharm. Each new undergraduate Foundation Year student is assigned a personal tutor.

MPharm students have access to pharmacy professionals across the teaching team and through the network of pharmacist tutors supporting placements within the community, GP and hospital and industrial setting and the nine clinical tutors who are University staff members. The team was told that there is good communication across the teaching team to enable student support and that any non-pharmacist requiring advice on student support has ready access to the year lead.

The team was told that all SLEs are compulsory, but that attendance at lectures is not compulsory but is typical, with an approximate 50 percent attendance. Students have access to podcast of lectures. In

the case of problems with attendance, students are contacted and a remedial pathway is suggested, to which most students respond positively.

Students have several mechanisms through which to raise concerns. Students nominate representatives for several committees within the Division. Further representatives are drawn from the international student experience programme. The key committee in terms of raising concerns pertaining to programme, teaching and learning or general arrangements in the division is the staff/student liaison committee. The undergraduate handbook includes information on how students should report any incidence of poor practice they observe from fellow students or healthcare team members that could impact on the safety of others.

The team was told that newly-recruited staff members enter a 3-year period of probation with an additional 4th year if required. Probationary staff are assigned a probation supervisor and mentors in teaching and research depending on their role. A prerequisite for most probationary staff is completion of the new academics' programme of the Academy for Education and Professional Development. If new staff wish to be exempted from this programme they must show that they have undertaken an equivalent programme. The University-level Institute of Teaching and Learning offers the Leadership in Education Awards Programme (LEAP) which is accredited by AdvanceHE to award associate, fellow, senior and principal AdvanceHE fellowships. Since January 2021, 9 fellowships have been awarded, including principal fellowships, to MPharm-affiliated staff via this route. The University offers a PGCert in Higher Education to staff members with the aim of introducing participants to relevant literature and theory. Since 2019 three MPharm staff have been awarded PGCerts, two via the Manchester programme. The team was told that non-academic and technical staff members, including graduate teaching assistants and postgraduate demonstrators, can access a range of University programmes relevant to their roles.

CPD is an annual expectation and staff are encouraged to review and engage in training and development activities through their performance and development review discussions each year. Through this review, workload balance, personal welfare, developmental and training needs are assessed and needs are identified. Teaching has previously been subject to formal peer review every two years, with peer reviewers undergoing training to ensure effectiveness in role. This process is currently under review by the University, but feedback and review of what went well/what could be improved has been a critical component of the new MPharm roll-out to ensure quality and good practice. The team was told that the currency of the programme is assured through various mechanisms including the external advisory board meeting regularly, clinical tutors and independent prescribers being patient-facing, and having honorary appointments of a range of experts. All staff members have undergone EBL training and there are away days and team catch-ups to disseminate information on subject and course developments.

The submission stated that a Faculty-level workload model is being established to aid an overall perspective of workload across individuals. With input from the Division, the initial model is being adapted to allow more accurate reflection of workload associated with the teaching and assessment methods of the new MPharm curriculum. The team was told that the move to the EBL approach had brought additional pressures on staff as the initial work involves the preparation for EBL. The work burden is predicted to fall as the programme comes fully on-stream and assessment burden will be lower than previously. The Division holds regular, formal all-staff meetings that are used as a platform for discussion and information-sharing across all aspects of staff roles. This provides a forum to raise general concerns which can be fed through to the School Board. Concerns regarding specific staff or student behaviour would be raised via the processes aligned with the University Dignity at Work and

Study Policy. Further issues with conduct can be raised via the concerns review panel, which will decide course of action which can include referral to School or Faculty fitness to practise, or University disciplinary panel, depending on severity.

Teach out and transfer arrangements

Academic Year 22/23

The current first year students, who commenced in September 22/23, started the new curriculum which is aligned to the 2021 standards, whilst also meeting the 2011 standards that were accredited previously.

Second year students have transferred on to the new curriculum which is aligned to the 2021 standards, whilst also meeting the 2011 standards, and a bespoke second year has been developed for these students to fill any gaps from their previous version of Year 1. At the start of the transition year students undertook additional learning on the key components of physical assessment, clinical decision-making and clinical reasoning, which is then applied during the Year 2 professional skills workshops described previously. Core concepts related to gastrointestinal, liver and renal disease have been integrated across the transition year and delivered via lectures and EBL tasks. This learning is delivered in place of specific learning on pharmaceuticals and practical classes on dissection which students had already completed in the “old curriculum” Year 1.

Academic year 21/22

Current second year students, who were first years in academic year 20/2022 completed their first year on the 2011 standards, however a series of activities were piloted during this academic year to start their transition to the new standards. These students were transferred on to the new curriculum which is aligned to the 2021 standards, whilst also meeting the 2011 standards. A bespoke second year was developed for these students to ensure that any identified learning gaps, as a result of curriculum change, were catered for.

Years two to four completed on the 2011 standards.

Academic year 19/20 and 20/21

Current 3rd and 4th years, who commenced their studies in academic year 20/21 and 19/20 respectively, will complete on the 2011 standards. Teaching activities aligned to prescribing skills have been piloted in these year groups, including enhanced consultation skills, RPS-delivered sessions on CPCS in Year four, plus the ‘Script’ prescriber training software has been enabled. Physical assessment skills were introduced in Year three. Both years have benefitted from increased placements, 5 days in Year 4 and 1½ days in Year three across hospital and GP practice. Although these year groups will not graduate prescriber-ready the aim is to support these students in having the confidence to undertake additional training in independent prescribing.

Resit policy

In June 2022 MPharm students were e-mailed explaining the new standards and the plans for the MPharm programme. Thus, current second, third and fourth years were fully informed about the

changes. This included a summary of the progression rules for each year group. This was followed up with an open meeting with students to answer any questions.

As the revised MPharm rolls out it will not be possible for students to re-join the current MPharm. In such circumstances these students will be offered a restart of the programme at Year 2, with the relevant fees payable. Those that have not passed the 1st year of the current MPharm (now the 2nd years) by September 2022 will have to restart the 1st year of the revised MPharm in September 2022 (time as an MPharm student 5 years). Those not passing the 2nd year of the current MPharm (now the 3rd years) by September 2022 will have to restart 2nd year of the revised MPharm in September 2022 (time as an MPharm student 5 years). Those not passing the 3rd year of the current MPharm (now 4th years) by September 2023 will have to either restart 2nd year of the revised MPharm in September 2023 (time as an MPharm student 6 years) or restart 3rd year of the revised MPharm in September 2023 (time as an MPharm student 5 years), provided that any outstanding assessments are in The Patient and/or Integrated Professional Practice only.

The approach to resitting assessment for students with mitigating circumstances has also been adapted in the interests of students for academic years 2021/2022, 2022/2023 and 2023/2024. This has been overseen by the progress committee. If mitigating circumstances are accepted a student would usually be allowed a further attempt at an assessment at the next sitting; this usually means that a student would take a year out. In academic year 2021/2022 an additional resit attempt was provided for students in Year 1 and 2 prior to the start of the 2022/2023 academic year, this prevented students with accepted mitigating circumstances having to restart their academic years.

In academic year 2022/2023 additional resit attempts for students with mitigating circumstances will be provided for any year 3 students prior to the start of academic year 2023/2024. A resit without attendance is not possible for these students as the new curriculum moves through to the third year in 2022/2023

Students who are at risk of not progressing have been counselled via academic advisors and the work and attendance mechanisms. Student interruptions must be authorised by the programme leadership team, in the event when a student has met the interruption criteria the student would be fully informed of the possible consequences of not being able to return to their existing programme and any individual circumstances would be considered on a case-by-case basis. Students will be fully informed that a restart with a lower year group with associated fee could be a likely outcome to ensure that they meet the 2023 standards.

From 2023/24 only Year 3 and 4 students will be offered a BSc as an exit award if they fail to meet MPharm requirements. Previously, 2nd year students who failed to meet MPharm requirements could transfer to the BSc programme, but this will no longer be taught after 2022/2023.

Academic year 21/22 – Preparation for transferring

During the academic year 2021/2022 all four years of the programme were delivered to the 2011 standards. It was known that the first year students would transition to the new standards in September 2022 when they progressed to Year two. A series of pilot activities was introduced to prepare the students for their transition and the new curriculum. This included enhanced consultation skills training with medical role players to prepare students for the increased demands of outcomes 1,2,3,7 and 10, an EDI workshop that was co-created and piloted with students to support with transferring to outcomes 6 and 8, a new approach to assessing learning outcome 44 (first aid). In

addition, all students received English language support from the University language centre for the first time. This was to help students in demonstrating written communication skills.

Academic Year 22/23 – Delivering transferring

Year one students have started the new curriculum which has been developed to meet the 2021 standards. The relevant teaching and learning has started but it also continues to meet the 2011 standards while awaiting accreditation of the new course. Some of the key developments that were implemented for the 2011 standards such as the focus on integration and patient and public involvement remain embedded in the new curriculum. The assessment approach in Year one is aligned with both the 2011 and 2021 standards, utilising the integrated exam approach. This approach, developed in 2011, has continually produced reliable, differentiating results.

Year two students are currently undertaking a bespoke year to ensure that where material has moved across years, this cohort do not miss the learning. This ensures that the 2011 Standards continue to be met while transferring this year group to the new standards once accredited. Bespoke elements that will run for this academic year only include introduction to physical assessment self-directed learning to be applied in professional skills classes, introduction to clinical decision-making and clinical reasoning self-directed learning to be applied in professional skills classes, a range of core concepts lectures and catch-up workshops, community pharmacy placement activity on gastrointestinal medicine, cultural competency training, and digital literacy catch up learning.

Years three and four will continue to be taught and assessed on the 2011 standards, with prescribing-related activities delivered where possible.

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). |

