

University of Manchester Master of Pharmacy (MPharm) degree interim event report, June 2021



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Event summary and conclusions

Provider	University of Manchester
Course	Master of Pharmacy (MPharm) degree
Event type	Interim
Event date	2 July 2021
Current accreditation period	2020/21 - 2022/23
Relevant standards	Future pharmacists Standards for the initial education and training of pharmacists, May 2011
Outcome	<p>Continued accreditation confirmed.</p> <p>This period of extension follows the GPhC's policy for MPharm degrees being reviewed this academic year that continue to meet the 2011 standards. The next MPharm event will be full reaccreditation to the Standards for the initial education and training for pharmacists, 2021.</p> <p>The team noted the appropriate adaptations that have been made to manage course delivery during the pandemic, and that both staff and students appear to be well supported during this time.</p>
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the continued accreditation of the programme until 2022/23.
Key contact (provider)	Professor Jason Hall, Professor of Pharmacy Education.
Accreditation team	<p>Professor Antony D'Emanuele (Team Leader) Head of the Leicester School of Pharmacy, De Montfort University</p> <p>Professor Chris Langley (Team member - academic) Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Deputy Dean, College of Health and Life Sciences</p>

	<p>Dr Adam Todd (Team member-academic) Reader in Pharmaceutical Public Health, School of Pharmacy, Newcastle University</p> <p>Laura Doyle (Team member-pharmacist) Head of Undergraduate and Pre-reg Foundation Pharmacist, Health Education and Improvement Wales</p> <p>Christine Walker (Team member-pharmacist recently registered) Clinical Pharmacist</p> <p>Susan Bradford (Team member-lay) Adjudicator, Social Work England</p>
GPhC representative	Philippa McSimpson, Quality Assurance Manager, GPhC
Rapporteur	Professor Brian Furman (rapporteur) Emeritus Professor of Pharmacology, University of Strathclyde

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and registered pharmacies 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 interim event was carried out in accordance with the GPhC's 2011 *MPharm Accreditation Methodology* and the course was reviewed against the GPhC's 2011 education standards *Future Pharmacists: Standards for the initial education and training of pharmacists*.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the *Pharmacy Order 2010* (<http://www.legislation.gov.uk/ukxi/2010/231/contents/made>). 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

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, when 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, were imposed. 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 the last interim visit in 2018, when continuing reaccreditation was recommended without further conditions or recommendations.

The University of Manchester MPharm was due to be reaccredited in 2021. However, as the new GPhC standards for the initial education and training of pharmacists will be implemented from October 2021, with the intention that all MPharm programmes will be reaccredited to the new standards within three academic years of this date, the GPhC agreed that the full reaccreditation event would be replaced with a shorter and lighter touch event, similar to an interim event; this was to provide assurance that course provision continues to meet the current standards. Accordingly, such an event was conducted by videoconference on 2 July 2021; the following is a report of that event.

Documentation

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

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 11 June 2021. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the University to ask any questions or seek clarification, and to finalise arrangements for the event.

The event

Due to the Covid-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference between the University of Manchester and the GPhC accreditation team on 2 July 2021 and comprised meetings between the GPhC accreditation team and representatives of the MPharm programme. The accreditation team also met a group of MPharm students that included students on the MPharm with Preparatory Year (Foundation Year).

Declarations of interest

Professor D'Emanuele worked at the University of Manchester between 1990 and 2006. The team agreed that this did not constitute a conflict of interest.

Schedule

Day 1 – 1 July 2021

Meeting number	Meeting	Time
1.	Private meeting of accreditation team and GPhC representative	10:00 – 13:00

Day 2 – 2 July 2021

2.	Private meeting of accreditation team and GPhC representative	08:45 – 09:00
3.	Progress meeting, including presentation	09:00 – 11:00
4.	Private meeting of accreditation team and GPhC representative	11:00 – 11:15
5.	Admission, progression, monitoring and support meeting	11:30 – 12:30
6.	Private meeting of accreditation team and GPhC representative	12:30 – 12:45
	Lunch break	12:45 – 13:30
7.	Significant pedagogical developments presentation	13:30 – 14:15
8.	Student meeting	14:30 – 15:30
9.	Private meeting of accreditation team and GPhC representative	15:30 – 16:30
10.	Feedback to the University of Manchester representatives	16:45 – 17:00

Attendees

Course provider

The team met with the following representatives of the University:

Name	Designation at the time of accreditation event	Meetings attended
Ajoula, Harmesh	Senior Lecturer	3, 5, 10
Allison, David	Reader in Pharmacy Education, Director, Pharmacy Foundation Year Programme	10
Chen, Li-Chia	Senior Lecturer in Pharmacoepidemiology, Lead, International Student Experience	3, 5
Cochran, Susan	Senior Lecturer in Drug Action, Lead, Admissions MPharm Programme	3, 5, 10
Doro, Tsariye	Black Pharmacist Collective (BPC)	3
Eden, Suzi	Undergraduate Admissions Manager	3, 5, 10
Edkins, Katharina	Reader in Pharmaceutics	7
Gomwe, Kundai	Black Pharmacist Collective (BPC)	3
Hall, Jason	Professor of Pharmacy Education, Director, Undergraduate Teaching and Learning,	3, 5, 7, 10

Harte, Mike	School of Health Sciences, Faculty Lead, Student Fitness to Practise Senior Lecturer in Drug Action, Internationalisation Lead, School of Health Sciences	3, 5
Humphreys, Gavin	Lecturer in Medical Microbiology, Lead, 4th Year	3, 5
Humphries, Sandra	Undergraduate Programmes Manager (Pharmacy and Optometry)	3, 5, 10
Keers, Richard	Clinical Lecturer in Pharmacy	3, 5
Lawrence, Jayne	Professor of Pharmacy Head, Division of Pharmacy and Optometry	3, 5, 7, 10
Leach, Andrew	Senior Lecturer in Pharmaceutical Chemistry, Lead, 1st Year, Lead, Social Responsibility	3, 5, 10
Ledder, Ruth	Senior Lecturer, Lead, MPharm	3, 5, 7, 10
McLoughlin, Niall	Senior Lecturer, Senior Academic Advisor	3, 5
Parmar, Harsha	Senior Lecturer in Pharmacy Practice	3, 5, 7, 10
Silkstone, Vicky	Reader in Pharmacy, Lead, Community Based Practice Learning, Lead, Student Experience	3, 5, 7, 10
Silverthorne, Jenny	Reader in Clinical Pharmacy, Lead, Placements	3, 5, 7, 10
Tavares, Vicki	Senior Lecturer, Deputy MPharm Lead	3, 5, 10
Williams, Kaye	Professor, Lead, Athena Swan	3, 5, 10

Key findings

Standard 1: Patient and public safety

Standard continues to be met? Yes No (accreditation team use only)

Noting the establishment of a patient safety panel, the team was told (meeting 3) that this started informally a number of years ago and now provides a formal audit trail for OSCEs, which the panel reviews before they are sent to the external examiner. In OSCEs, students occasionally do things that are not anticipated by the marking scheme. The panel considers the impact of a student's action on the patient and comes to an agreement in deciding whether or not it is a patient safety issue, with feedback being provided to the student concerned, each student is considered anonymously so that proceedings are conducted without bias. The panel has proved to be very successful in making robust decisions, and has received praise from the external examiner. An example of an issue addressed by the panel related to dispensing, which since the pandemic has changed from a hands-on assessment to a simulation using 'My Dispense'; here some students failed to spot that a prescription for methadone required a sugar-free product; those students failed because the panel determined that this constituted a patient-safety error. In another case, where a warning label had been omitted, the panel decided that this was not a

patient-safety matter because the student had counselled the patient appropriately; here, the student was allowed to pass but was provided with feedback.

Requesting more information about the Manchester Mates mental health peer-mentoring scheme, the team was told that this was a service provided across the whole School, with 60 students per semester – 120 per year – being trained, 40 of these coming from years 2 and 3 in pharmacy, which is the second strongest group across the School. The scheme pairs a student with a mentor on a one-to-one basis, the students meeting their mentors for one hour per week, either virtually or on walks. Mentors are trained to use an active listening model, and learn what problems to expect, such as anxiety, depression, and sleeping difficulties, as well as learning their boundaries. They are not trained as counsellors, but the training includes the recognition of troubling symptoms and when to signpost mentees to central counselling services, which deal with more serious problems; the senior academic adviser helps to signpost mentees if required. The team was told that student motivation for becoming mentors is altruistic, with many of the participants having struggled with anxiety in the past and wanting to give something back. Mentors and mentees often become friends, although this is not advised as the intention is to maintain a professional relationship. The vision is to spread this very successful, student-driven scheme across the University. The students (meeting 8) confirmed the value of the Manchester Mates scheme, and the usefulness of the mentor training.

Please see the narrative under standard 6, which includes further details of support provided to students.

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

Standard continues to be met? Yes No (accreditation team use only)

The presentation (meeting 3) described how the Division's committees were streamlined in 2018 by combining the Teaching and Learning Committee and the Teaching Standards Committee into a single Teaching Governance Committee. This was undertaken to improve the efficiency of the Division. The new committee oversees all teaching and assessment, evaluates teaching, and shares good practice, as well as evaluating student progression and performance. The committee also reviews programme documentation, engages with Faculty and University processes relating to quality assurance and monitoring including participation, for example, in periodic reviews, and oversees recruitment, admission and induction. This committee's oversight of all relevant governance and performance allowed an agile approach during the pandemic. Noting that the committee has student representation, the team was told that the Student Union provides a training programme for student representatives to enable them to contribute effectively, including how to engage with students to represent them; they acquire confidence by learning how to ask questions and by not being afraid to challenge. In response to the team's wish to learn about the Teaching Governance Committee's findings in the last academic year concerning the effectiveness of teaching, learning and assessment methods, the Division's representatives (meeting 3) explained that the current year would normally be reviewed in the late summer. The committee had looked at the performance across last year, where many changes had occurred with the move to online assessments including OSCEs. One issue that had arisen was the need for moderation because of students in years 2 and 3 ending up with very high marks. Advice was sought from statisticians and scaling was based on historical means, as well as on students' previous performances, similarly to the 'no

disadvantage' policy (see standard 5). The committee also reviewed student feedback through numerous surveys; these revealed that most students preferred online lectures because of the flexible access that they offered, for example, for those with caring responsibilities, who could choose their own learning times and these will continue after the pandemic. Online examinations provided a challenge in considering malpractice, opportunities for which were reduced by randomising questions and giving a short time window for completion. These assessments will be reviewed this year, when different types of assessments will be considered, along with issues of inclusivity.

Wishing to know the key themes/issues raised by the Staff Student Liaison Committee (SSLC) during the 2019/20 and 2020/21 academic years, and the actions that were taken, the team was told (meeting 3) that as a result of the major changes to teaching and learning, more feedback was wanted from the SSLC; in light of the difficulty that students sometimes have in obtaining feedback from their colleagues, the number of student representatives was doubled, and students were recruited from two University societies: Manchester University Pharmacy Society (MUPS) and the Black Pharmacist Collective (BPC). The most important theme was the perceived increase in student workload on a week-by-week basis. This arose from the splitting of work into weekly blocks, where short podcasts were followed by quizzes and other activities requiring students to apply their knowledge; this contrasted with the previous system, where student attendance at lectures was entirely passive. The feedback via the SSLC led to changes, whereby the material posted on the Blackboard VLE was split into weekly folders, enabling the students to see more clearly what they needed to achieve. Other issues arising from asynchronous lectures cutting into the timetable resulted in the timetables being adapted to show active, face-to-face sessions, so that staff members were clearer about the shift in learning, enabling students to plan their time more effectively. Feedback from students also indicated their desire for practice examination papers, something that had already been planned. Social interactions were missed by the students, impacting on their mental health, this leading to the establishment of 'Pharmily'. A space was created on Blackboard to show volunteering opportunities and students were sent a weekly e-mail highlighting the counselling service as well as upcoming activities. Student feedback on teaching and learning was positive; they loved placements, and feedback indicated that meaningful online placements prepared them well for those that would take place face-to-face. SSLC student representatives were encouraged to seek the views from their year group and the team was told that the number of students providing feedback was lower than anticipated although first year students engaged better (approx. 40%) with this than those in later years (approx. 20%). A project across the whole University is considering the possibility of obtaining real-time feedback from students based on an app. Another approach is the use of year-specific breakout groups with drop-in sessions employing the 'Piazza' app; this allows the sharing of best practice, with students feeding back responsively, enabling the Division to react quickly. The students (meeting 8) generally confirmed the value of the SSLC, which considered all points raised by students, although some thought that certain issues, such as the complexity of the timetable, had not been resolved.

Standard 3: Equality, diversity and fairness

Standard continues to be met? Yes No (accreditation team use only)

The presentation (meeting 3) highlighted a large number of equality, diversity and inclusivity initiatives within the Division. These included findings from two recent MPharm projects that investigated the barriers faced by black and South Asian students on the MPharm programme. For both groups of students, the findings indicated the need to diversify the curriculum and teaching materials. For black students, there was limited teaching on the impact of culture on health, insufficient opportunities to interact with a range of peers, a lack of positive representation of black pharmacists, and an unwillingness of students to speak up about concerns. South Asian students identified their lack of preparedness for higher education due to family background and a reduced motivation to study pharmacy, along with limited opportunities to learn from other students due to the lack of social engagement and friendship groups of similar ethnicities; this suggested the need to host social events catering for different cultures to enhance feelings of inclusion at university. The presentation also identified work being undertaken to reduce various attainment gaps and to improve equality, diversity and inclusivity. This included the work of the recently formed 'Our Values Group' (OVG), comprising six students and five members of academic staff, and the BPC. Examples of work by the OVG include addressing student concerns regarding teaching and learning of sociology applied to pharmacy, the vision to embed EDI throughout the MPharm curriculum, and the modification of resources in a year 3 unit to address the problem of the skin conditions not being shown on different skin tones. The BPC was established to tackle and eradicate the disadvantages faced by black students and pre-registration trainees within pharmacy, based on the findings of an attainment gap in the GPhC's registration assessment, where the average pass rate for white trainees was 91% compared with only 61% for black trainees. Other evidence of the Division's work to improve equality, diversity and inclusivity is shown by the participation of staff in, for example, the Faculty antiracism task and finish group, antiracism training, the University Institute of Teaching and Learning inclusive teaching project, and the School of Health Sciences Athena SWAN.

The presentation also highlighted the commitment of the University and the Division to widening access for students from low socioeconomic groups and low participation neighbourhoods, where the Division has an excellent history of beating national and University target for widening access, as evidenced by success in decreasing the ratio of most-advantaged to least-advantaged students; the University's ratio in this respect is 3:1 while the Division's has decreased to 1.4:1. In response to the team's wish to learn more about the University's Access and Participation Plan specifically in the context of the MPharm, the Division's representatives (meeting 5) reiterated the University's commitment to achieving further goals relating to the recruitment of students from Asian and low socio-economic backgrounds; the Foundation Year was introduced as a route for widening participation, in which the School of Health Sciences is the top school, having participated in a large number of initiatives over a long period of time. Work is undertaken with schools, including primary schools, to reduce the participation gap; this work includes third year students going into schools that traditionally do not send students to university to increase the profile of the University of Manchester. The Manchester Access Programme (MAP) uses contextual data, where applicants are offered a two-grade decrease on the standard offer. Another contextual data policy, the Manchester Distance Access Scheme (MDAS), offers a one-grade drop if applicants complete academic tasks across the summer. A further initiative involves ambassadors going into academies to offer help to parents and schools in taking advantage of widening participation.

Noting the emphasis on equality, diversity and inclusivity, and wishing to learn of some examples of how students from minority backgrounds are being supported to achieve maximal attainment, the team was told (meeting 5) that there are small differences in attainment by ethnicity, mostly focused on the award of upper-second and first-class honours degrees. The 'Our Values Group' is seeking to understand how these attainment differences relate to differences in peer support, isolation, support networks and support from tutors. A higher proportion of Asian students live at home, and there is evidence that those who live at home do less well than others. More social events and other opportunities for interaction are being offered to make students feel that they belong. Focus groups are being held along with talking and listening to students to gain an understanding of how students feel. An EDI workshop is now included in the first year to make students feel included. The students (meeting 8) expressed the view that there should be greater diversity among the patient examples used during learning activities to ensure a greater coverage of minorities, including gay and transgender patients, as well as those with disabilities. Noting the work of the 'Our Values Group' on equality, diversity and inclusivity in the curriculum, the team would expect to see advances in this area at the next reaccreditation event. According to the students, there have been some individual issues experienced with delays in setting up access requirements, which they understood to be due to poor communication between the disability service and the course staff team. The students explained that this was not specific to pharmacy and that their fellow students on other courses within the University had also experienced similar issues.

Standard 4: Selection of students

Standard continues to be met? Yes No (accreditation team use only)

Noting that interviews are undertaken online, where they are conducted by a single member of academic staff, and wishing to know the measures used to ensure the consistency of selection decisions, the team was told (meeting 5) that new staff members initially join with an experienced interviewer. Staff members undergo training, which includes training in interviewing as well as in EDI and unconscious bias. Interviewers work from a list of standardised questions covering NHS values, professional standards and knowledge of pharmacy, with staff being given an overview of expected answers in each area to assist with scoring; the admissions tutor has an overview of the process, and scoring and judging show consistency. Poor performance is discussed with the admissions team, and detailed feedback is provided to those applicants who are rejected. The same process is used both for home and overseas students.

Standard 5: Curriculum delivery and student experience

Standard continues to be met? Yes No (accreditation team use only)

The presentation (meeting 3) outlined the major changes to teaching, learning and assessment that had taken place since the 2018 interim accreditation visit. The changes were those made to

the first year 'Patient' module, and, of course, the major changes in response to the Covid-19 pandemic.

Concerning the 'Patient' module, the team was reminded that 20% of the MPharm cohort do not have biology at A-level. The 'Patient' module was previously based on the cell and its structure and function, with practical work being focused on eukaryotic microscopy. Teaching is now based on body systems as per the BNF, covering basic pharmacology and biochemistry, with support for students who do not have biology; the module includes directed reading and the development of critical thinking. It provides an overview of the structure and function of eukaryotic cells and the structure of DNA and proteins, as well as dealing with the structure, function and common pathologies of the gastrointestinal, cardiovascular, respiratory, central nervous and endocrine systems, and the kidneys, liver, skin and blood; it also considers how drugs interact with biological drug targets through receptors, and how drugs are processed by the mammalian body. Microscopy now focusses on health versus pathology and the module gives a greater focus on accuracy and measuring skills. The impact of the change has been a 10% improvement in performance in year 1.

As noted from the presentation, changes to teaching resulting from the pandemic led to the delivery of lectures, workshops and tutorials being moved online, with material being recorded and posted on the VLE. Lectures were broken down into chunks and supplemented with interactive, online activities and students were engaged as partners in reviewing teaching materials; student participation in online learning was monitored. Members of staff received training from the Faculty in the delivery of online learning. In general, apart from some initial issues with Blackboard that were soon resolved, the students (meeting 8) were generally satisfied with accessing online learning materials.

The presentation described how practical classes were delivered face-to-face in a socially distanced manner during the pandemic, but most placements were delivered online, apart from some rated 'red' (see below). In response to the team's wish to know how, during the pandemic, it was ensured that learning opportunities enabled students to demonstrate outcomes that are normally linked to placement activities, the Division's representatives (meeting 5) explained that intended learning outcomes (ILOs) for placements are related to therapeutics. A case-based approach is used in teaching clinical skills to ensure that ILOs are met, while it has been challenging to address ILOs relating to consultation skills; during online placements all students were required to have their cameras switched on and it was ensured that every student communicated effectively. Some placements were rated 'red', which meant that they were required to take place face-to-face; as described in the presentation, this applied to two placements in the final year, and to one in each of years 2 and 3, enabling students to talk to patients in a clinical environment. The year 3 mental health hospital placement was run online and was evaluated positively. A diet of placements is being planned to enable students to catch up on missed experiences. Online placements were evaluated in two final year student projects which demonstrated their success and that students had enjoyed them, with extensive support from clinical tutors, the ILOs being met. A number of ways were used to meet the learning outcomes for community pharmacy placements. Students in the first three years were given the opportunity to register extracurricular work experience; here, the nominated pharmacy and pharmacist were checked to ensure that there were no fitness to practise issues, and students were given workbooks to complete. Students in years 3 and 4 were all offered an

optional placement in semester 2, this being encouraged especially for those with the least experience. All students were offered vaccinations and testing. An alternative online approach included interviews with pharmacists and video-recordings of consultations, along with completion of a workbook. The final year GP practice observational placement took place online. In meeting 8, when describing their experiences of working with patients and carers, including on placements, the students told the team that while learning outcomes for the placements were met through online activities, these did not allow them to talk to patients, all of whom are different from one another, so their communication skills had not been properly developed; the students said that learning these skills through role play with other students does not provide a good substitute, and practising with simulated patients, as done in OSCEs and some workshops, would be more useful. Where they had experienced face-to-face placements, for example, in years 3 and 4, where they normally had five to six across each year, they had found these to be informative, helping them to develop communication skills, and they loved talking to patients. Hospital placements had given them the opportunity to talk to patients on the wards, as well as allowing them to learn about the layout of hospitals, and the uniforms worn by different categories of staff. The students told the team that placements concerned with reviewing drug charts were not as useful as those involving talking to patients. Fourth year placements provided an extra level of communication skills. In general, placements gave them confidence and they would like more of them to take place as face-to-face activities. Workshops with patients, such as one concerned with mental health, allowed students to hear of patients' experiences of health care. While accepting that student concerns about a lack of face-to-face patient contact arose as a result of changes necessitated by the pandemic, the team agreed that this will be reviewed at the next reaccreditation.

The presentation informed the team that inter-professional education (IPE) had been conducted online during the pandemic, enabling pharmacy students to meet those from other professions. Noting that a PhD student is investigating the design and delivery of IPE in the undergraduate curriculum, and wishing to know the impact of this work on the development of the IPE strategy, the team was told (meeting 5) that a systematic review had been undertaken and had identified much of the literature is weak and anecdotal. Most, but not all, evidence suggests a positive impact of IPE, and the study is examining why the impact is not always positive. Work undertaken with other institutions to look at the student experience of IPE suggests that students start with stereotypical values, which may explain negative experiences; it is important to challenge these stereotypes through providing knowledge of the roles of pharmacists and other healthcare professionals in the patient journey, focusing on teamwork and communication skills on an inter-professional level, these being emphasised particularly towards the end of the MPharm programme. The students (meeting 8) confirmed that working with other healthcare professional students was required in each year of the course and gave examples of activities, including a pregnancy workshop with student midwives, and students of nursing, and speech and language therapy, and a problem-based learning case with medical students.

In the presentation (meeting 3), the team was told that assessments were held online during the pandemic, with students being required to complete a timed assessment at any time during a specified time window and to submit material through Turnitin; suspected cases of malpractice were investigated and referred if necessary. Wishing to know how the academic integrity and

quality of online assessments were maintained, the team was told (meeting 5) that, in order to prevent collusion, questions were randomised and students were not allowed to return to those that had previously been answered. Moreover, the format of the papers was changed to short answer questions, rather than MCQs and every question answered was timed to give an indication of possible malpractice. For online calculations, each student was given questions with different variables; where the assessment was taken in person, social distancing of students was employed. Students were required to sign a declaration relating to the GPhC standards for pharmacy professionals, with the relevant standards being highlighted. Every case of suspected malpractice was investigated and followed up where required. There was extensive e-learning support for online assessments, and for the use of Turnitin. The students (meeting 8) reported a few problems with online assessments but told the team that these were short term and had been rapidly resolved through effective e-mail contact with staff members. Examples of the problems encountered included loss of connection during an online OSCE, IT problems in submitting assignments, and problems in resubmission of material using My Dispense.

The presentation described two amendments to assessment procedures resulting from the pandemic; these comprised the 'assessment pledge' and the 'no disadvantage' policy. The assessment pledge allowed an extension of up to seven days, for up to two individual assignments or pieces of coursework. Additionally, the requirement to provide medical evidence for mitigating circumstance applications was removed and resit fees were waived. Moderation of marks was generally in line with previous years, with examination boards reviewing marks and scaling them where appropriate. Regulations were changed to increase the 'boundary zones' for degree classifications by 1%, so that students with marks between 67.0 and 69.9% were considered for a first and those with marks between 57.0 and 59.9% were considered for a 2.i.

The 'no disadvantage' policy, introduced in 2020, was applied to assessments that replaced the summer examinations. While students had to achieve the minimum pass in each course unit, the final mark awarded for each course unit was the same as, or higher than, the 'baseline mark', this being the mean unit mark calculated prior to 16th March. All first year students automatically progressed to the second year of the programme. In response to the team's wish to learn of the impact of the University's 'no disadvantage policy' and 'assessment pledge' on the MPharm, the Division's representatives (meeting 5) stated that there had been an increase in the number of first-class honour degrees. Most students took up the opportunity to request an extra seven days for submission of a piece of work, and many students also made use of the ability for extenuating circumstances to be accepted without medical evidence. Noting that the assessment pledge resulted in the automatic progression of first year students, the team was told that this was a University ruling. By the time of the lockdown, first year students had already taken two thirds of their assessments. Following this ruling, the contribution of first year marks to the final degree assessment was reduced, with a concomitant increase in that of the second year. Because first year students had little experience of examinations, they were given additional advice and opportunities for practice; past papers were made available formatively, for example, for calculations. Instructions were also provided relating to how to undertake OSCEs online. These measures were effective in supporting the students in their transition into year 2, where it was found that the year 2 assessment marks were similar to those of previous years. All students were subject to the normal regulations and

this was evident in the usual number of withdrawals. The 'no disadvantage' policy was implemented from March 2020 onwards and had no impact on the January examinations.

In response to the team's wish to learn about the formative feedback that they receive following assessments, the students (meeting 8) stated that this was generally satisfactory but was variable across the years, and was inconsistent among members of staff, with some staff members providing useful feedback that helped them to improve their performance in later examinations, while others did not provide any feedback.

The students told the team that they felt well prepared for starting their foundation training, because of the integrated nature of the course, and especially through their opportunities to undertake placements in community and hospitals, and to participate in IPE which enabled them to interact with other professions and speak to members of the multidisciplinary team, all of which gave them confidence to deal with patients. They had also been very well prepared for the Oriel process, where members of staff had provided frequent updates and sent e-mail reminders about deadlines, as well responding to students' e-mail enquiries.

While this standard continues to be met, the team noted the students' views on inconsistencies in the feedback provided on assessments among different staff members; this will be examined at the next reaccreditation event.

Standard 6: Support and development for students

Standard continues to be met? Yes No (accreditation team use only)

The presentation (meeting 3) described the student support that was put in place as a result of the pandemic. Year tutors began weekly drop-in sessions to deal with both academic and wellbeing issues, and all academic adviser meetings were changed from group to one-to-one sessions, with advisers being asked to check on their students on a weekly basis. All units provided 'question and answer' drop-in sessions prior to assessments, and VLE discussion boards were used to answer students' questions, with professional services staff being available via e-mail to offer advice and support. Flexibility in attendance was offered, along with the ability of students to swap face-to-face classes. The Covid vaccine was offered to all students in years 2, 3 and 4 so that they could attend placements and 'Pharmily' facilitated student-led support. As described under standard 5, the University's 'assessment pledge' allowed mitigating circumstances to be approved without the requirement produce medical evidence. In response to the team's request for further information on how students were supported during the pandemic, the Division's representatives (meeting 3) reiterated the arrangements described above and told the team that there was an open door policy, so that academic advisees could consult their advisers at any time, and could be seen very quickly; students were supported by mental health and other counselling services, and meetings had also been arranged with parents to discuss the situation. The University had provided support for technology, for example, by loaning laptops. The students (meeting 8) broadly confirmed the support that they had received, especially at the start of the pandemic, where the University response had been rapid, with the provision of updates, the initiation of drop-in and question and answer sessions, and the effective move to online learning; their support for a return to university-based work had been less comprehensive and the level of support from the staff had varied among staff members, with some being excellent. 'Pharmily', which is run by students, had been started for

students who had mental health problems. The students told the team about their support from their academic advisers, whom they were required to meet at least four times per year, with two meetings each semester. While some advisers were very helpful, being readily contactable via e-mail, there was considerable variability among advisers, with some students having trouble getting the support they felt they required; however, it was possible to get support from other staff members who were very helpful and with whom students felt comfortable. The students expressed the view that they would like more support later in the course as they approached the transition to the work environment. The team noted the students' perspective on the inconsistency of support provided to them among different advisers; this will be considered during the next reaccreditation event.

Wishing to learn how student engagement has been monitored during the pandemic, as well as about any issues and how these were addressed, the team was told (meeting 3) that engagement was monitored on the Blackboard VLE which provides information on how frequently it is accessed by students. Those students not engaging are contacted from a supportive, rather than a disciplinary, perspective. Engagement could also be gauged through the face-to-face teaching that still took place, with the focus being on incoming first year students, where assessment points could identify problems; the early identification of problems was facilitated by the block structure, which allowed some assessments to be brought forward to earlier points in the semester. Academic advisers were very effective, and were provided with a toolkit on signposting, which included a flow chart on what action to take in different situations, describing where to signpost and what could be offered to students. Personal calls were made to see how students were doing, and advisers were informed about the support needed for particular students. The team was told that considerable student support was required, because the Covid death rate was high in Greater Manchester, which has a large ethnic population, with home pressures resulting, for example, from multiple families living in the same households.

Standard 7: Support and development for academic staff

Standard continues to be met? Yes No (accreditation team use only)

In exploring the ways in which staff were supported during the pandemic, including for the move to online teaching and assessment, and how the pandemic has impacted on staff workload, the team was told (meeting 3) about extensive guidance and support at University, Faculty and local levels, with the Faculty teaching and learning community being very helpful, and excellent e-learning support and resources; people with experience in blended learning shared best practice, with e-learning specialists providing one-to-one coaching, along with an e-learning chat-bot. A comprehensive podcast studio was made available, which readily enabled the uploading of material to Blackboard, and the use of voice recognition software minimised the corrections required for captioning online material. Academic staff received excellent support from the technical staff, for example, in face-to-face laboratory classes and in supporting the development of online learning and OSCEs, including the online simulation 'My Dispense'. Managers kept in touch with staff, providing regular updates and toolkits. Structures were put in place, with teaching divided into chunks, and members of staff developed their own resources, along with providing mutual support. Staff workload had increased considerably because of the need to convert 50-minute lectures to an online format, while breaking it down

into chunks and providing extra tasks for the students; there were particular challenges with assessments in developing tools to address potential collusion. Staff will also need to provide additional laboratory classes in August for some international students who were trapped overseas. Two surveys (Athena SWAN) highlighted the problems of staff with caring responsibilities; being cognisant of these circumstances, flexible working arrangements were put in place, and staff meetings were arranged at suitable times. There was also a longer shutdown than normal over the Christmas and Easter periods. A Covid-leave policy was available but did not impact on teaching and learning, because very few staff members made use of it, benefitting from the ability to work flexibly at home. Members of staff have been informed that they will not be expected to meet their performance and development review (PDR) objectives because of the pandemic.

In response to the team's wish to learn how new members of academic staff were inducted and supported during the pandemic, the Division's representatives (meeting 3) described the recent induction of a staff member, who was a hospital pharmacist with experience of GP practice, and who was appointed to help the development of the MPharm programme to meet the new GPhC standards. The induction process had been the same as at any other time, although it had taken place virtually, with the usual allocation of a mentor and a probation supervisor, along with a discussion of the probation objectives. Thus, during the first two weeks they had met all the key people virtually, including all unit heads and the Head of Practice, and had commenced the New Academics Programme, which leads to the submission of a portfolio enabling the achievement of fellowship of the HEA. A laptop was delivered and access to the University's IT systems from home was set up. The mentor role is to provide support for the New Academic Programme, which is concerned with the design and development of teaching, including theoretical aspects. The Division ensures support for probationary staff for their teaching and research. Normally, new staff members have a three-year probationary period, but this can now be extended into a fourth year, with objectives being modified in light of the current circumstances and rolled into the PDR process.

Standard 8: Management of initial education and training

Standard continues to be met? Yes No (accreditation team use only)

While the documented information on this standard was scrutinised by the team, it was not discussed specifically during the interim accreditation event; new course management arrangements were considered under standard 2, and the monitoring of student engagement was addressed under standard 6.

Standard 9: Resources and capacity

Standard continues to be met? Yes No (accreditation team use only)

The presentation (meeting 3) included financial forecasts for the MPharm over the next three years, which were based on the assumption of the recruitment of 135 home and 35 overseas students. The total student numbers were shown to rise and fall across the years, because of a slight increase in home (139) and overseas (36) students in the academic year 2021/2022. The forecasts also included assumptions about current staffing levels and pay increases, and replacement of retiring staff members with more junior colleagues. The team was told that the University is entering a five-year planning cycle. The team noted that the increase in staffing

resulting from an increased first year intake is only temporary. Wishing to know what consideration has been given to reviewing the staff resource in light of the larger student intake in 2020-21, the team was told (meeting 3) that if student numbers remain high, the Division will be in a position to keep these staff members in post.

The presentation also informed the team of the intention to commence a BSc in Clinical Pharmacy in collaboration with the China Pharmaceutical University (CPU), a leading, world-rated Chinese institution. In this programme, students will study the first two years in China where they will be taught in English; some teaching there will be delivered by visiting lecturers from the University of Manchester. Students will then transfer to Manchester, where they will join years 2 and 3 of the MPharm, following which they will return to China where the programme will continue with a final year of study at CPU. Students completing the programme will be awarded a CPU BSc along with a University of Manchester BSc in Clinical Pharmacy. The programme will result in an additional 64 students in years 2 and 3 of the MPharm, where they will be integrated with MPharm students. Additional teaching sessions will be required for practical classes, tutorials and workshops; accordingly, additional academic and professional support staff will be appointed. In order to provide clinical placements, discussions will be held with NHS partners, leading to the use of an extra hospital site and the appointment of an additional clinical tutor. It was made clear to the team that there will be no option for these CPU students to transfer to the Manchester MPharm. The team was told (meeting 3) that the programme will start in China in September 2021, so that CPU students will join year 2 of the Manchester MPharm in 2023, with a total of 128 by 2024; this will have a positive impact on the Divisional income and on the MPharm.

Wishing to learn about the financial implications of the pandemic, the team was told (meeting 3) that money was released to support the technology needed for the staff, and a system was established for loaning computers. On placements, hospital computers were not compatible with those in the University and so the clinical tutors were all supplied with their own computers that were compatible with the University systems. All teaching was resourced appropriately, including the requirement for additional resources for multiple repeats of classes.

Noting the plan to create new pharmacy undergraduate teaching laboratories with an increased capacity, the team was told (meeting 3) that this is still at the proposal stage and it is uncertain if it will be funded. While the developed facilities would be better and more flexible, the current laboratory capacity is sufficient to teach both MPharm and CPU students. The Division has no concerns about the project not being funded, in which circumstances the existing laboratory space will continue to be used.

Significant pedagogic developments

The following developments were presented in meeting 7.

Example 1 Online replacement clinical placements

As a result of the pandemic, the Division implemented an online placement model to meet

intended learning outcomes relating to therapeutics, consultation and clinical skills across the MPharm without the need for students to attend hospital sites. Online interactive case studies were used to introduce students to key concepts before holding online small-group learning events to consolidate learning and to provide formative feedback. Case-based assessment exercises were used to further allow students to apply learning to practice and demonstrate they had met the learning outcomes. The placement team of seven clinical tutors collaboratively developed a series of 11 case-based eLearning packages, with curricular alignment appropriate for each year group of the MPharm. SoftChalk software was utilised via the Blackboard VLE. Each eLearning package contained structured problems and reflective questions for students to answer before their placement, as well as links to directed reading and where appropriate, to videos demonstrating clinical and/or communication skills. Zoom and Blackboard Collaborate video conferencing tools were used to hold online placements, delivered to groups of around 15 students, with each facilitated by two clinical tutors. Breakout rooms were used to encourage small group discussion and to allow students to ask questions of their tutors. Attendance and engagement during placements were excellent, with clinical tutors noting higher rates of completion of set work than in previous years. Feedback from students showed while online placements did not fully replicate face-to-face hospital placements, students appreciated the increased flexibility, level of tutor support and promotion of small group discussions.

Example 2 Industrial pharmaceuticals

To teach industrial pharmaceuticals and medicines in the 21st century led by industrial experts. To generate this module completely based on eLearning to further alleviate travel restrictions due to COVID and availability of external experts.

The Division developed a new, optional, final year module to provide those students interested in industrial pharmacy with the appropriate specialist knowledge and skills plus leadership and team-working skills. The unit is based on self-directed authentic learning as would be encountered in a CPD and industrial setting with support through synchronous interaction and self-assessment. Coursework assessment was designed at the 'does' level of Miller's triangle. 16 industrial specialists from AstraZeneca delivered 46 asynchronous short iSpring lectures with audio/video trail and in-lecture hyperlinks. These lectures were supplemented by activities and reflections, external videos, scientific and legal publications, all embedded in the eLearning platform Articulate Rise. Effective learning was supported through formative in-process online quizzes, as well as end of section quizzes via the Blackboard VLE; students had to pass these to pass to activate the next section. To enable peer-learning and student leadership, the students worked in virtual companies researching and planning a new drug project with the outcome shared through moderated blogs and synchronous company pitches to an industry panel. The student feedback was highly positive.

Example 3 Peer Assessment and Feedback

The objective here was to use peer review to generate a robust summative mark as well as to provide students with feedback on their work. While feedback is well known to support learning, the provision of detailed, individual feedback is time consuming. Involving students in peer marking and providing constructive feedback can enhance student engagement. While the delegation of marking and feedback may save staff time, inter-rater variability limits the value. Higher levels of reliability are obtained when markers simply decide which of two assignments 'is best'. This project employed a series of adaptive comparative judgements (ACJ) to overcome the problem of inter-rater variability. Students were assigned ten pairs of assignments, and for

each pair they judged which was best. An algorithm used this series of multiple comparative judgements to create a rank order. Students were also asked to provide constructive feedback on each assignment, with members of staff reviewing the appropriateness of the student feedback and moderating the rank order before using it to assign individual marks to assignments. 149 students submitted assignments, of whom 143 completed the peer review component, making 1,415 comparative judgments. The rank order generated by ACJ was found to be in broad agreement with staff judgements during the moderation process. Each assignment received feedback from 6-10 students. The mean length of feedback was 350 words per assignment (range 50-500 words). The length of feedback was not related to the rank order. This indicates that a series of comparative judgements can be used to address inter-rater variability in peer marking and to provide feedback to peers. Accordingly, the ACJ software has been used this year, both for summative grading and to generate feedback. It was used in the 'Case Study' component in the third year Research Methods unit to grade work and to capture and distribute students' feedback to their peers. It was also used in the final year 'Critical Analysis and Communication' module, where students assessed short essays employing ACJ; this contributed 5% to the final mark.

