

**Medway School of Pharmacy, Master of Pharmacy
(MPharm) degree reaccreditation part 1 event
report, April 2023**



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Event summary and conclusions

Provider	Medway School of Pharmacy
Courses	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (part 1)
Event date	26 – 27 April 2023
Approval period	2022/23 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by Medway School of Pharmacy is reaccredited, subject to a satisfactory part 2 event, and two conditions.</p> <p>Reaccreditation is recommended for a period of 6 years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserves to amend this accreditation period if necessary, following the part 2 event.</p> <p>The part 2 reaccreditation event will take place in the 2024/25 academic year and is likely to take place on-site.</p>
Conditions	<ol style="list-style-type: none">1. The School must provide a detailed plan to articulate how summative assessments will be standard set in order to define the passing cut score at the minimum competency level required for safe and effective practice. This is to meet criteria 6.4, 6.6 and 6.7.2. The School must provide University-level assurance of the physical and staffing resource and associated budgetary provision to ensure that sufficient staffing and fit for purpose facilities will be in place for delivery of the new programme from the 2023/24 academic year onwards. It must be demonstrated how current student numbers and a proposed maximum new intake of 150 students per year will be accommodated. This is to meet criteria 3.1, 3.2 and 3.3. <p>Evidence of how the School has addressed the conditions must be sent to the GPhC, for approval by the accreditation team. This must be done by 30 June 2023.</p>
Standing conditions	The standing conditions of accreditation can be found here .

Recommendations	<p>1. The team recommended that all ‘Clearing’ interviews are conducted via videoconference, rather than telephone. This is to provide an equitable process to the standard application route, and for additional assurance of the candidate’s identity, as well as ensuring that they are not being supported with their responses. This is in relation to criterion 1.7.</p> <p>A response to the recommendation should be sent to the GPhC for review by the accreditation team by 30 June 2023.</p>
Minor amendments	<ul style="list-style-type: none"> • To remove all references to an MPharm degree with preparatory year from all documentation and websites following the School’s decision not to pursue accreditation of an MPharm degree with preparatory year. • To remove all references to GPhC ranking in relation to the School of Pharmacy on websites or in programme materials. • To update the School of Pharmacy website and other information made available to potential applicants to ensure that the entry requirements are provided in full and include both academic and non-academic requirements, as well as the requirement to attend interview. • To remove out of date out-of-date references to ‘pre-registration training’ from the website and any other programme documentation. Since the 2021/22 academic year the terminology to refer to this period of training is the ‘foundation training year’. • To change the placement policy to reflect current practice relating to the action taken when a placement is terminated by the placement officer or placement provider prior to the end of the placement period due to unacceptable behaviour. • To update the School’s policy to ensure that any student with an outstanding fitness to practise investigation cannot graduate until the matter has been cleared.
Registrar decision	<p>The Registrar of the GPhC accepted the accreditation team’s recommendation and approved the reaccreditation of the programme, subject to a satisfactory part 2 event.</p> <p>Following the event, the provider submitted evidence to address the conditions and the accreditation team agreed that the related criteria were now ‘likely to be met’ and would be reviewed further at the part 2 event.</p>
Key contact (provider)	<p>Dr Nicola Tyers, Programme Lead*</p>
Accreditation team	<p>Professor Ruth Edwards* (Team Leader), Head of School of Pharmacy, University of Wolverhampton</p>

	<p>Dr Marisa van der Merwe (team member - academic), Associate Head (Academic) and Reader in Clinical Pharmaceutics, University of Portsmouth</p> <p>Dr Tania Webb (team member - academic), Associate Professor in Molecular Pharmacology, De Montfort University</p> <p>Shahzad Ahmad (team member - pharmacist), Clinical Lead, NHS England</p> <p>Ausaf Khan (team member - pharmacist newly qualified) Clinical Pharmacist, The Royal Wolverhampton NHS Foundation Trust</p> <p>Susan Bradford (team member - lay), Lay Commissioner, Commission on Human Medicines</p>
GPhC representative	Philippa McSimpson*, Quality Assurance Manager (Education), General Pharmaceutical Council
Rapporteur	Professor Brian Furman (Rapporteur) Emeritus Professor of Pharmacology, University of Strathclyde
Observer	Professor Carl Stychin (new accreditation panel member in training) Professor of Law and Director of the Institute of Advanced Legal Studies, School of Advanced Study, University of London

*Attended the pre-event meeting on 3 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

The Medway School of Pharmacy was established as a collaborative venture between the University of Greenwich and the University of Kent in 2004. This collaboration is managed through the Joint Pharmacy Planning Group (JPPG), which is the point of reference for all policy decisions relating to pharmacy. A Memorandum of Understanding covers how the universities work together in overseeing the School's delivery of the MPharm. The primary administering university (PAU) is the University of Greenwich.

The MPharm programme was reaccredited in 2019 for a full period of six years. On that occasion the team imposed one condition and made two recommendations. The condition was that the School must implement a more meaningful and robust inter-professional education (IPE) strategy, and students must have meaningful engagement with patients, carers, students and other healthcare professionals; this engagement, building year on year, was to reflect the School's intention for collaboration with the proposed University of Kent Medical School. Accordingly, the School developed an IPE strategy which includes online and face-to-face interaction of pharmacy students with medical students (See standard 5). The first recommendation was that the School should review the structure and implementation of its Foundation Year in relation to the proposed direct entry onto the MPharm programme, especially with regard to good character and health checks, and fitness to practise requirements. To address this recommendation, the School developed a zero-credit module dealing with professional suitability for entry to the MPharm and made fitness to practise checks part of the admissions policy. In response to the team's second recommendation that the School should review its fitness to practise policy, the School now ensures that students can be temporarily suspended from the programme during fitness to practise investigations.

A reaccreditation event was arranged for April 2023, and 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 ('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 3 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 26-27 April 2023; it comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with students.

Declarations of interest

Philippa McSimpson declared that she and Dr Nicola Tyers, MPharm Programme Lead, had previously worked in the same directorate at the Royal Pharmaceutical Society. The team agreed that this did not constitute a conflict of interest.

Schedule

Day 1: 26 April 2023

09:00 – 09:30	Welcome and introductions. Management and oversight of the MPharm degree - part 1 <ul style="list-style-type: none">• Presentation from provider
09:30 – 10:00	Tour of MPharm teaching and learning facilities
10:00 – 10:30	Break and private meeting of accreditation team
10:30 – 12:30	Management and oversight of the MPharm degree - part 2 <ul style="list-style-type: none">• Questions and discussions
12:30 – 13:30	Lunch and private meeting of accreditation team
13:30 – 15:45	Teaching, learning, support and assessment - part 1 <ul style="list-style-type: none">• Presentation from provider• Questions and discussion
15:45 – 16:00	Break and private meeting of accreditation team
16:00 – 17:00	Student meeting

Day 2: 27 April 2023

08:30 – 09:00	Private meeting of the accreditation team
09:00 – 10:00	Teaching, learning, support and assessment - part 2 <ul style="list-style-type: none">• Presentation• Questions and discussion
10:00 – 10:30	Break and private meeting of the accreditation team
10:30 – 11:45	Teaching, learning, support and assessment - part 3: <ul style="list-style-type: none">• A detailed look at the teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team

11:45 – 15:15	Private meeting of the accreditation team (including lunch)
15:15 – 15:30	Delivery of outcome to the School

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Ali, Ayesha	Teacher Practitioner, Oxleas NHS Foundation Trust
Ashenden, Stuart	Faculty Operating Officer, FES Professional Services, University of Greenwich
Ashraf, Sadaf	Lecturer
Ashtari, Rachel	School Administration Manager and Interim Business Operations Manager
Bartlett, Yvette	Lecturer and Programme Lead for Diploma in General Pharmacy Practice
Benniman, Teresa	Lecturer
Bhamra, Sukvinder	Academic and Director of Admissions and Outreach
Bradshaw, Noel-Ann	Deputy Dean, Faculty of Engineering and Science, University of Greenwich
Brako, Francis	Lecturer
Bushnell, Emily	Teacher Practitioner Medway NHS Foundation Trust
Casely-Hayford, Maxwell	Lecturer
Dave, Aadesh	Lecturer
Desai, Sandip	Deputy Teaching Support Manager
Dewsbury, Catherine	Lecturer
Dockwray, Jo	Lecturer
Edwards, Alison	Lecturer
Ellis, Sophie	Teacher Practitioner Dartford and Gravesham NHS Trust
Gallagher, Lynn	Teaching Support Manager
Griffiths, Peter	Pro Vice-Chancellor and Executive Dean, Faculty of Engineering and Science, University of Greenwich
Hall, Andrew	Lecturer
Koutsikou, Stella	Lecturer and Operational Lead for Biological Sciences
Lall, Professor Gurprit*	Interim Head of School
Lavignac, Nathalie	Lecturer
Lea, Andrew	Lecturer and Operational Lead for Clinical and Professional Practice
Momin, Mohammed	Researcher

Musson, Laura	Lecturer
Papagiannouli, Fani	Lecturer
Peppiatt-Wildman, Claire	Director of Division of Natural Sciences, University of Kent
Portlock, Jane	Reaccreditation Event Team Lead
Rabette, Denise	Lecturer and Lead for MSc General Pharmacy Practice/Medicines Optimisation
Scott, Simon	Lecturer, Postgraduate Research Studies Lead
Steponenaite, Aiste	Researcher
Sumbayev, Vadim	Lecturer and Director of Research
Temperton, Nigel	Professor, Chair of Ethics Committee
Thomas, Trudy	Reader, Prescribing Lead, and Postgraduate Taught Studies Lead
Trivedi, Vivek	Lecturer and Operational Lead for Chemistry and Drug Delivery
Tyers, Nicola*	Interim Deputy Head of School and Programme Lead
Veale, Emma	Researcher
Vuono, Romina	Lecturer
Waldock, Colin	Lecturer and EDI Lead
Zanganeh, Media	Lecturer

* attended the pre-event meeting on 3 April 2023.

The accreditation team also met a group of eight MPharm students comprising two from each of years 1 to 4.

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. To gain additional assurance the accreditation team also tested a sample of six learning outcomes during a separate meeting with the provider.

The following learning outcomes were explored further during the event: Learning outcomes **10, 17, 28, 29, 36, and 54**

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

See the [decision descriptors](#) for an explanation of the 'Met' 'Likely to be met' and 'not met' decisions available to the accreditation team.

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

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

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

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

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

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

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 16 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 17 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 18 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

Learning outcome 19 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 20 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 21 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 22 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 23 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 24 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 25 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 26 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 27 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 28 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 29 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 30 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 31 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 32 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 33 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 34 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 35 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 36 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 37 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 38 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 39 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 40 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 41 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 42 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 43 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 44 is	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>

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

- 15. Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times
- 16. Apply professional judgement in all circumstances, taking legal and ethical reasoning into account
- 17. Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to
- 18. Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate
- 28. Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person
- 32. Accurately perform calculations
- 35. Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance
- 37. Prescribe effectively within the relevant systems and frameworks for medicines use

- 38. Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people
- 44. Respond appropriately to medical emergencies, including the provision of first aid

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

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

Learning outcome 45 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 46 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 47 is	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 48 is	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 49 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 50 is	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 51 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 52 is	Met <input 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
- 46. Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities
- 49. Use tools and techniques to avoid medication errors associated with prescribing, supply and administration
- 51. Recognise when and how their performance or that of others could put people at risk and take appropriate actions

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

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

Learning outcome 53:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 54:	Met <input type="checkbox"/>	Likely to be met <input checked="" 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 need
- 54. Support the learning and development of others, including through mentoring

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

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

The documentation described how the School provides admissions information to potential applicants through an admissions prospectus, selection events and the School's website. All applicants meeting the entry criteria are invited to a selection event, which can be either face-to-face or online as appropriate to their circumstances; details of the selection event are provided in advance. This selection event includes a written assessment covering mathematics and values, as well as an interview conducted by a member of staff; the interview comprises a series of tasks based on pharmacy practice and professionalism, and the assessment of communication skills and scientific knowledge. Offers are made only to those applicants who meet pre-determined criteria for the assessment and interview and who submit an acceptable Fitness to Practise declaration.

Responding to the team's wish to learn more about the School's process for reviewing applications and selecting candidates, the staff confirmed that initial selection is based entirely on academic grades and all applicants meeting the required academic performance receive an invitation for an interview. The School does not currently use contextual offers, for example, based on dropping grades for applicants from areas of social deprivation, such as the local region; however, there is a wider drive to support widening participation. On the other hand, required grades are reduced for admission during Clearing, which currently accounts for around 33% of entrants; this is to ensure that places are filled, and additional academic support is provided to ensure that applicants with lower grades can succeed on the course. Prior learning may be accepted as a qualification for entry as part of the widening participation agenda but does not exempt students from any component of the MPharm course.

Noting that each candidate is interviewed by a single interviewer, who may not always be the same member of staff, the team sought assurance that the School ensures a consistent and fair approach to the interview scoring and making decisions on the candidates. The staff described how all interviews are now face-to-face, although those applicants who cannot attend in person are offered an online

interview; online interviews use the same format and the same questions and are conducted by the same staff members who run those that take place face-to-face. All staff members are trained in interviewing and the interviews are standardised so that the same questions are used with a standard wording and with interviewers working from a script; the academic selector moves among the 12 interview rooms to check for consistency. Students admitted during clearing are also interviewed, although this is currently undertaken by telephone, rather than face-to-face or online. In response to the team's wish to learn about the processes in place to verify the identity of the applicant and to determine that they are not supported by others during telephone interviews, the staff admitted that these aspects could not be checked. Accordingly, the team recommended that all Clearing interviews should be conducted via videoconference, rather than telephone. This, which relates to criterion 1.7, is to provide an equitable process to the standard application route, and for additional assurance of the candidate's identity, as well as ensuring that they are not being supported with their responses.

In response to the team's wish to learn how the School ensures that there is no bias or disadvantage in the recruitment and selection processes, as well as about the mechanisms for monitoring and reviewing these processes to assess whether they are disadvantaging a particular type of applicant, the staff explained how each applicant is considered on a case-by-case basis in line with University policies. Individual applicants' needs are addressed, for example, in relation to disability. Currently, the School has not analysed the data to determine if the processes confer any disadvantage to particular types of applicants, but the staff reviews the processes at the end of each admission cycle to determine where improvements are required. The Senior Leadership Team recognises that there is more work to be done and intends to review applicant data to help inform decisions.

The team agreed that criteria 1.1, 1.3-1.6, 1.8 and 1.9 are met, while criteria 1.2 and 1.7 are likely to be met by the part 2 event. Several minor amendments are required relating to this standard (Please see the list of 'minor amendments').

Standard 2: Equality, diversity and fairness

MPharm degrees must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and be delivered in such a way that the diverse needs of all students are met

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

The documentation described how the School's Equality, Diversity and Inclusion (EDI) Policy incorporates the policies of both the University of Greenwich and the University of Kent. All members of academic staff must complete mandatory training on EDI. Moreover, key features of EDI are now included within the staff annual appraisal process, providing opportunities for staff members to reflect on their own approach to EDI values within their role. From the student perspective, the concept of EDI is a theme that is built throughout the course. This includes exploring cultural awareness, and discussion of health inequalities and health challenges among populations and individuals, so that students understand the populations that they will serve.

The breakdown of student progression data by protected characteristics had identified a marked increase in the percentage of black, Asian and minority ethnic (BAME) students not progressing in academic years 2020/21 and 2021/22. Responding to the team's request for the reasons underlying this markedly reduced progression, the staff explained that this had been an anomaly consequent upon the Covid pandemic, resulting in delays to students completing placements; once they had completed the placements, most of these students had progressed to their next year of study. Requesting information on the School's plans to undertake further analysis of progression data to understand how different protected characteristics intersect, the staff explained that while this was desirable, the small numbers arising from disaggregating the data would make this difficult to interpret.

The staff confirmed that all staff members undertake mandatory EDI training, as well as unconscious bias training for those involved in interviews and promotions. Training must be repeated annually, and this is monitored and tracked through annual appraisals, as well as through the promotion process. 'Lunch and learn' sessions held every three months include discussions on EDI matters, with, for example, presentations on issues such as LGBT and neurodiversity. Academic staff members need to indicate how they integrate EDI into their work. Support for the diversity of the student body in the School, with its white British ethnic minority, is addressed, for example, by diversification of reading lists and embedding features in the curriculum such as using a variety of skin colours to enable clinical decisions in dermatological case studies, something that was confirmed to the team by the students. Bearing in mind the geographical local area from which many students come, with high levels of social deprivation and a low participation rate in higher education, the School provides individualised support, taking into account factors such as religious needs and caring responsibilities; the School makes reasonable adjustments where appropriate. Similarly, the School tries to allocate experiential learning placements to minimise the distance students have to travel and to adjust placements to accommodate students with physical problems.

Responding to the team's wish to learn how students are supported in learning about communities and cultures, and about pharmacists' responsibilities relating to EDI, the staff described how the students have a session on EDI at the beginning of the programme, and how EDI matters are re-emphasised throughout the course. Students learn about protected characteristics and are encouraged to consider their assumptions about different cultures when undertaking patient consultations. The current programme addresses population health management, indices of deprivation, and dealing with diverse patients, taking into account the problems of dealing with patients speaking different languages or having other communication problems. Professional practice modules address the standards for pharmacy professionals, including respect for patients' beliefs and wishes, and use this information to guide students through series of cases. Health belief workshops in year 1 address issues such as fasting and herbal medicines, and there are lectures on health inequalities.

In response to the team's wish to learn how the School is assured that the principles of equality, diversity and fairness are embedded in placement sites and that placement supervisors have received training in this area, the staff explained how they were working closely with hospital, community, and primary care placement providers, as well as with HEE and NHSE, for example, in the coproduction of materials. Service level agreements with providers address EDI issues, resulting in consistency. Training will build across the summer period.

The team agreed that criteria 2.1-2.3 were met, while criteria 2.4-2.6 are likely to be met by the part 2 event.

Standard 3: Resources and capacity

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

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

The documentation described how the universities of Greenwich and Kent have joint oversight of the School through the Joint Pharmacy Planning Group (JPPG); this arrangement is based on a memorandum of understanding. Cases for financial spend are initially approved by the Universities of Medway Finance Investment Group (UMFIG) and then passed to the JPPG; the Head of School and Senior Leadership Team sit on both UMFIG and the JPPG, with the agendas driven by the Head of School. Plans under development include new facilities, such as a clinical skills suite, also to be used for OSCEs, new equipment such as a simulation mannequin, and opportunities for staff members to obtain prescribing qualifications.

The staff clarified to the team that the Primary Administering University (PAU) is now the University of Greenwich and that there is no longer a five-yearly rotation of this role between the two institutions. The two universities are currently working on a new memorandum of understanding (MoU) which will confirm this arrangement; the team requested that the GPhC should be informed once this work is complete. With reference to the partnership between the two universities, some students highlighted communication issues, because e-mails from students to staff seem to go into their junk, as a result of staff members having University of Kent e-mail addresses, while students belong to the University of Greenwich.

Noting that there is currently an interim management structure in the School, with both the Head and Deputy Head of School holding interim positions, the team requested information on how resources are secured. The staff described how after justification of requests for resource, the Universities of Medway Finance Investment Group (UMFIG) approves the requests, which are then taken to the Joint Pharmacy Planning Group (JPPG). The budget is then confirmed once JPPG has ensured that the requested resources are consistent with the overall strategy. The interim management structure, which the staff described as very strong, has not impacted on the School's resources.

Responding to the team's request for an update on the recruitment plan for the substantive posts of Head and Deputy Head of School, the staff explained that the previous Head of School had been in a fixed-term role and that the University would now advertise for a permanent Head, as well as putting in place a new structure. This will be undertaken over the next few months, along with finalising the new MoU.

The team sought assurance that the budget to meet the School's strategic plan will be granted. The staff explained that budgetary allocation is an annual process but with a five-year business plan and funds released as needed. The School places requests for staffing and non-staff resource and the funding is based on student numbers via an algorithm. Physical infrastructure is funded through both a rolling maintenance and improvement plan, which is determined by the University with School input

along with direct requests for additional money. Staffing levels are reviewed on an ongoing basis, bearing in mind current and future staff roles, to ensure that the core programme is protected. The team learned that going forward, there will be around 25 full-time equivalent staff members, giving a student/staff ratio of approximately 24:1. The planned maximum student number is 150, which can be managed using current laboratory space and an acceptable number of repeat sessions.

There are 30 members of academic staff totalling 24.8 whole-time equivalents, of which 5.6 whole-time equivalents are currently being recruited. The School also employs teacher-practitioners, as well as professional services and technical staff.

The School is based in the University of Greenwich Anson Building and a building plan is currently under consideration for the development of suitable clinical space to facilitate the training of students to be prescriber-ready. Other buildings house appropriately equipped lecture theatres, as well as computing and library facilities.

The team noted reference in the School's risk register to high staff workloads and the impact of this, together with other factors, on staff retention. In response to the team's wish to learn how this was being managed to mitigate the risk of losing key staff members, the staff stated that the new programme gives opportunities, allowing the School to review individual roles to accommodate research and scholarship into workloads, with the provision of mentorship and the possibility of using research income to buy out staff time. The School is working on a standardised timetable to improve efficiency and has experimented with whole-group workshops using facilitators in a large space, within which the students are divided among smaller groups to minimise repetitions.

Responding to the team's request for more information about the expertise in place for delivery of enhanced clinical skills education, the staff described how there was extensive experience from the advanced clinical skills and health diagnostics teaching used in postgraduate teaching. There are three people in particular for teaching clinical skills, the delivery of which will be led by a recently appointed medical practitioner. These skills will build from year 1 through to the final year where the focus will be the student's scope of practice.

The team noted the reference in the submission to plans to develop the ground floor of the building to increase the provision of clinical space and wished to learn of progress in obtaining approval for the project, the timescales for completion and the impact on the delivery of clinical sessions during the work, or if approval for the development is not granted. The staff described how the project was now on the calendar and told the team that the University was now awaiting costings. As the building is grade 2 listed, approval of changes has additional requirements and processes that need to be followed. The request for this work is aligned with the University's rolling programme of improvements to the estate and the School is asking for a decision on the work to be prioritised. The work could be completed within four to five months, depending on the availability of contractors. The project would be undertaken at a time that would avoid disruption to the operational business of the School. If the changes are not made, the School will continue to use existing space, although this will require additional repetitions of teaching sessions.

Noting the facility to use hybrid face-to-face and online lectures, the team wished to learn the extent of their use and how the School ensures that students participating online from home can engage as effectively as if they were attending in person. The staff stated that these lectures work very well,

although interactivity is problematic and staff members are required to facilitate breakout rooms. Interactivity problems also arise because students are reluctant to use their cameras or microphones, preferring to interact through the chat-box.

The students were generally content with the facilities, describing the dispensing laboratory and the library as good, although the pandemic had prevented them from using them. They told the team that most of their laboratory work had taken place in years 1 and 2, with the emphasis in years 3 and 4 being clinical. They expressed a wish for a common room as there was no common area available to them. They also gained the impression that the School was understaffed.

Noting the planned intake of 150 students to the MPharm, the team was concerned about the impact of the increased workload necessitated by the limited number of students that could be accommodated in some of the facilities at any one time; this resulted in the need for several repetition of the same class. Although plans were in place for the expansion of these facilities, there was no clear timescale for their completion. Moreover, the staff workload would be compounded by the process for transitioning to the new MPharm programme to meet the GPhC's 2021 Standards for the initial training and education of pharmacists (See also standard 7 and the 'Teach out and transfer arrangements'). The team therefore agreed that standard 3 was not met and imposed a condition (condition 2) that the School must provide University-level assurance of the physical and staffing resource and associated budgetary provision to ensure that sufficient staffing and fit for purpose facilities will be in place for delivery of the new programme from the 2023/24 academic year onwards. It must be demonstrated how current student numbers and a proposed maximum new intake of 150 students per year will be accommodated.

Standard 4: Managing, developing and evaluating MPharm degrees

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

Criterion 4.1 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 type="checkbox"/>	Likely to be met <input checked="" 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"/>

As described under standard 3, while the University of Greenwich is the Primary Administrative University (PAU), the universities of Greenwich and Kent have joint oversight of the School through the Joint Pharmacy Planning Group (JPPG). This group is alternately chaired by the Pro Vice Chancellor of the University of Greenwich or the Deputy Vice Chancellor Academic Strategy, Planning, and Performance of the University of Kent, and includes the Director of the Division of Natural Sciences of the University of Kent, and Finance Directors of each university, and the Senior Management Team of the School of Pharmacy. The Head of School, supported by the Senior Management Team, oversees the academic, administrative, and financial management of the School and has overall accountability for the quality of the School's provision; the Head of School represents the School when needed at the Senate (University of Kent) and the Academic Council (University of Greenwich), as well as at

Faculty or Divisional level in both universities. The School's Education Committee, reporting to the Senior Management Team, oversees the delivery of the MPharm. The MPharm is evaluated through an annual report based on module evaluations covering aspects such as student performance, student feedback, and external examiner comments, along with a review of the previous year's action plan and its outcomes; the School obtains feedback from students using a variety of mechanisms, including module evaluations, and feedback obtained through class representatives and the Student Voice Committee, as well as through questionnaires and focus groups. The annual reports are discussed at, and signed off by, the Education Committee.

The School has systems for approving placement providers, with whom there are Service Level Agreements, covering all aspects of the placements, including placement requirements, whom to contact, and actions to be taken where issues are raised by placement supervisors and students. The placements are evaluated both by students and placement tutors. There is an annual meeting with placement providers to explore how placements are working, and how improvements can be made, as well as to address development opportunities and innovations.

In designing and delivering the MPharm, the School has consulted a wide range of stakeholders, including students, alumni, potential employers, and service users. The School's Partnership Advisory Board covers many organisations, including HEE, Kent hospitals, NHS England, and industry.

In response to the team's wish to learn how placement sites will be quality assured, the staff explained that currently the School uses premises approved by the GPhC for foundation training. Approval of placement sites and placement management will use new software and there will be a standard approach to quality assurance based on a QA manual, phased visits, and feedback from students and providers. If problems are encountered, this will result in an investigation to resolve any issues; where substantial issues cannot be resolved, the placement site will not be used. At School level, the placement officer will be responsible for all aspects of placement administration in collaboration with members of academic staff. The staff told the team that planning for placements starts from September, with placements currently running in the post-examination period. Service level agreements (SLAs) are in place with the main providers, but these are required for all, and smaller pharmacies are daunted by legal SLAs. The School is considering a head office arrangement for managing placements in collaboration with the Brighton, Portsmouth and Reading schools of pharmacy.

Responding to the team's wish to learn how the output from meetings with the Patient and Public Advisory Group has informed the design and delivery of the course, the staff explained that there had been separate meetings with this group but also as a member of the Partnership Advisory Board. The Group had been informed of all the learning outcomes and had provided input on the qualities required of a pharmacist, including the pharmacists' future, wider roles; the Group had emphasised the importance of pharmacists' use of consultation rooms for discussing matters with patients. Patients participate in teaching through discussing their conditions with students.

Wishing to know how student feedback has informed the design or delivery of the course, the team learned that the main student input was through the Student Voice Committee, meetings of which take place twice yearly and lead to action plans as well as engagement with the student body to address issues; the School works with this committee on a 'You said we did' basis. This engagement had led to an increase in the numbers of placements and IPE activities, as well as addressing

timetabling issues, resulting in the provision of a day when students do not have to attend classes, and the freeing of Wednesday afternoons from teaching activities. The students have also expressed a wish for role models as represented through recordings of 'a day in the life' of specialist pharmacists. The student feedback contributes to the annual review of the programme. Students are informed of actions taken via the Student Voice Committee. The students confirmed the value of this committee, describing how representatives request feedback from their colleagues and present issues at meetings; they exemplified its effectiveness through relating how the School had rescheduled workshops to deal with rail strikes and how the Moodle VLE had been reorganised following complaints. However, while the School had been responsive in dealing with issues, it had been poor at communicating the changes to students; the students identified the need for improved communication in general (See also standard 5).

When asked for examples of the impact of recent significant changes to practice on the current course, the staff told the team how video-consultation was now included because of the importance of digital conferencing and prescribing.

The team agreed that criteria 4.4-4.6 were met, while criteria 4.1-4.3 are likely to be met by the part 2 event.

Standard 5: Curriculum design and delivery

The MPharm degree curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards. The design and delivery of MPharm degrees must ensure that student pharmacists practise safely and effectively

Criterion 5.1 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.2 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
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 checked="" type="checkbox"/>	Likely to be met <input 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 type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.13 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

The new MPharm programme, designed to meet the GPhC's 2021 standards, is centred around three main themes, the medicine, the patient and the professional, with the themes running across all four years. The programme comprises three 40-credit modules at each level, with the themes corresponding in the first three years to the modules 'Science of Medicines', 'Biomedical Science and Therapeutics' and 'Professional Practice and Prescribing', respectively; in the final year these modules

become the 'Research Project', 'Quality Use of Medicines' and the 'Prescribing Scope of Practice'. 'Quality Use of Medicines' covers, for example, public health, communication and consultation skills, leadership and management and complex patients, including deprescribing. Students choose their 'Prescribing Scope of Practice' from one of four areas (diabetes, cardiovascular disease, respiratory disease and infections). There is a zero credit 'Patient Safety and Quality Competencies' module in each of the four years, incorporating experiential learning. The material is integrated both within each year and across all four years of the programme; integrated workshops covering aspects of each core module take place at the end of each teaching period, focusing on pharmaceutical, therapeutic and professional/prescribing issues. A range of teaching methods includes traditional lectures and video recordings, seminars, tutorials, laboratory sessions, practical classes, online work, independent study, reflecting on assignment feedback and practice-based learning through placements.

Simulated/standardised patients are used at every stage of the programme providing students with a protected environment in which to learn. Patients, supported by academics, lead sessions where they share their experience in relation to medicines, disease and communication with professionals to support student learning. Across the years, students will deal with increasingly complex patients and issues. The new MPharm programme will provide a minimum of ten weeks of experiential learning covering community pharmacy, hospital and primary care work. The School is currently working with placement providers and HEE to develop these placements along with appropriate 'entrustable professional activities' (EPAs) that will include dispensing, medication history taking, and responding to symptoms consultations.

The new MPharm programme will include collaborative work between pharmacy students and students of other healthcare professions, especially medicine and nursing.

In response to the team's wish to understand the rationale for the new curriculum structure, including the use of a zero-credit 'Patient Safety and Quality Competencies' module in each year, the staff explained that students struggled with the signposting used to achieve integration in the old course and the new programme used a therapeutic approach with prescribing as a logical thread. The 'Science of Medicines' modules build the core science base and pharmaceutical concepts, while a body system approach is adopted in the 'Biomedical Science and Therapeutics' modules, where students value learning the fundamental anatomy and physiology of each system leading to pathology. Integration of material across the modules is facilitated by timetabling of relevant science alongside the body systems, together with integrated seminars. The zero-credit 'Patient Safety and Quality Competencies' modules are where students demonstrate competence and are simply pass-fail assessments, because the awarding of marks would lead to grade inflation; students cannot proceed without passing these modules. In these modules, students build their competence, starting with responding to symptoms in year 1, leading finally to prescribing in year 4.

The team wished to learn more about therapeutic frameworks, including when they are introduced and how they are developed and assessed. The staff explained that these are used in years 2 and 3 and provide a structured way of clinical decision making, aiding learning and the application of knowledge, with a focus on the patient. Students consider therapeutic guidelines and their underlying evidence and apply them to improving a patient's care in a core therapeutic area.

Noting that the School is developing a standard two-weekly timetable, the team requested a progress update, including what this will look like for a student during each year of the programme. The staff described how this was based on student feedback and will create in each year one day per week,

probably Friday, free from classes to allow for professional development or private study. The amount of time spent in classes will vary from day to day but a working day between 9:00 and 18:00 h allows for repetitions of particular sessions across the day. The start time each day will be arranged to allow for travel, and individual student needs will be accommodated, for example, to address caring responsibilities; students will inform the School of specific requirements at the beginning of each year. Placements in years 1 and 2 will take place at the end of the year, while they will be integrated throughout the teaching in years 3 and 4.

Wishing to learn how the School has designed placement activities to ensure that students develop the necessary level of competence required by the GPhC learning outcomes, the team learned that meetings with providers have considered what can be offered realistically. Students will start in year 1 with responding to symptoms, undertaking medicines counter assistant training, and will then progress, for example, to record drug histories, along with patient counselling and medicines reconciliation, which will be developed as entrustable professional activities (EPAs). They will collect evidence showing that they have undertaken these activities repeatedly to demonstrate their competence. The School plans to align placements with teaching undertaken in the University. Student briefings on placements include requirements for their conduct, including behaviour, showing respect for staff and patients, punctuality and the maintenance of appropriate records. Placement providers are also briefed, and students are made aware that misconduct may lead to further investigation and fitness to practise proceedings.

In response to the team's wish to know about the range of patients that the School plans to involve in the course and how this exposure will add to students' development and understanding, the staff described the use of both real and simulated patients, as well as standardised patients, the last being used in OSCEs. Patients, for example, with diabetes, mental health conditions such as schizophrenia or depression, and those with substance abuse issues describe their experiences and discuss with students how to optimise therapy; carers are also invited to give their perspectives. Video-recordings are used, as well as live patient interactions. Simulated patients, who are actors trained to play the role of patients, as well as how to give feedback also contribute to the programme. The students described their experiences of meeting patients both in the University and on placement, which seemed limited and variable in the earlier years, telling the team that by year 3 they have more contact in hospital, where they speak to patients, for example, undertaking medicines reconciliations.

The team requested further information on the School's inter-professional education (IPE) strategy, in particular how IPE would provide increasingly complex interactions across the years of the course. The staff described how year 1 introduces IPE, enabling students to understand the role of pharmacists as part of the healthcare team. In year 2, students start to work as part of a multidisciplinary team, and in year 3 the multidisciplinary team, currently comprising pharmacy students working with nurses and medical students, looks at various case studies. There are plans to expand the team to include social care and other professions and to consider more cases, so that pharmacy students are learning with, about and from other healthcare professionals. The students confirmed how they were taught about multidisciplinary teamwork and their learning experiences with medical students and nurses. Noting that implementation of a more meaningful and robust inter-professional education strategy had been the subject of a previous condition and recognising that IPE plans were in place, the team looks forward to seeing significant progress in this area at part 2.

Noting the processes for managing concerns, the team wished to learn how staff, students, and placement providers are made aware how to raise these. The staff explained that students get the information through introductory talks, various handbooks, and the Moodle VLE, which they learn to use during their 'Welcome Week'; staff members receive the information via the staff handbook and during their induction. Students can raise concerns through their academic advisers, the senior tutor, module lead or Student Services as appropriate. The Student Voice Committee, which meets once each term, provides another forum for raising various matters. Placement providers receive a handbook which includes how to raise concerns via the placement administrator.

In response to the team's wish to know how the School's fitness to practise procedure aligns with University disciplinary procedures and about the support that is provided to students undergoing investigation for misconduct or other fitness to practise concerns, the staff described how the School has a fitness to practise lead who works with the University of Greenwich conduct framework, which also covers academic misconduct. A student who is undergoing a fitness to practise investigation has a Student Union representative, as well as receiving support from their academic adviser and Student Services. The School's fitness to practise lead or the Head of School is responsible for communicating any fitness to practise sanctions to the GPhC and the team requested that the School sends an updated list of such sanctions, as GPhC records show the last sanction on file is dated January 2017. The Student Handbook specifies that the award of an MPharm degree can be withheld if there are outstanding fitness to practise concerns. However, the team learned that there is no current official policy that the award can be withheld even if a student has passed all assessments. The team therefore stated that the School should have an updated policy to ensure that any student with outstanding fitness to practise concerns cannot graduate until the matter is cleared (See minor amendments).

The team learned of the plans to embed prescribing skills and knowledge in the course to inform students' chosen scope of practice in year 4. Staff members involved in delivering the School's postgraduate independent prescribing programme will lead the teaching of prescribing in the MPharm; all members of this team are independent prescribers and they will be supported by young alumni of the postgraduate programme. The postgraduate prescribing programme will be adapted for the MPharm, with the key themes of law and ethics, clinical skills, communication and consultation skills, public health, and numeracy relating to dose calculations. The content will cover all aspects of prescribing, including accountability and responsibility, governance and regulatory frameworks for prescribing, decision making based on the evidence base, and patient monitoring. Prescribing will be integrated across all stages in the 'Professional Practice and Prescribing modules. Much of the material for years 1-3, along with the outline for the year 4 'Scope of Practice' module has been developed. In response to the team's wish to learn where consultation skills are covered, the staff described how this starts in year 1 where the students learn the basic skills including the Calgary Cambridge consultation model. Once familiar with the consultation process through practising on each other and on staff members, they progress to practising on simulated patients. As students progress through the years, the patients encountered become increasingly complex. The staff also explained how effective risk-assessment and governance will be covered in the context of prescribing, starting in year 1 and building across the years. Students consider the risks and benefits of prescribing using the evidence base, reflecting on their own practice and that of others, including examples from placements where practice requires challenging. The Royal Pharmaceutical Society (RPS) prescribing competencies are introduced at the start of the programme, by the end of which students are fully immersed in them. Students also learn about the need to deprescribe in the context of polypharmacy,

for example, through questioning every medicine when scrutinising a patient’s medication list and consider what is appropriate in light of the evidence base. The staff described the opportunities available for students to observe prescribing skills in practice, thus gaining skills from watching different prescribers. These opportunities include placements in the primary care network and hospital placements, as well as the 20 days of experiential learning in year 4, which is hoped to be in the student’s scope of practice if possible.

The final year students told the team that they felt prepared for starting their foundation training. The fourth year in particular had made a big impact, bringing together all their knowledge. They had also been prepared for the Oriel process, including through lectures and coursework. In general, students expressed satisfaction with the programme, although they felt that some improvements were needed, including making the recording of lectures compulsory, improving communication from the School, for example, on class cancellations and the uploading of quizzes, and increasing the number of workshops.

The team agreed that criteria 5.1-5.5, and 5.8-5.11 are met, while criteria 5.6, 5.7, 5.12 are likely to be met by the part 2 visit.

Standard 6: Assessment

Higher-education institutions must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards. The assessment strategy must assess whether a student pharmacist’s practice is safe

Criterion 6.1 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.2 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input 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 type="checkbox"/>	Not met <input checked="" 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 type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.7 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.9 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.10 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
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"/>

The documentation described how a variety of different methods will be used for both formative and summative assessments, in order to determine meeting of the GPhC’s learning outcomes described in part 1 of this report; diagnostic tests will also be employed. Assessment types include written examinations, multiple choice question (MCQ) tests (single correct answer, single best answer and extended matching questions), coursework (for example, laboratory assessments, professional and therapeutic decision making), oral presentations, poster presentations, clinical simulation activities with standardised patients, patient safety competences (including pharmaceutical calculations,

dispensing and portfolio activities), objective structured clinical examinations (OSCEs) and the production of a research paper. The level of difficulty increases across the years, so that by the final year students are assessed on their ability to use their judgment to apply knowledge to the practice of pharmacy with a particular focus on patient care. Placement learning will be assessed using 'entrustable professional activities' (EPAs); these include patient consultations, responding to a medication-related enquiry and dispensing. Evidence of competence in performing EPAs will be presented using an e-portfolio, currently under development. Patient safety is fundamental and students' ability to practise safely is measured in all assessments, with appropriate penalties for demonstration of unsafe practice.

Assessment uses feedback collected from patients, placement supervisors and students' own peers. The School provides regular, timely feedback on students' work; they are required to reflect on their practice, and develop further through this feedback, as evidenced in their personal development plans which form part of their portfolios.

Wishing to learn more about student assessment, the team asked how the School's assessment strategy will allow students to demonstrate meeting each learning outcome at the appropriate level, including those outcomes relating to prescribing, as well as the assessment of students in the practice setting. The staff described how all assessments had been mapped to the learning outcomes, Miller's triangle being used to demonstrate the different level of competence ('knows', 'knows how', 'shows how' and 'does'), with a requirement for the 'does' level to be demonstrated repeatedly. Assessment at the 'does' level in practice will be achieved through the entrustable professional activities (EPAs) which are just being developed. It is intended to use these EPAs across all four years feeding into the foundation training year, and have consistency across the Medway, Portsmouth, Brighton and Reading schools of pharmacy; evidence will be included in the students' e-portfolios and some aspects of the EPAs will also be tested in objective structured clinical examinations (OSCEs). Practice supervisors will receive appropriate training in assessment, employing the assessment tools used for foundation training. Assessment of prescribing-related outcomes will include OSCEs, multiple choice questions, pharmaceutical calculations and a written assignment on evidence-based medicine relating to the student's final year 'scope of practice'. The staff described how in years 2 to 4 the portfolio will record students' reflections on their demonstration of academic and practice-based competence, with one reflective entry per term and personal development plans feeding forward to later assessments. Feedback from placement supervisors will also be included in the portfolio as part of student assessment; the staff agreed that it would also be useful to include feedback from patients.

When asked about the assessment of students' clinical skills, the staff described how the teaching of clinical skills will be introduced in year 1 with simple measurements such as height, body weight and temperature, progressing in later years to respiratory, cardiovascular, musculoskeletal and abdominal assessments; communication skills will be embedded in this teaching. Assessment will be via OSCEs, and a log book of skills will be included in the students' e-portfolios.

The team noted from external examiner reports for the 2021/22 academic year that, following poor student performance, the School had decided to reduce the pass mark for a closed book multiple choice question examination from 70% to 50% and asked for an explanation of this decision. The staff explained that this had been the students' first face-to-face examination in two years because of the Covid pandemic, their previous assessments having been taken online. An analysis of the spread of marks had been undertaken to understand the cohort. Despite several compulsory formative

assessments, the performance had been significantly lower than that of previous cohorts. Although one option had been to offer a resit, the School had decided to reduce the pass mark. The staff told the team that this was a 'one-off' event and would not be repeated. While accepting this explanation, the team noted that this action should not have been taken without consulting the GPhC at the time.

When asked how the School defines minimal competence through its standard setting processes the staff explained that, following definition of the pass mark, descriptors are provided for each mark through a rubric used by the markers; this incorporates patient safety issues. Work is in progress to develop standard setting for calculations and multiple choice question examinations under the School's new leadership team. For OSCEs, the School uses the Ebel method, with the staff working as a team to write each station and determine the pass mark, which incorporates professional components such as behaviour and how a consultation is conducted, with instant failure where patient harm may result. (See the final paragraph of the narrative under this standard).

In response to the team's wish to know how the School ensures that students receive timely feedback following assessment, as well as the actions taken to ensure consistency of feedback, the staff explained that there is a three-week deadline for providing feedback on marked assessments. Feedback is provided to the whole cohort and students can meet their academic advisers to discuss individually. Students receive feedback from formative OSCEs with a follow-up workshop before the summative OSCE. Concerning consistency, all staff members have been informed how to give feedback using a standardised format. The students told the team that the quality of feedback was variable, depending on the staff member concerned. In the final year, feedback had been timely, although in earlier years it had been variable, and some students reported that they had not yet received feedback from assessments taken in January. Delays in providing feedback were not always notified. The team looks forward to seeing improvements in the timeliness and consistency of feedback at the part 2 visit.

Noting the School's 80% attendance requirement, the team wished to learn about the robustness of the attendance monitoring systems. The staff explained that the School uses a new cloud-based system employing a QR code and requiring WiFi. The system cannot be bypassed because the student's location is identified via their mobile telephone. Poor attendance leads to red flags which are notified to the academic advisers. If students inform the School that they are unable to attend, they can be transferred to alternative sessions.

The team agreed that criteria 6.1, 6.2, 6.5, and 6.12-6.14 are met, while criteria 6.3 and 6.8-6.10 are likely to be met by the time of the part 2 visit. However, criteria 6.4, 6.6 and 6.7 are not met. This is because while a standard setting process is in place for OSCEs, this was not evident for other assessments. The team agreed that the approach to standard setting was insufficient to meet the standard and therefore imposed a condition (condition 1) that the School must provide a detailed plan to articulate how summative assessments will be standard set in order to define the passing cut score at the minimum competency level required for safe and effective practice.

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

There is a two-week induction programme for all students; this includes a general introduction to the University as well as a Cornerstone of Learning Week, which covers study skills and professionalism, as well as diagnostic assessments in biology, mathematics and chemistry. Each student is allocated an academic adviser who remains with that student throughout the four years of the programme. Both the University of Greenwich and University of Kent provide central student support facilities including Student Wellbeing, a Counselling Service and Careers and Employability Services, to which academic advisers can signpost students as required. Students have access to a range of both academic and pharmacy professionals who can act as role models and mentors, giving professional support and guidance.

The documentation described how students are briefed on the importance of raising concerns; these can be raised through academic advisers, the senior tutor, the fitness to practise lead or the Head of School. Issues can also be raised through class representatives on the Student Voice Committee, which meets at least once per term. The raising of a concern leads to an investigation which may result in fitness to practise processes being invoked. There are also mechanisms for staff members to raise concerns.

All staff members involved in the delivery of the MPharm undergo induction followed by a period of probation, during which they are allocated a mentor and supervisor and are expected to complete a teaching qualification; each member of staff has an assigned mentor. A workload allocation model, which includes time for professional development, is used as the basis for discussion of workloads with line managers in the context of appraisal and professional development. Both universities offer a range of training opportunities and the School also runs various training sessions.

In response to the team's request for information about the School's mechanisms for identifying and supporting any students who may be struggling, the staff referred to attendance monitoring (see also standard 6), whereby non-attendance is flagged, as well as to academic adviser meetings each term; the school is now moving to scheduled academic adviser meetings. Academic advisers can refer students to Student Services. The Exceptional Circumstances Panel reviews claims for exceptional circumstances that may have prevented students performing their best in relation to assessments and the central wellbeing team can recommend adjustments to accommodate students' individual needs

(a Greenwich Inclusion Plan). When asked about their satisfaction with the support received from staff, the students reported that generally they managed to receive support when needed, although it was very dependent on the member of staff, including module conveners, with some being very good, having an open-door policy, responding quickly to e-mails, answering questions and escalating concerns; however, some staff members cannot be contacted and students cannot get support from them. Because of staff changes, students sometimes do not know whom to contact.

Noting the decline in Medway students' performance in the GPhC's registration assessment in recent years, the team asked what action the School is taking to support the students. The team explained that the problem in the GPhC's registration assessment was in the calculations paper, and this was believed to be due to the school's withdrawal of support for graduates for during the Covid pandemic; the team was assured that this support is now being reinstated. The staff told the team that student performance in the Oriel assessment was now improving.

When asked about support for staff members, including the training provided for new members of academic staff, the systems available to support teacher practitioners in developing their academic role, and the support mechanisms and training in place for experiential learning placement supervisors, the staff described how new staff members undergo a probationary period during which they complete the Postgraduate Certificate in Higher Education (PGCHE); they are given an academic career map and are offered protected time during this probationary period (up to 3 years) to provide time for their training. Teacher practitioners learn about higher education using a course at a lower level than the PGCHE (the Award of Institutional Credit in Learning and Teaching in Higher Education) but they can undertake additional training to gain the full PGCHE. Currently very little is in place in to provide support and training for experiential learning placement supervisors; however, the School is considering how to formalise the provision of coaching, mentoring, and feedback for this group. When asked about the support for new, non-pharmacist members of academic staff to enable them to understand the role of the pharmacist and how this relates to their teaching, the staff explained that there is a rolling programme for such staff members to visit community and hospital pharmacies. The integration of non-pharmacist staff members into teaching groups also facilitates their understanding of pharmacy.

Noting that students entering years 2 and 3 in the next academic session will be transferred to the new programme (see 'Teach out and transfer arrangements'), the team asked how the School will manage the workload for staff and students, as well as the different expectations for students transitioning into the new stages 2 and 3. The staff described how a day will be spent with current year 2 and year 3 students at the end of May to address this transition, followed by a rolling programme to deliver the required additional learning. The main problem will be dealing with those students who are out of the system for a year. The staff accepted that additional resource will be needed, and requests have been made to the University, although no response has been received yet.

The team agreed that criteria 7.3, 7.5, and 7.8 are met, while criteria 7.1, 7.2, 7.6 and 7.7 are likely to be met by the part 2 event. The team noted the students' comments on the variability of the support offered by different staff members, as well as the additional staff workload incurred by teaching out the current MPharm and transferring students to the new course to meet the GPhC's 2021 standards for the initial education and training of pharmacists.

Teach out and transfer arrangements

The new programme meeting the GPhC's 2021 standards for the initial education and training of pharmacists will begin in the academic year 2022/23. Thus, all students admitted to year 1 in September 2023 will be on the new MPharm, while students entering years 2 and 3 will be transferred to this programme. Those students transferring into years 2 and 3 will thus require additional learning materials delivered through hybrid modules, especially to cover the prescribing element, as this is integrated throughout all four years of the new programme.

The academic regulations permit two resits; if students fail the summer resit, they must retake the full content of the failed module. As the current MPharm modules will no longer be taught, students will be unable to retake any failed modules in the next academic year. In order to have sufficient knowledge and skills to be prescriber ready at graduation, students must have completed at least years 3 and 4 of the new programme. Therefore, current year 1 and year 2 students failing modules at the first resit attempt will either need to re-sit the examinations with support but without retaking the teaching and learning, or to transfer onto the new programme. However, current year 3 students failing modules at the first resit attempt will need to retake year 3 of the new programme, while year 4 students in that position will have no option but to retake the examinations and graduate without being prescriber ready; the documentation acknowledged the complications of such an outcome.

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).
