General Pharmaceutical Council

Newcastle University, Master of Pharmacy (MPharm) degree reaccreditation part 1 event report, July 2023

Contents

Event summary and conclusions	
Provider	Newcastle University
Course	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (part 1)
Event date	11th – 13th July 2023
Approval period	2022/23 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval with condition

The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by Newcastle University is reaccredited, subject to a satisfactory part 2 event. There was one condition.

Reaccreditation is recommended for a period of 6 years after part 2 event, with an interim event at the mid-way point. The accreditation team reserve to amend this accreditation period if necessary, following the part 2 event.

The part 2 reaccreditation event will take place in the 2024/25 academic year and will be held virtually. |
Conditions	1. The provider must review and revise the selection process to ensure that it includes an interactive component. The team could not see the interactivity of the DPN platform, as it is limited to applicants answering questions. Nor is there any interaction with selectors or others. The team could not see how the provider is able to confirm the identity of applicants through the online component. Evidence of how this condition will be met must be sent to the GPhC by 30th September 2023. This is to meet **criterion 1.7**
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	1. The team recommended that the provider reviews the pass criteria for the OSCEs to ensure it clear to those involved in marking these assessments what happens if a student causes patient harm. This should be clearly communicated to students. This relates to criteria 6.5, 6.6 and 6.14

Minor amendments	- The website still has reference to "pre-registration year" – please update this to "Pharmacist Foundation Training Year". - The patient safety process flow chart must be amended to ensure that it is consistent with the patient safety process
Registrar decision	Following the event, the provider submitted a plan to address the condition and the accreditation team agreed that the criterion relating to this condition is now likely to be met and will be reviewed at the part 2 event.

The Registrar of the GPhC has reviewed the reaccreditation report and accepted the accreditation team's recommendation.

The Registrar is satisfied that the Newcastle University has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the initial education and training of pharmacists, January 2021.

The Registrar confirms that Newcastle University is approved to offer the Master of Pharmacy (MPharm) degree for 6 years, subject to a satisfactory part 2 event. The part 2 event will take place in the 2024/25 academic year and is likely to be virtual.

The Registrar notes that that the condition has been moved from 'not met' to 'likely to be met' and will be reviewed further at the part 2 event. |
| **Key contact (provider)** | Hamde Nazar, Director of Education |
| **Accreditation team** | Professor Ruth Edwards (Team Leader), Head of School of Pharmacy, University of Wolverhampton

Dr Gemma Quinn (team member - academic), Associate Professor of Clinical Pharmacy, University of Bradford

Lyn Hanning (team member - academic), Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath

Charles Odiase (team member - pharmacist), Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Dacorum GP Federation, Hertfordshire UK

Arshad Patel (team member - pharmacist newly qualified) PCN Clinical Pharmacist, Extended Access Pharmacist and OSCE Assessor

Susan Bradford (team member - lay), Lay Commissioner, Commission on Human Medicines |

GPhC representative	Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council
Rapporteur	Juliette Gaunt

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 School of Pharmacy transitioned from Durham University and was established in Newcastle University in August 2017. Durham University decided to establish an MPharm programme in 2011 and admitted its first students in 2013. The course achieved full accreditation in 2017. In 2016, during the accreditation process, Durham University and Newcastle University agreed to transfer the School of Medicine, Pharmacy and Health from Durham to Newcastle from the 2017-18 academic year. This transition was underpinned by Durham University's focus on academic areas other than medicine and pharmacy and Newcastle's intention to strengthen its healthcare portfolio. The GPhC developed a revised accreditation methodology which meant that steps 1-3 for Newcastle were condensed into one event, which explored the transfer of the course from Durham and the resources to support delivery of the course at Newcastle.

A subsequent accreditation event for Newcastle University was organised in July 2018 to examine Steps 4-5 of the process, with a further visit planned for 2018-19 where it was expected that the accreditation team would be able to make a recommendation on full approval to the registrar. As a result of the evidence gathered during the 2017-18 visit, including the mitigation of the risks highlighted at the Step 1-3 event, meant that the accreditation team agreed to recommend to the registrar that Newcastle University could progress early from the process for accreditation to the process for reaccreditation. At the July 2018 event, the Newcastle University MPharm course was fully accredited for six years. There were no conditions or recommendations.

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 27th June 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 began with a private meeting of the Panel on the 11th July 2023. The remainder of the event took place on site at Newcastle University on 12th – 13th July 2023, and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with present students. The event included a tour of the University facilities.

Declarations of interest

There were no declarations of interest.

Schedule

Day 0 11th July 2023

15:30 – 17:30 Private meeting of the accreditation team (videoconference)

Day 1 12th July 2023

09:00 – 09:45 Welcome and introductions: Management and oversight of the MPharm degree – part 1

09:45 – 10:45 Tour of MPharm teaching and learning facilities

10:45 – 11:15 Break and private meetings of accreditation team

11:15 – 12:45 Management and oversight of the MPharm degree - part 2

12:45 – 13:30 Lunch and private meetings of accreditation team

13:30 – 15:30 Teaching, learning, support, and assessment - part 1

15:30 – 16:00 Private meeting of accreditation team

16:00 -17:00 Student meeting

Day 2: 13 July 2023

09:00 – 10:00 Teaching, learning, support, and assessment - part 2

10:00 – 10:30 Break and private meetings of the accreditation team

10:30 – 11:45 Teaching, learning, support, and assessment - part 3

11:45 – 15:15 Private meeting of the accreditation team

15:15 – 15:30 Deliver outcome to programme provider

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Dr Mouhamed Alsaqati	Lecturer in Neuropharmacology
Dr Mark Ashton	Senior Lecturer in Medicinal Chemistry
Imogen Barton*	School Manager
Adam Gardner	Lecturer in Pharmacy Practice
Dr Jason Gill	Reader in Molecular Therapeutics
Jude Heed	Lecturer
Professor Andy Husband*	Head of School
Dr Oisín Kavanagh	Lecturer in Pharmaceutics
Dr Wing Man Lau	Senior Lecturer in Pharmaceutics
Dr Laura Lindsey	Lecturer
Dr Tatiane Machado	Lecturer in Pharmaceutics
Professor Moein Moghimi	Professor of Pharmaceutics and Nanomedicine
Dr Hamde Nazar*	Senior Lecturer
Dr Keng Wooi Ng	Senior Lecturer in Pharmaceutics
Dr Ilona Obara	Senior Lecturer
Daniel Okeowo	Lecturer in Pharmacy Practice
Dr Adam Rathbone	Lecturer
Dr Charlotte Richardson	Lecturer in Pharmacy Practice
Lisa Riddle	Deputy School Manager
Anna Robinson	Lecturer in Pharmacy
Dr Jon Sellars	Lecturer in Medicinal Chemistry
Professor Sarah Slight	Professor of Patient Safety and Digital Health
Professor Adam Todd	Professor of Pharmaceutical Public Health
Dr Clare Tolley	Lecturer

denotes representatives of the provider who attended the pre-event meeting.

The accreditation team also met a group of MPharm students:

Current year of study	Number of students
Year 1	2
Year 2	1
Year 3	8
Year 4	1
Foundation Year Trainee/Recent Registrant	1
Total number of students	13

Key findings - Part 1 Learning outcomes

During the reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree. 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 8, 10, 16, 18, 28 and 45.**

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

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

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

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

	Met	Likely to be met	Not met
Learning outcome 1 is:	☐	✓	☐
Learning outcome 2 is:	✓	☐	☐
Learning outcome 3 is:	☐	✓	☐
Learning outcome 4 is:	✓	☐	☐
Learning outcome 5 is:	✓	☐	☐
Learning outcome 6 is:	☐	✓	☐
Learning outcome 7 is:	☐	✓	☐
Learning outcome 8 is:	✓	☐	☐
Learning outcome 9 is:	☐	✓	☐

Learning outcome 10 is:	Met ☐	**Likely to be met ✓**	**Not met ☐**
Learning outcome 11 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Learning outcome 12 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Learning outcome 13 is:	**Met ✓**	**Likely to be met ☐**	**Not met ☐**
Learning outcome 14 is	**Met ✓**	**Likely to be met ☐**	**Not met ☐**

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

Learning Outcome 1: Demonstrate empathy and keep the person at the centre of their approach to care at all times

Learning Outcome 3: Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person

Learning Outcome 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

Learning Outcome 7: Obtain informed consent before providing care and pharmacy services

Learning Outcome 9: Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care

This is because plans for assessment in the portfolio are still being developed and embedded into the course. This will be reviewed at the part 2 event.

Learning outcome 8: Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background

This learning outcome was tested at the event. It will be assessed at each stage of the course across all four years. Students will be offered seminars to introduce them to healthcare ethics and public health, introducing cases to consider through case-based discussion to further develop understanding in regards health and illness. Cultural competency, characteristics and choice will also be introduced at stage one (year one) and a spiralling growth of complexity in the curriculum through the stages will enable more in depth understanding. Students will be introduced to diagnostic skills and identification of conditions in a range of ethnicities to also consider diversity and inclusion. This element will be assessed via OSCEs each year. The team agreed that this learning outcome is met.

Learning outcome 10: Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action

This learning outcome was tested at the event. Students will be exposed to skills assessed by this learning outcome at all four years of the course. The complexity will spiral with progression, ranging from role play practise consultations in stage one through to OSCE assessment and work-based learning exposure. Students will engage with global feedback from actors involved in role plays and further from OSCE station feedback. Opportunities provided by the on-campus clinic will further enable skill development and for students to adapt consultation skills and make clinical decisions. Opportunities to further demonstrate this learning outcome will be provided by WBL and these will be assessed in the portfolio.

The team agreed that details of how this learning outcome will be assessed at the 'does' level are not yet clear, as the portfolio is in development. The team agreed that the learning outcome is likely to be met and will be reviewed again at the part 2 event.

Domain: Professional practice (learning outcomes 15 - 44)			
Learning outcome 15 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 16 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 17 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 18 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 19 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 20 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 21 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 22 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 23 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 24 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 25 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 26 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 27 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 28 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 29 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 30 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 31 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 32 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 33 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 34 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 35 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 36 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 37 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 38 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 39 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 40 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 41 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 42 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 43 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 44 is	Met ✓	Likely to be met ☐	Not met ☐

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

Learning Outcome 15: Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times

Learning Outcome 17: Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to

Learning Outcome 20: Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so

The team agreed that these learning outcomes are likely to be met as plans for assessment in the portfolio are still being developed and embedded into the course and will be reviewed in the part 2 event.

Learning outcome 16: Apply professional judgement in all circumstances, taking legal and ethical reasoning into account

This learning outcome was tested at the event. This learning outcome will be assessed via the portfolio which is in development. Students can undertake workplace-based assessment undertaken on placement at all stages on the course, including POD placements and problem-based learning case discussions. Further assessment will be offered in the stage four project where professional judgment will have to be appropriately applied prior to the project work being given approval to go ahead.

The team agreed that details of how this learning outcome will be assessed at the 'does' level are not yet clear, as the portfolio is in development. The learning outcome will be reviewed again at the part 2 event.

Learning outcome 18: Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate

This learning outcome was tested at the event. This learning outcome will be assessed through all stages of the course in spiralling complexity as students' progress. They will be exposed to practical opportunity in lab-based sessions, taught risk assessment, accuracy, and safety. In stage two and three students will engage in workplace-based assessment and models of indirect and direct supervision to ensure that students are practising pharmacy services in a safe manner – this will be assessed through placement and portfolio. Further assessment will take place within the OSCE with professional behaviours and clinical decision-making being monitored, and feedback provided to individual students.

The team agreed that details of how this learning outcome will be assessed at the 'does' level is likely to be met as plans for experiential learning are still being embedded into the curriculum. This learning outcome will be reviewed again at the part 2 event.

Learning Outcome 27: Take responsibility for the legal, safe, and efficient supply, prescribing and administration of medicines and devices

The team agreed that Learning outcome 27 is likely to be met as plans for experiential learning are still being embedded into the curriculum.. This learning outcome will be revisited at the part 2 event.

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

Learning Outcome 36: Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing

Learning Outcome 37: Prescribe effectively within the relevant systems and frameworks for medicines use

Learning Outcome 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

This is because plans for prescribing (including remote prescribing) are still being developed and embedded into the course and will be revisited at the part 2 event.

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

Learning outcome 45 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 46 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 47 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 48 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 49 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 50 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 51 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 52 is	Met ✓	Likely to be met ☐	Not met ☐

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

Learning Outcome 49: Use tools and techniques to avoid medication errors associated with prescribing, supply, and administration

Learning Outcome 50: Take appropriate actions to respond to complaints, incidents, or errors in a timely manner and to prevent them happening again

The team agreed that these learning outcomes were likely to be met . Whilst the team noted that the provider has POD (patient own drug) checking sessions as part of WBL sessions in stage one, the team was keen to see further examples of how the practice of supply and near miss practice are embedded into the curriculum and demonstrated at the 'shows how' level. This will be revisited at the part 2 event.

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

Learning outcome 53:	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 54:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 55:	Met ✓	Likely to be met ☐	Not met ☐

Learning Outcome 53: Reflect upon, identify, and proactively address their learning needs

The team agreed that learning outcome 53 is likely to be met as plans for assessment in the portfolio are still being developed and embedded into the course and will be revisited at 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	Met	Likely to be met	Not met
Criterion 1.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.2 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 1.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.5 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 1.6 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.7 is:	Met ☐	Likely to be met ☐	Not met ✓
Criterion 1.8 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.9 is:	Met ✓	Likely to be met ☐	Not met ☐

Newcastle University offer an accredited MPharm degree and consider all candidates on an individual basis. The Course Provider's ('the provider') aspiration is that the degree, through integrating science with clinical and professional practice, will generate Pharmacy graduates who will excel in their Pharmacy careers. Entrance requirements for 2023 admission are set at AAB at A-level, with one of these being Chemistry and then including at least one further subject of Biology, Mathematics or Physics. There is a contextual route for offer where relevant. Applicants make an application via the UCAS process and are considered by the Admissions Lead. Alternative offers may also be made as part of the Provider's longstanding commitment to widening participation.

There are an increasing number of applicants for the MPharm degree accompanied with a maintenance in entry requirements. The University report a widening participation agenda which contributes significantly to the wider agenda of the faculty. The provider has implemented the new 2021 standards since the move of provision from Durham in 2017 and is consistently looking to improve their provision and adapt to new and emergent circumstances. There is an annual review in place to identify challenges and opportunities which the provider makes effective use of; the provider noted that they were used to the process of reflecting and adapting/developing the course when the new standards were introduced.

The University has defined admissions routes to ensure that applicants from lower socioeconomic and education backgrounds are identified and given an opportunity to demonstrate their suitability for the programme. This is fulfilled through a national partner scheme, opportunities to attend short summer schools before September entrance and student recruitment through traditional website marketing and UCAS. There is a Head of Admissions who scrutinises data regarding widening participation (WP) – enabling 40% growth in applicants because of outreach services provided to regional schools in addition to traditional recruitment pathways. Routes are also open to international students. Students applying through non-traditional routes are made an offer one grade lower than standard and are given additional support. Contextual offers are also made to students with relevant prior learning.

The provider confirmed that all students must achieve grades BBB under the contextualised offer route, with the lowest tariff offer exclusive to Partners sitting at BBC. The provider also has good links with the Sutton Trust to ensure that students who do not meet the requirements for medicine are reached, identified, and supported with prospective applications to pharmacy. All offers made are subject to occupational health checks and anyone flagged through this process receives follow-up five-months after enrolment. Offers are also subject to health declaration and DBS checking and are thus made as conditional offers until completion of required elements.

Applicants apply to the university through UCAS. Applications are reviewed by the admissions lead. The provider noted that it intended to make use of the Deliberative Practice Network (DPN) which provides an interactive component in the recruitment and selection process. Eligible candidates are then sent a link to the DPN. The applicant must complete the online component/assigned tasks. The DPN component involves candidates making situational judgements within tasks which are assigned. The results are then passed back to the admissions tutor. The team explored the interactivity of this component. The provider explained that they did not plan to offer interviews either online or in face and pointed to an evidence base that interviews would detrimentally affect the WP agenda; the provider commented that they considered that an interview process was unfair and not equitable for WP applicants because they may not have had the chances available to other candidates for interview coaching and preparation and may therefore lose out on a place on the programme as a result. The team noted that criterion 1.7 is focused on interactivity in the selection process and queried the interactivity of the interactive component of the DPN, as the team could not see how the selection process included interaction with others, either through direct interaction with selectors or observation of interaction with others by selectors. The team also queried the integrity of the online component as the team could also not see how the provider was able to confirm the identity of the applicants completing the online component. The team therefore set a **condition** that the provider must review and revise the selection process. This is to meet **criterion 1.7.**

The team also noted that there was a reference to 'pre-registration year' on the course website and set a **minor amendment** that the website be updated with the correct terminology for foundation year training.

The provider noted that there is a current lack of data at school level in terms of analysing the degree admissions profile by protected characteristics. It was noted that there is data at university level and that it will be available to the MPharm admissions tutor from September 2023; this data will be available via the University's Power BI reporting tool. It was noted that an admissions committee has been established to review the data when available. The team agreed that **criterion 1.2** is therefore **likely to be met** as more data will become available and will be revisited at the part 2 event. The team also agreed that **criterion 1.5** is **likely to be met** at it was noted the plans for selection are still being developed and will be revisited at the part 2 event.

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 ✓	Likely to be met ☐	Not met ☐
Criterion 2.2 is:	Met ✓	Likely to be met ☐	Not met ☐

Criterion 2.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.4 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 2.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.6 is:	Met ✓	Likely to be met ☐	Not met ☐

The MPharm degree at Newcastle University is based upon, and promotes the principles of equality, diversity, and inclusion. There is an EDI committee which is chaired by and EDI lead and includes student voice representation. This group also considers feedback from placements which is integrated into committee process and relevant changes implemented. This structure is designed to support the development of EDI-related activities and embeds good practice both in the School, Faculty, and wider Institution.

There is a student staff committee group in place which is coordinated by an academic member of staff and represented by student voice – the group has one staff member on its committee and is chaired by students. This groups reflects the range and diversity of the student population and students from each stage of the programme make up the committee.

The diversity of the student body is understood by the widening student population. The Board of Studies examines student data in terms of progression through the programme. Students are offered additional support and learning opportunities and are supported by designated staff through attendance monitoring and tutor support meetings which take place face to face with identified students. The Board of studies delivers a responsive process utilising action planning and annual reporting, to ensure that diversity and its implications for delivery are considered.

Student equality and diversity data are collected on enrolment and reviewed to inform design and delivery of teaching, learning and assessment material. Progression through the programme is monitored to include protected characteristics and data is reviewed as part of the annual review process which informs discussion at school, college, and university level. The personal tutor system is also used to collect data and follow up on students to ensure they are appropriately supported.

The team asked about outputs from these groups and were given an example of discussion about racial discrimination witnessed on placements and the subsequent development of appropriate safeguarding measures to ensure that immediate feedback was offered through a range of channels to prevent discrimination of this nature into future placement or campus practice.

All staff involved with the MPharm delivery must complete equality and diversity training and staff are signposted to appropriate resources to further support effective EDI practices.

The personal extenuating circumstance committee (PEC) manages students who need to put in an extenuating circumstance claim. This system identifies individual students who are then supported following recommendations from the PEC. This group also manages, and reports data trends and interrogates these for future development and change where appropriate.

The team agreed that **criterion 2.4** was likely to be met as there would be increased future reporting of data at School level regarding protected characteristics and EDI. This will be reviewed at 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 ☐	Likely to be met ✓	Not met ☐
Criterion 3.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 3.3 is:	Met ✓	Likely to be met ☐	Not met ☐

The MPharm degree is well-resourced. Students are given access to all necessary laboratory and clinical skills equipment and feedback from students also indicated an elevated level of satisfaction in regards the facilities and estates. The team was also taken on a tour of the teaching spaces available to MPharm course, some of which are shared with medicine and nursing students. The MPharm programme is delivered across the King George VI Building (KGVI) where the school is based. Work-based learning is split between hospital sites around the region and various community providers including expanding innovative local programmes such as the Young@Heart clinics. There is a desire to expand community opportunity into mobile health units and integrating into general practice and outreach vaccine services in the future. Facilities include:

- Clinical teaching skills suites, with state-of-the-art lab spaces supported by technicians. The team was impressed with the shared clinical spaces situated in the hospital and shared with a range of medical and allied health professionals, enabling students access to smaller group teaching to practise skills, expand knowledge and gain deeper insight and clinical experience.
- Lecture theatre and large and small group teaching rooms
- Teaching laboratories

The staff group is growing in number in relation to cohort numbers increasing and is currently sufficient to deliver the programme as designed and to enable and allow colleagues to pursue research focus alongside their academic roles and responsibilities. Resource is allocated based on annual planning in alignment with School objectives, within the context of a five-year plan. The planning objectives are agreed and discussed as part of the School Senior Management Team and within the School Executive. The course is appropriately resourced currently with twenty-four members of academic staff in post, but there are plans in place to bring the student staff ratio to 20:1, from a current position of 16:1, which is appropriate with anticipated growth. The annual planning round for 2023 included a further three academic posts which were currently out for interview. External contributors are also utilised to teach specific aspects of the programme where expertise in current practice is key or in the caser of helping to support the development of external colleagues. In addition, there is a technical team of six and this team contribute to teaching within laboratories in the University buildings and within clinical skills, anatomy and some of the laboratory sessions that run for students in the medical school laboratories. The technical team are integrated into the wider Faculty technical service and further benefit from development opportunities across the faculty. The provider noted that they are not decreasing quality and are working alongside restrictions owing to the age of the estate and covenant on the available building place where the school is situated, alongside timetabling and workplace learning requirements. It was noted that 15% of the programme teaching is contributed to by Institute staff. Space should be under review and the provider noted that the biggest risk was in the building protection by Estates as the building is grade one listed.

The provider is using Health Education England (HEE) funding to expand its placement programme as well as having existing service level agreements in place with current providers. There are academics within the school who represent various pharmacy sectors and liaise accordingly with placement providers to grow capacity. The provider is working to ensure that placement experiences are active and participatory and contribute to services in a meaningful way. The team noted that there was a strong element of 'doing' in the placement provision.

The provider explained that they are currently comfortable with the amount of placement days in place and want to support students through placement experiences on the programme. They have plans to continue to grow through innovation and new opportunities. The provider also has plans to work with partners, technicians, and staff, with embedded evaluations and partner groups with stakeholders, students, and service level contributions to create an evidence base to levy an increase in placement offer as part of a strategic growth plan. The provider explained that they are confident that they can deliver on the proposal to support an intake of up to 180 students per year and have a rotational plan in place to enable growth with foundation year trainee pharmacists. The team agreed that **criterion 3.1** was **likely to be met** as plans for experiential learning are still being developed. This will be revisited in the part 2 event.

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 ☐	Likely to be met ✓	Not met ☐
Criterion 4.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.6 is:	Met ✓	Likely to be met ☐	Not met ☐

The University Education Committee (UEC), a committee of Senate, holds devolved powers and is responsible for formulating strategy and policies related to the student educational experience. The committee oversees the development, monitoring, and evaluation of the university education strategy. Operating under the UEC, the Taught Programme sub-committee (TPSC) ensures academic quality and standards for all taught programs, adhering to both internal and external expectations. It actively monitors the implementation of university policies and processes. At the Faculty level, the Faculty Education Committee (FEC) serves as a strategic body, addressing matters pertaining to teaching, learning, and student experience. It facilitates communication and consultation between academic units, the faculty, and the UEC and its sub-committees, featuring representation from various academic areas, educational directors, technology enhanced units, the library, and student representatives. The FEC convenes twice per semester to deliberate on these matters.

Operating at the School level, the MPharm programme is governed by a board of studies chaired by the degree programme director (DPD). This board holds responsibility for the effective operation of teaching and administration, ensuring quality assurance, excellence, and enhancement of the learning and teaching within the MPharm programme. Additionally, the School operates an executive committee that supports the Head of School and oversees the entire School and the MPharm programme. The DPD plays a crucial

role in planning and delivering the MPharm programme, making day-to-day decisions concerning programme-related issues. Collaborating closely with the Director of Education (DoE), the DPD receives support and guidance on education matters, aligning with the University education strategy's aims and objectives while ensuring the school's programme quality. Furthermore, the MPharm degree management structure undergoes an annual review by the DPD. The school comprises five discipline groups: chemistry, pharmacology, pharmaceutics, pharmacy practice, and clinical practice, all of which contribute to Stage Review meetings each semester, leading to comprehensive integration throughout the programme at the Board of Studies level. The governance and quality assurance of placement activities adhere to Newcastle University's Work-based and Placement Learning Policy (WBL). To ensure quality, each placement host undergoes an annual visit from either the Academic Placement Lead or an academic colleague with experience as a practicing pharmacist as part of the quality assurance (QA) process. Additionally, the Clinical Practice Discipline group, chaired by the Academic Placement Lead, provides oversight of the MPharm experiential learning programme.

The responsibility for the quality assurance of placements, including the providers hosting students and the support systems in place for student learning, as well as communication mechanisms between staff and students during placements, lies with the Clinical Practice Discipline group. This information is then further reviewed by the Stage Review groups and the School Board of Studies. The Clinical Practice Discipline group also utilizes statistical analysis collected by the school Office, comprising feedback from both placement providers and students about their placement experiences, to conduct robust audits of the program's placement activities.

Placements (WBL) are managed within each academic year through a well-defined schedule agreed upon by the School Manager and the DPD in collaboration with the Academic Placement Lead. This schedule, which models placement availability against predicted student intake, allows for early assessment of placement capacity and sustainability. In the event of anticipated difficulties in securing placements for an upcoming academic cycle, the Academic Placement Lead collaborates with existing placement providers to explore their capacity to host increased student numbers. Moreover, programme stakeholders across the North-East are engaged to identify and secure new hosts for the programme. The provider ensures that the placement provisions are currently set at an achievable and realistic baseline for the programme and its placement hosts, with an expectation of gradual expansion in the future.

There are service level agreements in place for delivery of all placements which are contracted with NHS Trusts and signed off at the Board and with the PVC. These agreements detail the responsibilities of the School and the Provider. All off-campus providers are bound by terms and conditions. There are further service-level agreements in place for outreach services and local community services. For placements which do not happen in Trusts, such as planned placements in community, there are service-level agreements or local agreements in place regionally. Students who join the MPharm programme from 2023 will be able to undertake placement learning opportunities from year 1 that include hospital and community pharmacy settings along with other settings including a health clinic and mental health care providers.

Student feedback is sought on all learning experiences both on and off-campus and this is collated at School level and passed through relevant boards, committee and channels for quality assurance and action planning for change where appropriate and relevant. Feedback is sought through the student-staff committee and the EDI committee. The provider gave the team an example as to how learning for cultural competence had been built in to teaching and learning because of committee action. Other examples included the organisation of panel events and guest speaker day.

The provider also gave examples as to how patients, employers and stakeholders are involved in programme design through various pathways including a regional workforce group. Stakeholders are embedded in the programme such as members of the NHS trust who have honorary contracts with the University. There are senior pharmacy manager group meetings monthly and ongoing relationships with employers which feeds into curriculum design and development, assuring quality. Patients contribute on a sessional basis – simulated from Voice North provision and from Trust agreements which are in place. There are opportunities via research and research grants which enable service users to deliver back into the curriculum and maintain currency of knowledge. There are also expert groups in place. Feedback from placements is incorporated.

Opportunities for interprofessional experiences (IPE) are woven through each stage of the course and the provider gave specific examples where this is apparent such as work-based learning, on-site clinic experiences and simulations. The provider noted that they are keen to integrate IPE further and are involved in dialogue with other HEIs and Trusts regionally to further integrate IPE into the delivery of the course. The team agreed that **criterion 4.1** was **likely to be met** as plans for experiential learning and Interprofessional education are still being developed and will be revisited at 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 ✓	Likely to be met ☐	Not met ☐
Criterion 5.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.6 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 5.7 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 5.8 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.9 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.10 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.11 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.12 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.13 is:	Met ✓	Likely to be met ☐	Not met ☐

The provider makes use of an integrated teaching and learning strategy, setting out the management structure as well as the aims and objectives for the updated course. This teaching and learning strategy have focussed on key areas that are new to the standards such as prescribing, digital health and EDI, which in turn has helped to inform revisions and developments to the MPharm programme. Assessments drive problem-based learning and teaching in a spiralling level of complexity through the four stages progressively, eventually combining multiple pharmacology issues into clinical decision-making and

management. The project at the end of stage four is the culmination of an integrated approach to teaching and learning strategy, spiralling in complexity.

The disciplines of pharmacy practice are introduced at each stage with spiralling complexity to incorporate basic knowledge development, clinical decision making, differential diagnosis and essential clinical guidelines such as those prescribed by NICE. The curriculum is assessed throughout the programme through means of formative and summative assessment, integrating application of knowledge and other skills in the consideration of patient cases and problem-based learning. Case based discussions give students the opportunity to progress through problem to solution with spiralling complexity. Summative examinations form part of the assessment strategy at the end of stage four.

Students undertake a range of pharmacy practice through work-based learning. Work-based learning is research informed. Placements will be delivered across the stages of the programme and amount to six weeks of work-based learning opportunity. There are additional clinical opportunities provided by simulation, on-site clinic, and community initiatives. The team noted the innovative approach to work-based learning and placements and noted the desire of the provider to grow and develop placement opportunities to increase the number of experiences available to students. The team suggested that the provider consider whether the plans for experiential learning cover the sectors of practice in which many students may work, such as community pharmacy and/or GP practices.

The team noted that the provider's approach to interprofessional learning was centred on opportunities within their work-based learning to work alongside other healthcare students. The team commented that the visibility of IPE was not clear to the students as they might not necessarily know that they were undertaking IPE and suggested that the provider might therefore wish to revisit the interprofessional education strategy to ensure that it is well scaffolded and visible to students. This relates to **criterion 5.7.**

The team agreed that **criteria 5.6** and **5.7** are **likely to be met** and will be further reviewed at the part 2 event as plans for experiential learning and IPE are further embedded into the curriculum.

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

	Met	Likely to be met	Not met
Criterion 6.1 is:	✓	☐	☐
Criterion 6.2 is:	☐	✓	☐
Criterion 6.3 is:	☐	✓	☐
Criterion 6.4 is:	✓	☐	☐
Criterion 6.5 is:	☐	✓	☐
Criterion 6.6 is:	☐	✓	☐
Criterion 6.7 is:	✓	☐	☐
Criterion 6.8 is:	☐	✓	☐
Criterion 6.9 is:	✓	☐	☐
Criterion 6.10 is:	✓	☐	☐
Criterion 6.11 is:	☐	✓	☐

Criterion 6.12 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.13 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.14 is:	Met ☐	Likely to be met ✓	Not met ☐

The provider confirmed that the assessment strategy is via a stepped approach – combining philosophy about what should be known and assessed at each stage and matched to the learning outcomes and GPhC standards. The team were also given a copy of the School of Pharmacy system of assessment document at the event, which referenced the approach to assessment undertaken by the school. The provider noted that they were conscious of not over-assessing students and have therefore designed assessment which supports longitudinal assessment which is built on year-on-year. This approach also minimises the number of assessment that students must undertake. The students commented that they appreciated the way in which assessment was structured with one examination at the end of the year and that the structure of the year was the same in each stage.

There are a range of modalities to enable students to demonstrate their abilities in a range of ways, including OSCEs and written exams. Progression is written into assessment briefs. Rubrics and formative feedback are also embedded into the course. The provider assesses student progression and performance through summative examination at the end of each stage. Students are given access to an assessment timeline, so they are aware of what is expected in each stage. Examination results have been scaled in previous years in response to measures implemented because of the Covid-19 pandemic.

Students who demonstrate practice or performance which is unsafe, both on-campus and on-placement are identified via a 'red flag' report. These are considered at school level and where appropriate students are supported to recognise and amend their practice. Where there are more serious errors, there is a fitness to practise process which is instigated. Within the OSCE, the team explored the scenario where a student may cause patient harm, which would lead them to fail a station, but the student might still pass the overall OSCE examination. The team noted that the patient safety process flow chart outlining what would happen if there was patient harm was not consistent with the outlined patient safety process and asked that this be amended (see minor amendment 2). The team **recommended** that the provider review the pass criteria for the OSCEs to ensure it clear to those involved in marking these assessments what happens if a student causes patient harm. This should be clearly communicated to students. This relates to criteria **6.5, 6.6** and **6.14.** The team decided that these criteria are **likely to be met** and will be reviewed again as part of the part 2 event.

The team asked the provider to outline the assessment plan for the portfolio. The provider noted that there are essential pass components including placement hours at a certain threshold for work-based assessment. The portfolio is weighted at 10% of the total of each stage of the programme – any student not passing the portfolio would be referred. The team queried whether components that make up the portfolio will be weighted differently as the course progresses. The provider explained that they would be considering this as the plans for the portfolio are further developed. Currently, work-based assessments are not weighted as part of the portfolio. The provider has attempted to ensure that the required assessments for each year map against the learning outcomes in a manner which enables progression so that by the end of stage four, evidence will have been collected against all learning outcomes in the portfolio element. Feedback is provided in an ongoing manner encouraging students to close any gaps identified and where there is less evidence available. The portfolio has been mapped to the GPhC learning outcomes. The team noted that criteria **6.2 and 6.3** are **likely to be met** as plans for the development of the portfolio are ongoing will be reviewed as part of the part 2 event.

The team noted that students will submit their portfolio and that tools to assess this are taken from the RPS Framework and that students will follow a trajectory against experiential learning and that categorical marking will be used. The team agreed that that **criteria 6.8** and **6.11** were **likely to be met** as it was not yet clear how examiners and assessors have the appropriate skills, experience and training to carry out the task of assessment in the portfolio as the portfolio was still being embedded into the curriculum. The team will explore the training provided to supervisors in terms of assessment at the part 2 event.

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

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

Support for student pharmacists

Criterion 7.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.4 is:	Met ✓	Likely to be met ☐	Not met ☐

Support for everyone involved in the delivery of the MPharm degree

Criterion 7.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.6 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.7 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.8 is:	Met ✓	Likely to be met ☐	Not met ☐

The MPharm students benefit from a comprehensive range of support systems tailored to individual needs. The program begins with an Induction week in Stage One, which combines university events, lectures, and seminars, introducing students to available support and key aspects of the degree and assessments. Subsequent induction sessions in Stages Two and Three focus on upcoming elements, placements, and assessments, fostering student connections through small group sessions.

Supervision is an integral part of the MPharm curriculum, guiding students through new concepts and practical situations. Work-based learning is facilitated through briefing and training sessions, supplemented with online training and clinical skills support. Students are supervised by registered pharmacists or clinical staff, with special support provided to those with protected characteristics or disabilities through a student support plan (SSP). Reflective practice plays a significant role across the program, with active learning seminars tailored to each stage and at least one reflective account forming part of the placement portfolio. Each stage also has a designated stage lead, offering academic and pastoral support to the students, with additional drop-in sessions scheduled to support them.

The academic workload involves one 120 academic credit module per year, encompassing 1200 hours of study, including timetabled sessions, assessments, exam preparation, directed, and self-directed

learning. The academic year's timetable and assessment information are provided in advance to the students through the course handbook and the virtual learning environment (VLE).

Personal tutors are assigned to each student during induction, and the school office remains available during teaching hours without any closed hours for lunch. A School-based Wellbeing advisor is accessible five days a week to offer one-to-one support to pharmacy students, and additional support for wellbeing and academic improvement is available through the University student Advice Centre and Student Union.

The University library service, academic skills team (ASK), and in-sessional English team provide resources, expertise, and study support to students. Moreover, the School benefits from a substantial number of qualified pharmacists who actively practice in hospital and community sectors, providing valuable exposure to pharmacy professionals. Work-based placements also offer consistent supervision and mentorship, allowing students to establish meaningful relationships with their supervisors. The careers strand of support within the programme enables students to explore various career opportunities and receive relevant guidance to facilitate their future success in the pharmacy profession.

Students spoke very positively about the support available to them throughout their programme of study for both academic and personal support. The tutoring system works well, and staff are accessible outside of scheduled and timetabled meetings. Students have access to resources to support their learning and equipment which can be used in clinical skills areas to support learning and development. Students are supported financially to cover placement related expenses where necessary and there are provisions made as part of Trust level agreements for students to use staff transport between hospital sites. Students in the final year or who had completed their degree commented that they felt well- prepared for foundation training.

Students are taught to act in an honest, open manner. There are inbuilt mechanisms within university systems for whistleblowing and raising/reporting concerns in place. There is provision in place for reporting urgent issues.

Staff in the school are well supported to develop. Clinical educators, Voice North actors and patients are involved in delivering elements of the curriculum and are briefed and debriefed after sessions. Non-pharmacy staff are encouraged to be involved with aspects of professionalism as they arise and support for students to understand aspects of professionalism is embedded into the curriculum. There is a professional standards committee which has non-pharmacy and pharmacy staff making up its membership and the function of this committee is to identify policy and ensure that the GPhC standards are followed.

The team asked about opportunities for staff progression and were advised of clear progression routes through to professorship which is managed systematically. New staff are introduced to the university's promotion structure, and this is supported through senior management. The provider has financial resource and stability to support staff development.

The team asked about training opportunities for placement providers and were satisfied with the planned package of support in place institutionally and through the service-level agreements. The team agreed that as plans for this training were still being embedded into the course, **criterion 7.6** is **likely to be met** and will be reviewed at the part 2 event.

Placement providers can raise concerns through the PIN system – a system designed in alignment with medicine and dentistry to give both the reporter and the student a voice – any reports are taken through a professional standards committee and interrogated in a non-biased manner. Students are encouraged more broadly to give feedback on placements through university feedback systems; feedback forms are completed following every placement.

Teach out and transfer arrangements

From Sept 2023, the teaching, learning and assessment in stages 1-3 has been designed against the 2021 standards. The most considerable changes are:

- WBL being introduced into stage 1
- WBL increased all stages
- Introduction of an e-portfolio across stages 1-3
- Bringing the law and ethics teaching, learning assessment into stage 1 to support the earlier WBL in stage 1

For academic year 2023-24, the provider will be delivering the teaching, learning and assessment for law and ethics in both stages 1 and 2.

The e-portfolio is a longitudinal record. At each stage students will be expected to capture evidence that will be assessed in relation to what is expected from a student at that stage of the programme.

Students failing assessments in the current year with the need to retake in the next academic year, will be supported to engage and complete outstanding assessments based upon the current policies and regulations. From 2024-25, all students will move over to the policies, programme and regulations meeting the 2021 GPhC standards. The exception is for current stage 1 students. Those failing stage 1 academic year 2022-23 with the requirement to repeat, will have to be provided with bespoke teaching, learning and assessment for the pharmacy law and ethics. This will be provided in a block manner, online if required (where students may not have University accommodation), and with tailored support and monitoring of engagement.

In February 2024, the provider will submit programme documents in relation to stage 4. The anticipated aim is to merge the current two modules into one longitudinal module spanning the academic year, in order to harmonise the management of the teaching, learning and assessment.

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).