General Pharmaceutical Council

University of Nottingham, Master of Pharmacy (MPharm) degree, including the 2 + 2 degree with Nottingham Malaysia, MPharm degree with integrated foundation training and the 2 + 3 MPharm degree with integrated foundation training with Nottingham Malaysia: reaccreditation part 1 event report, May 2022

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Event summary and conclusions

Provider	University of Nottingham
Courses	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree taught in-part overseas (2+2) Master of Pharmacy (MPharm) degree with integrated foundation training Master of Pharmacy (MPharm) degree with integrated foundation training taught in-part overseas (2+3)
Event type	Reaccreditation (part 1)
Event date	4-6 May 2022
Approval period	2021/22 – 2029/30
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree, MPharm degree taught in-part overseas (2+2), the MPharm degree with integrated foundation training and MPharm degree with integrated foundation degree taught in-part overseas (2+3) offered by the University of Nottingham are reaccredited, subject to a satisfactory part 2 event. There were no conditions. Reaccreditation is recommended for a period of 6 years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserves the right to amend this accreditation period if necessary, following the part 2 event. The part 2 will take place in the 2023/24 academic year and will be virtual or on-site.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	No recommendations were made.
Minor amendments	There were no minor amendments.
Registrar decision	Following the event, 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.

Key contact (provider)	Professor Barrie Kellam, Head of School
Accreditation team	Professor Chris Langley, Professor of Pharmacy Law & Practice, Deputy Dean of the College of Health and Life Sciences, Aston University (team leader)*
	Professor Antony D'Emanuele, Head of the Leicester School of Pharmacy (pharmacy academic)*
	Dr Mathew Smith, Director of Learning and Teaching, School of Pharmacy & Pharmaceutical Sciences, Cardiff University (pharmacy academic)*
	Professor Luigi Martini, Managing Director Precision Health Technology Accelerator (PHTA) for University of Birmingham and Birmingham Health Partners (Pharmacist)
	Farwah Bukhari, General Practice/Domiciliary Care Pharmacist, Lewisham & Greenwich NHS Trust (Pharmacist – recently registered)
	Fiona Barber, Deputy Chair & Independent Lay member, East Leicestershire & Rutland CCG (lay)
GPhC representative	Damian Day, Head of Education, GPhC*
	Lisa Gilbert, Foundation training facilitator, GPhC *(attending day 2 from 15:00 and day 3 all day)*
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde (Rapporteur)
Observers	Ahmed Aboo, Associate Professor in Pharmacy Practice, De Montfort University (accreditation team leader)*
	Professor Ruth Edwards, Head of School of Pharmacy, University of Wolverhampton (accreditation team leader in training)
	James Amos, Senior Medical Affairs Adviser, Pfizer UK (accreditation team member in training)

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 course was reviewed against the GPhC's **January 2021 Standards for the initial education and training of pharmacists**.

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

Background

The University of Nottingham MPharm is delivered by the School of Pharmacy with a major (around 25%) input from the School of Life Sciences within the Faculty of Medicine and Health Sciences, which contributes to the teaching of physiology and pharmacology. In 2005 the University admitted students into a 2+2 version of the MPharm with the first two years taught at the University's Malaysia Campus (UNMC) close to Kuala Lumpur. In May 2007, this version of the degree completed the Royal Pharmaceutical Society of Great Britain (RPSGB - the previous accrediting body) process for the accreditation of MPharm degrees delivered in part outside the UK; the first students from this programme commenced the final two years of the degree in Nottingham in September 2007, graduating in 2009. Since the 2012 re-accreditation, the School built on the four-year curriculum and worked with external stakeholders to develop a five-year integrated programme, incorporating pre-registration training; this programme received full accreditation in 2017. It was subsequently agreed that all Nottingham MPharm degree programmes would be considered for reaccreditation at a single event. Accordingly, the 2018 reaccreditation considered the University's standard 4-year programme, the 5-year integrated degree and the 2 + 2 programme delivered in part in Malaysia; the event comprised two parts, the first being held at the University's UK campus and the second being held at UNMC. Following both parts, the team agreed to recommend to the Registrar of the General Pharmaceutical Council that the MPharm degree delivered at the University of Nottingham should be reaccredited for a full period of six years without conditions or recommendations; this covered the standard 4-year programme, the 5-year integrated degree and a 2 + 3 degree, the last being regarded by the team as simply a variation on the 5-year integrated programme, with the first two years, which are exactly the same as the first two years of the 2 + 2 degree, being studied on the Malaysian campus.

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 28 April 2022. 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

Due to the COVID-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference on 4-6 May 2022 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm course and a meeting with current students.

Declaration of interest

There were no declarations of interest.

Schedule

Day 1: 4 May 2022

	09:00 – 10:30	Private meeting of the accreditation team
1.	**10:30 – 11:15**	**Management and oversight of the 4-year MPharm degree - part 1** – **Presentation from provider**
	11:15 – 12:00	Break and private meeting of the accreditation team
2.	**12:00 – 13:30**	**Management and oversight of the 4-year MPharm degree - part 2** – **Questions and discussion**
	13:30 – 14:00	Lunch break
	14:00 – 14:30	Private meeting of the accreditation team
3.	**14:30 – 16:30**	**Teaching, learning, support and assessment - part 1** – **Presentation from provider** – **Questions and discussion**
	16:30 – 16:45	Private meeting of the accreditation team

Day 2: 5 May 2022

	09:00 – 09:30	Private meeting of the accreditation team
4.	**09:30 – 10:30**	**Student meeting** To include students in all years of the 4-year MPharm on all programme variants

	10:30 – 11:00	Break and private meeting of the accreditation team
5.	11:00 – 12:00	**Teaching, learning, support and assessment - part 2** – **Presentation** – **Questions and discussion**
	12:00 – 12:15	Break
6.	12:15 – 13:30	**Teaching, learning, support and assessment - part 3:**
	13:30 – 14:00	Lunch break
	14:00 – 15:00	Private meeting of the accreditation team

Review of 5-year MPharm degree with integrated foundation training

7.	15:00 – 16:45	**Management and oversight of foundation training within the 5-year integrated MPharm degree** – **Presentation** – **Questions and discussion**
	16:45 – 17:00	Private meeting of the accreditation team

Day 3: 6 May 2022

Review of 5-year MPharm degree with integrated foundation training contd.

	09:00 – 09:30	Private meeting of the accreditation team
8.	09:30 – 11:30	**Foundation training design, delivery and assessment – part 1** – **Presentation** – **Questions and discussion**
	11:30 – 11:45	Break
9.	11:45 – 12:15	**Student meeting** (Students in years 4 and 5 of the 5-year integrated MPharm)
	12:15 – 12:30	Private meeting of the accreditation team
	12:30 – 13:00	Lunch break
10.	13:00 – 14:15	**Foundation training design, delivery and assessment – part 2**

		– A detailed look at the teaching, learning and assessment relating to a sample of learning outcomes for foundation training.
	14:15 – 17:00	Private meeting of the accreditation team
11.	17:00 – 17:15	**Deliver outcome to programme provider for all MPharm degree variants**

Attendees

Course provider

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

Name	Designation at the time of accreditation event
UK Staff	
Allen, Professor Stephanie	Teaching Block Contributor Year 1
Arakawa, Dr Naoko	Teaching Block Convenor Year 1
Beswick, Dr James	Teaching Block Convenor Year 1
Boardman, Dr Helen*	Director of Teaching & Learning and MPharm Course Director
Boyd, Dr Matthew	Head of MPharm Year 4 & FtP Lead
Bridges, Dr Stephanie	Head of MPharm Year 1
Burley, Dr Jonathan	Head of MPharm Year 2
Buttery, Dr Lee	MPharm Admissions Tutor
Chan, Dr Sue	Head of MPharm Year 3
Chandarana, Priyanka	Teaching Block Convenor Year 5 & Foundation Training Facilitator
Dekker, Dr Lodewijk	Teaching Block Convenor Year 3
Finch, Dr Catherine	Teaching Block Convenor Year 1
Gershkovich, Dr Pavel	Disability Liaison Officer
Jopling, Dr Catherine	Teaching Block Convenor Year 4
Kellam, Professor Barrie *	Head of School of Pharmacy
Kim, Dr Dong-Hyun	Teaching Block Contributor Year 1
Knaggs, Dr Roger	Teaching Block Convenor Year 4
Lamley, Jonathan	Head of Operations
Mbaki, Dr Yvonne	Teaching Block Convenor Year 3
Naylor-Morrell, Lauren*	Senior Operations Manager
Paul, Gautam*	Deputy MPharm Course Director & Head of Year 5
Rickaby, Dr Rebecca	Teaching Block Convenor Year 3
Roberts, Dr Richard	Teaching Block Convenor Year 2
Roberts, Professor Clive	Head of School of Life Sciences (previously Head of School of Pharmacy)
Shaw, Dr John	Teaching Block Convenor Year 1
Solanki, Vibhu	Teaching Block Convenor Year 4 & Foundation Training Facilitator

Sonnex, Kim	Foundation Training Facilitator
Spriggs, Dr Keith	Exams Officer
Thompson, Julia	Placements Manager
Underwood, Suzy	Teaching Technical Manager
White, Dr Lisa	Director of People and Culture
Yang, Dr Jing	Teaching Block Convenor Year 2
Zelzer, Dr Mischa	Teaching Block Convenor Year 1

Malaysia 2+2 staff

Al-Shagga, Dr Mustafa	Senior Tutor and Teaching Block convenor
Bee Yean, Dr Low	Placement Lead, MPharm 1 Year Head, Director of Teaching and Learning
Chai, Dr Jim	Practice Lead, MPharm 2 Year Head, Admissions Tutor
Ting, Professor Kang-Nee	Head of School of Pharmacy
Lim Professor Kuan Hon ,	Pharm and Health Science Programme Director, Teaching Block convener
Marsh, Dr Georgina	MPharm alumni, Teaching Block convenor
Lee, Dr Mei Kee	2+2 MPharm alumni, Teaching Block convenor
New, Dr Siu Yee	Exams Officer, Teaching Block convenor
Tung , Dr Wai-Hau	MPharm Programme Director

Teacher Practitioners/Associates

Ahmed, Zeeshan	Teacher Practitioner
Aldous, Alicia	Teacher Practitioner
Evans, Abigail	Teacher Practitioner
Fitzpatrick, James	Teacher Practitioner
Kenward, Rachel	Placements Consultant
Morris, Kate	Teacher Practitioner
Roberts, Katie	Teacher Practitioner

Placement Providers/Stakeholders

Clews, Leanne	HEE Representative
Beaumont, Louise	Placement Provider (NUH)
Brisco, Karl	Placement Provider (Brisco's Pharmacy)
Broad, Laura	Placement Provider (NUH)
Chapman, Laura	Placement Provider (RDH)
Clarey, Richard	Placement Provider (Inspire Health)
Lad, Michelle	Placement Provider (Derbyshire Healthcare)

* attended the pre-event meeting

The accreditation team also meeting two groups of MPharm students, one group from the four-year programme and one group from the five-year programme.

The group of 14 students representing the four-year MPharm programme comprised three from year 1 (including two 2+2 students, three from year 2 (including two 2+2 students), five from year 3 and

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three from year 4 (including one 2+2 student). The group of four students representing the five-year MPharm comprised two students from each of years 4 and 5.

Key findings - Part 1 Learning outcomes

During the reaccreditation process, the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree and foundation training. To gain additional assurance the accreditation team also tested samples of learning outcomes during two separate meetings with the provider, one to review Year 4 learning outcomes within the MPharm degree and one meeting to review the Year 5 learning outcomes with the foundation training element of the 5-year integrated MPharm degree.

The following learning outcomes were explored further during the event:

MPharm degree - Learning outcomes 6, 9, 13, 23, 28 and 53
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.

MPharm degree with integrated foundation training - Learning outcomes 4, 14, 21, 28, 40 and 51
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.

Domain: Person-centred care and collaboration (learning outcomes 1 - 14)				
Learning outcome 1 is:	Met ✓	Likely to be met ☐	Not met ☐	**MPharm degree**
	Met ✓	Likely to be met ☐	Not met ☐	**Foundation training**
Learning outcome 2 is:	Met ✓	Likely to be met ☐	Not met ☐	**MPharm degree**
	Met ✓	Likely to be met ☐	Not met ☐	**Foundation training**
Learning outcome 3 is:	Met ✓	Likely to be met ☐	Not met ☐	**MPharm degree**

	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 4 is:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 5 is:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 6 is:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 7 is:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 8 is:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 9 is:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 10 is:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 11 is:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 12 is:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 13 is:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 14 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 16 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 17 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 18 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 19 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 20 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 21 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training

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Learning outcome 22 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 23 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 24 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 25 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 26 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 27 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 28 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 29 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 30 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 31 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 32 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 33 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 34 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 35 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 36 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 37 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ☐	Likely to be met ✓	Not met ☐	Foundation training
Learning outcome 38 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ☐	Likely to be met ✓	Not met ☐	Foundation training
Learning outcome 39 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 40 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree

Learning outcome 41 is	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 42 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 43 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 44 is	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training

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

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

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

Learning outcome 53:	Met ✓	Likely to be met ☐		MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 54:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training
Learning outcome 55:	Met ✓	Likely to be met ☐	Not met ☐	MPharm degree
	Met ✓	Likely to be met ☐	Not met ☐	Foundation training

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Key findings - Part 2 Standards for the initial education and training of pharmacists

MPharm degree

Standard 1: Selection and admission

Students must be selected for and admitted onto MPharm degrees on the basis that they are being prepared to practise as a pharmacist

Criterion 1.1 is:	Met ✓	Likely to be met ☐	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 ☐

The University's online prospectus provides information about all MPharm programmes and the admissions process; this includes not only entry requirements and course details, but also information about the interview process (see below), GPhC standards for pharmacy professionals, and the required health and character checks. University Open Day events, which include guided tours and talks also provide prospective applicants with all information needed to make an informed application.

For both the four-year and five-year MPharm programmes, there is a Central Decision Making (CDM) Team, who meets with the Head of School, the Course Director, and the admissions tutor to review and confirm admissions selection criteria; these criteria, including the interviews, align with the NHS values-based recruitment process. The CDM team reviews all applications to check applicants' predicted grades, their meeting of English language and numeracy requirements and their motivation for studying pharmacy/healthcare subjects. Applicants who meet entry requirements are invited for interview, which are conducted using a multiple mini-interview (MMI) format; these are currently conducted one-to-one online using MS Teams and are designed to assess applicants' suitability as future pharmacists. There are five MMI stations, each covering a different topic; these are interest in pharmacy/communication skills, knowledge of the pharmacy profession, ethics and professional standards, integration of science and clinical practice, and calculations. In response to the team's wish to learn what would happen if a candidate gave a 'red flag' answer in an MMI, the staff explained that a review would be undertaken to consider the context. 'Red flags' may include use of calculator or looking up material online; this happens rarely but the interviewer would make a note if anything was suspected.

All members of the School academic staff are involved in interviewing and receive appropriate training, including in equality and diversity. During the online interview, the scenarios and questions are shared with the applicant via a PowerPoint presentation, enabling them to see and read the questions. Interviewers record applicants' responses electronically; following processing of each interview, the Head of School and the Admissions Tutor review the results and the Admission Tutor communicates the outcome directly to the applicants. In response to the team's wish to know of any differences between the admissions processes in the UK and in Malaysia, the staff explained that the processes are similar, although applications there are made directly, rather than via UCAS. Here, all applicants with appropriate minimum predicted grades are offered an interview, which comprises the same MMI process using the same questions and subject to the same marking and review as used in the UK; the Admissions Tutor conducts the interviews or assigns them to another trained staff member. At UNMC, interviewees are informed about the requirement for a 'Good Conduct Certificate' and the completion of a health questionnaire; in Malaysia, students must also have hepatitis B vaccine.

Admissions decisions for all MPharm programmes are made solely based on merit. The School uses data on applicants' protected characteristics to review and develop initiatives aimed at reducing discrimination in its admissions processes. From 2022/23 onwards there will be an annual Equality Impact Assessment (EIA) of recruitment policies and procedures. This will provide opportunities to modify practice before each cycle and continually ensure that recruitment processes provide equality of opportunity for all applicants. The staff told the team that MMIs are more objective than previous one-to-one interviews and reduce discrimination. Applicants do not need to have work experience in pharmacy; this reduces discrimination against those who are unable to gain such experience. Online and in-person open days ensure that applicants are well informed about the admissions process; post-offer visit days provide further information about the course. Reasons for lack of success in the interviews include lack of knowledge, poor performance in calculations and evidence of lack of research about the profession. Unsuccessful applicants may consider alternative courses or can reapply in a subsequent year. The team learned that the School is only just beginning to look at protected characteristics in the context of success in gaining admission to the MPharm. Widening participation applicants have a slightly lower success rate in the interviews; insufficient data are currently available, and an impact assessment is required before considering any changes to the process.

In response to the team's wish to learn about the use of contextual offers for admission to the MPharm, the staff explained that contextual offers are used across the University. Such applicants undergo the same interview process with the same rigour; however, they are made an offer one grade lower than normal. The MPharm has around 50% widening participation students. Progress of students admitted using contextual offers is good and there are no concerns.

Responding to the team's wish to know how fitness to practise issues are addressed and of the involvement of pharmacists in the processes, the team described how concerns can be raised by anybody. Fitness to practise leads are all pharmacists, and pharmacists are included as members of all fitness to practise panels, although investigations are not necessarily led by a pharmacist; the Head of School, who is a pharmacist, considers all cases. Concerns are triaged by experts to decide on actions

such as referral to Student Wellbeing, referral to a tutor, or escalation. In Malaysia, fitness to practise is handled by a Senior Tutor who will refer the matter to the UK School.

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 University is strongly committed to the principles outlined in the Equality Act, 2010, with a continual focus on providing inclusive and accessible environments for students and, where necessary, providing appropriate and reasonable adjustments to facilitate learning and independent life. On the Malaysian campus, there is a People and EDI Committee at University level chaired by the Provost. The Executive Committee is charged with overseeing the development and implementation of EDI strategies, including relevant training for staff; the Faculty Ethics and Values committee monitors equality and diversity of all aspects of Faculty operation, including that of the School of Pharmacy, which is represented on that committee.

Upon receipt of an offer to study, students are encouraged to provide information about any disabilities, mental health difficulty, long-term medical condition, autistic spectrum condition, or a specific learning difference such as dyslexia, dyspraxia, dyscalculia, or ADHD. The Disability Support Service team then works with students to create a personalised support plan with adjustments to facilitate inclusive learning environments. The School's Disability Liaison Officer provides additional personalised support alongside directing students to additional support services. Personal tutors and the Undergraduate and Postgraduate Senior Tutors also provide support and signposting for students.

Equality and diversity data are captured when students register and re-register at the start of each academic year; information on the gender, race, and religion of all applicants to the Malaysia Campus is collected in line with Malaysian Ministry of Higher Education requirements and monitored by the Faculty Equality and Diversity Committee. The staff showed the team how data are collected by the University using MyNottingham, which is a student record system administered by Registry and Academic Affairs; these data include year of study, students' application, registration and fee status, visa information and protected characteristics. The institutional data are anonymised and analysed; this analysis can show, for example, continuation rates by ethnicity, and degree outcome by disability, as well as factors involved in 5-year MPharm students failing to be matched to Foundation Training placements. There are limitations to the interpretation of data, especially because of small numbers. Moreover, it is difficult to analyse some data, for example, those relating to mature students; here, the interpretation is complicated by the fact that 2+2 students from UNMC are older when they join

the UK campus. In response to the team's request for further information on how the School captures the diversity of the student experience, the staff described how this is undertaken both formally, as described above, and informally. Information is obtained informally through Personal Tutors and other members of academic staff, as well as through the Learning Community Forum, Head of School workshops and Year Head meetings. The School also considers data from the NSS to see if any relevant issues have been highlighted. Information is fed back and discussed in various forums.

The University's recent assessment of student performance across protected characteristics, as well as consideration of socioeconomic barriers, gave rise to the University Access Participation Plan (APP) for 2020/21 – 2024/25; this plan has key targets to reduce the gaps in participation in higher education, as well as in non-continuation and attainment for students from underrepresented groups. In response to the team's wish to learn more about the MPharm access participation plan, including its effectiveness, how it overlaps with the Faculty plan and how success will be measured, the staff explained that currently this is a Faculty plan which is in the early stages of development; the School plan will progress from this and the School has received funding to develop it. The plan will cover all courses within the School and will be implemented by the People and Cultures Committee through a short-life working group. Success will be measured by reductions in attainment gaps.
The School has identified an awarding gap for non-white students and for disability, the latter primarily driven by mental health illness; accordingly, the School has developed an Enhancement Plan to address these gaps. On the other hand, analysis of Widening Participation data showed a positive attainment gap. The team learned that as this enhancement plan is a requirement of the Office for Students, it applies only to the UK campus, although it is shared with UNMC.

Noting that the analysis of student performance by protected characteristics had identified some attainment gaps, the team enquired about any resulting changes that have been made to the course. The staff described how this had led to increased inclusivity in assessments, as well as improved access to placements for students with disabilities or mental health problems. The School has also looked at other protected characteristics, which has led to a formalised process for promoting racial inclusivity. Student views have led to greater responsiveness to issues such as Black Lives Matter, as well as awareness of the impact on students of political events such as riots in Nigeria, and the situation in Ukraine. The School encourages students to come forward if they have particular problems and considers how to support them. While noting the considerable data collection and analysis, the team agreed that it will be useful to see data on attainment gap by protected characteristics specifically at School level in relation to the MPharm programmes at the Part 2 accreditation event; a sound process is required to access data at School level to show how data linked to protected characteristics and other relevant socio-economic parameters are used to influence admissions and course delivery and design, as well as student progression and achievement.

All new members of teaching staff must complete the University's online training packages in 'Diversity in Learning and Teaching', 'Unconscious Bias' and 'Equality, Diversity, and Inclusion in the Workplace'. All staff members involved in recruitment of staff or students must undertake mandatory training in 'Interview Skills for Chair and Panel Members'. All teaching staff must take a training course in 'Accessibility of teaching and learning materials' to ensure that they can apply this to their own teaching materials. The School's People and Culture committee identifies needs for further formal

training and informal participation in EDI events through staff and student suggestions, and consideration of equality data and surveys.

Awareness of equality, diversity and inclusion is an integral part of the MPharm programme and students' personal and professional development; the School ensures that students understand their legal responsibilities through teaching that includes the Equality Act and Human Rights legislation, with scenarios across the course requiring students to consider various issues related to the legislation. The cohort in Nottingham is ethnically diverse and becomes significantly more so when students from Malaysia join in the third year; the School holds activities to support the transition of these students.

Aware that decolonisation of the curriculum is a current concern for many universities, the team wished to learn how this is being addressed at Nottingham. The staff explained that while there is no strict agenda, relevant changes are driven by students. Scrutiny of the curriculum has resulted in an update of materials and changes to assessments to promote inclusivity. For example, this led to the removal of inappropriate references in one assessment on malaria. Other examples include addressing safety issues in relation to Afro Caribbean hairstyles and awareness of problems created in the context of people with non-white skin by reference to skin turning blue due to hypoxia caused by asthma.

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 ☐

At the UK Nottingham Campus there is an annual planning cycle which results in an agreed budget for the following financial year. The School runs as a devolved business unit with considerable autonomy within the Faculty of Science. The School budget is agreed with the School's and Faculty's Finance Manager and Faculty Director of Operations and is approved as part of the Faculty of Science budget by the University's Executive Board. This includes student intake targets which are agreed in November each year by the University's Executive Board. The Faculty Pro-Vice Chancellor is accountable to the University Executive Board for meeting the financial targets for the Faculty as a whole, which allows for flexibility across the seven schools (Pharmacy, Physics and Astronomy, Chemistry, Mathematical Sciences, Computer Science, Psychology, Biosciences). The Head of Operations meets with the School's Finance Manager each month to review the budget and ensure that sufficient resources are in place for the delivery of programmes. At the Malaysia Campus, budgets are held at a Faculty rather than school level. Unlike Nottingham UK, the annual budget runs to the calendar year. The Heads of School in Malaysia and Nottingham meet monthly via MS Teams to discuss strategic and operational matters, including financial planning.

On the UK campus, 74 members of academic staff and 14 associates from the Schools of Pharmacy and Life Sciences are involved in teaching on the MPharm, with occasional teaching delivered by guest lecturers. Of these 74 staff, 19 are UK/EU-registered pharmacists. The School also funds 15 associate

posts, including Teacher Practitioners, consultants and sessional staff. There is additionally a rotational input from three mental health pharmacists at Nottinghamshire Healthcare Trust, including a Chief Pharmacist. On the Malaysian campus, 17 members of academic staff from the School of Pharmacy are involved in teaching on the MPharm. Of these, six are UK and/or Malaysian registered pharmacists. The School in Malaysia has a bank of 23 Teacher Practitioners, all of whom are MPharm degree holders and are UK and/or Malaysian registered pharmacists. In response to the team's wish to know about the staffing challenges relating to introducing a significant element of independent prescribing in years 1-4, the staff emphasised the crucial role of the Teacher Practitioners, who will have a major influence on delivery of these aspects. This is being discussed at the Faculty level in the context of strategic recruitment of Teacher Practitioners heading towards 2025. There is good buy-in from the Faculty and joint appointments with Nottingham University Hospital are planned; this will create a strategic partnership with the provision of research opportunities to placement providers, with whom the University has important links.

On both campuses, there are well-equipped laboratories, including simulated pharmacies and state of the art simulated clinical environments (UK Campus) for experiential and inter-professional learning. The students told the team that they were very happy with the facilities on both campuses where the laboratories and equipment were very good.

In response to the team's wish to know if they had experienced any problems in accessing learning materials online, or any other IT issues, and, if so, whether these problems had been resolved, the students described how their learning and most assessments had been online. Generally, access to electronic resources has been satisfactory, although sometimes the Moodle virtual learning environment had been a little delayed with slow responses; this was attributed to large number of students using the system. There had also been a University-wide problem with examinations as the system had crashed, again due to large numbers of students trying to gain access at the same time; this had caused extensive stress among the students. The School used a questionnaire and held a meeting to determine the impact. The Turnitin submission platform had also crashed; here students were given submission extensions and, where impacted, they were given the option of an additional first sit. The staff were very supportive and approachable and, in general, students were happy with the outcome; the delays did not have much impact. Increased reliance on electronic resources during Covid-19 conferred some advantages in that these were more accessible and more sustainable than hard copies. However, there were some subscription issues on transition to electronic resources; this was most noticeable at UNMC, where there was difficulty in accessing the BNF via Medicines Complete and students had to use a different route. The School supported students by providing the necessary resource.

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 ☐

On the UK campus, responsibility for developing and implementing strategy relating to teaching and learning sits with the University's Pro-Vice Chancellor for Education and the Student Experience, the Faculty Associate Pro-Vice Chancellor (FAPVC) for Education and the Student Experience, and the School Director of Teaching and Learning; the last chairs the School's Teaching and Learning Committee and is a member of the Faculty Teaching and Learning Board. Significant changes to all MPharm programmes must be approved by the Teaching and Learning Committee which includes both the MPharm Course Director and Deputy MPharm Course Director. Operational matters are discussed and agreed at less formal groups such as MPharm Year Heads meetings. Provision for Teaching and Learning on the Malaysian campus is overseen by the Faculty's Teaching and Learning Committee that reports to the Campus Teaching Committee; the responsibility for developing and implementing strategy relating to teaching and learning sits with the Vice-Provost for Teaching and Learning in Malaysia at University/Campus level, the Faculty of Science and Engineering Associate Dean (Teaching and Learning), the Head of School and the Pharmacy Programme Director; the Programme Director in Malaysia is also a member of the Nottingham UK Teaching and Learning Committee and joins meetings via MS Teams.

Quality of the MPharm programmes is assured through annual monitoring as well as periodic reviews; the latter comprises the Educational, Enhancement and Assurance Review, which the School will undergo early in the 2022/23 academic year. Annual monitoring comprises an Annual Monitoring report which the School submits to the University Quality and Standards Committee. This report includes consideration of external examiners' reports and feedback from students. Teaching and Assessment Review Panels are arranged at the end of each semester and attended by the Year Heads, UK and UNMC Course Directors, the Director of Teaching and Learning, and relevant School-based Student Services Centre staff. These reviews include consideration of student performance, students' views, and the impact of any changes made to teaching or assessment. Teaching and Assessment Review Panels recommend changes to teaching and assessment blocks to the Teaching and Learning Committee. Feedback from students on teaching blocks and staff teaching are obtained annually using online questionnaires. Other opportunities for student feedback are provided through the Undergraduate Learning Community Forum (LCF), where student representatives of each year meet with key academic staff to seek resolution of, issues raised by their peers. The Head of School, together with the Director of Teaching and Learning and relevant Year Head in Nottingham, or Head of School and Programme Head in Malaysia, also hold workshops each semester; these are used to obtain feedback from the year groups and share information about the wider School such as new members of staff, items in the media, and research breakthroughs. The MPharm Year Heads also meet regularly with the year representatives so that any issues can be resolved rapidly.

The School offers a range of placement opportunities on the MPharm which are provided in community, hospital, GP and other settings. These placements are arranged within the framework provided by the University's policy on placements and partnerships. Currently, the School has placement agreements with hospitals, and with providers of Community pharmacy, GP and Insight placements; these are managed and renewed by the School's Pharmacy Placement Team. There are Service Level Contracts with hospitals which also cover the arrangements for Teacher Practitioners. The agreements address the responsibilities of placement providers, including health and safety

policies and data protection regulations. Placements for inter-professional education with Medical and Nursing students are arranged in partnership with the placement teams in the School of Health Sciences and the Medical School. Feedback on placements is sought annually from students and placement providers via an online questionnaire. The feedback is reviewed by the Placements and Teacher Practitioner Strategy Group. Similar arrangements are in place in Malaysia. In response to the team's wish to learn about the process for removing a placement provider, the staff explained that this would depend on the seriousness and nature of the concern, such as the poor provision of student feedback. The concern would be raised with the placement team and the issues would also be raised at the Placement and Teacher Practitioner strategy group. The School would then engage with the provider to plan improvements; where there was no or inadequate improvement the provider would be removed from the data base. Very robust training agreements are in place with all providers.

The MPharm content is updated every year to reflect updates in practice. The re-design of the MPharm programmes to meet the GPhC 2021 standards involved a range of stakeholders; this was achieved through a core staff working group, comprising staff from both campuses, and a co-creation project with the students. The School also organises an annual stakeholder event to which local pharmacists and MPharm students are invited. At these events updates on the MPharm programmes are provided, plans are shared, and stakeholders are invited to give their input. A biannual teaching forum and biennial review are held, respectively to provide informal and more formal reviews of the MPharm programmes; where possible, staff members from the Malaysia campus participate in these meetings. In Malaysia, School staff meetings take place quarterly and an annual Staff Away Day allows the staff to review and discuss best practices in relation to teaching, research, strategic and operational activities. Responding to the team's wish to learn more about how patients and other stakeholders feed into the design and development of the curriculum, the staff described how student interns had led focus groups with patients via the Patient Café to determine what they thought that students should know and what was important to them as patients; the student interns also sent questionnaires to other students and to alumni. Feedback was also obtained from simulated patients, for example, on their opinions of the scenarios in which they participated such as in OSCEs. A stakeholder meeting was held in November 2021 and there was extensive consultation with the staff.

The team wished to learn more about the new student evaluation system that is being introduced in the 2022-2023 session. The staff explained that the School still conducts module evaluations but not the evaluation of individual staff member teaching. Rather than using questionnaires at the end of lectures, different sources of information will contribute to the review of teaching during staff members' 'Appraisal and Development Conversation', which take place annually at University level but with two School-based touch points during the year (see standard 7). PebblePad will be used to gather information, which will include peer observation of teaching. This evaluation process will be more robust and will fit better into staff PDPs which are reviewed during the Appraisal and Development Conversation; it can also be used to identify good practice. The Appraisal and Development Conversation is not linked to promotion but gathered evidence can be used to support promotion cases; where teaching performance is poor, the Appraisal and Development Conversation will allow identification of relevant training requirements. The new model will eventually be rolled out at UNMC after piloting on the UK campus. Currently, the Malaysian campus continues to use student evaluation of teaching along with peer observation and information obtained from Learning

Community Forum. Staff members receive 360° feedback on their teaching performance. Before the introduction of this new model, teaching effectiveness was evaluated through feedback from students obtained via Head of School workshops, the Learning Community Forum, and questionnaires. When teaching was moved online because of the pandemic, and then to a blended approach, these sources enabled the identification of good practice, resulting in the production of a guide for all members of academic staff; the School also receives feedback on good practice from other schools in the Faculty. Students are very good at providing feedback and will complain if there are problems; for example, they complained about inadequate captioning on recorded lectures.

Seeking their views on the change from traditional modules to using separate teaching and assessment blocks, the staff described how staff and students, especially those students in more junior years, on both the UK and UNM campuses were consulted. Students were informed of the change along with an explanation of what would happen if they failed or needed to take time out; the students expressed no concerns and a survey showed that students were very supportive of the change. Members of staff were also supportive; staff attendance at discussions of the issue on both campuses was very good. A major advantage of this approach is that assessment blocks allow a more synoptic approach with more meaningful, integrated assessments, enabling assessment across therapeutic strands such as 'cardiovascular' and 'endocrine'. Moreover, the assessment burden is reduced through a reduction in the volume of assessments. The students told the accreditation team that they recognised that the new system reduced their assessment burden.

When asked how students know that they are influencing course development, the staff described how actions are reported at the Learning Community Forum, Head of School workshops and Year Head meetings with students. Minutes are widely circulated, and student representatives, who are very proactive in talking to the staff and reporting back to the students, disseminate the information. Actions taken are promoted visibly to ensure that students receive the information demonstrating "*You said; we did*". Responding to the team's wish to learn if they felt that they have sufficient opportunity to provide feedback on the programme, the students said that there were many opportunities for their voices to be heard; this was true on both the UK and Malaysian campuses. They were consulted through using surveys, end of module questionnaires, the Learning Community Forum, and Head of Year workshops. The students also told the team about the role of student interns in course development. They felt that their impact had been effective as evidenced by the big changes that had been implemented, such as the introduction of EDI into the curriculum, including the use of more diverse patients and the incorporation of mental health issues, increases in the amount of scheduled time with Personal Tutors, improvements in placements, and the decoupling of teaching and assessment resulting in a reduction in assessment burden.

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 MPharm courses are designed to integrate the science of pharmacy with its practical application including, in the five-year MPharm, the Foundation Training element required for GPhC registration. The programmes comprise teaching blocks and separate assessment blocks; credits are attached to the assessment blocks with one credit representing approximately 10 hours of student work. The four-year MPharm and 2+2 MPharm require the successful completion of 480 credits, 120 of which are taken in each year. The initial semester of the first year helps students in their transition to higher education; it provides a knowledge-based platform to help embed the required styles and study skills alongside the ethos of 'life-long learning'. The following two years then deliver an integrated, patient-centred, therapeutics-based training through 'Drug, Medicine and Patient' (DMP) teaching blocks. These teaching blocks, covering topics usually based on clinical cases, provide students with the underpinning science knowledge, together with the professional skills essential for a pharmacist, rooted firmly in the context of the modern pharmacy workplace. The DMP teaching blocks therefore facilitate the integration of science into practice; these blocks each deal with a particular condition/group of conditions covering their aetiology, as well as relevant physiology, pathology, clinical pharmacology, chemistry, dosage forms, pharmacokinetics, along with professional and clinical practice aspects. In years 1-3, the vertical course themes enable the core physical/social science and professional themes to be integrated; these vertical themes are 'absorption, distribution, metabolism and elimination' (ADME), 'biology and physiology', 'chemistry', 'clinical and pharmacy practice', 'pharmaceutics', 'pharmacology and therapeutics', and 'professionalism and leadership'. In the second half of year 3, there is a teaching block on Pharmaceutical Care and Prescribing; this brings together the prescribing skills from earlier in the course to focus on both clinical and ethical issues in prescribing. This semester also includes a research project, which allows students to develop research and data analytical skills. In year 4, students expand their clinical knowledge and experience to prepare them for work as a pharmacist in the UK; this is done through addressing a range of scenarios in a simulated pharmacy business or through tackling complex clinical cases. Responding to the team's wish to learn how the use of clinical trials illustrates spirality in the curriculum, the staff referred to the 'Medicines Pathway' theme running throughout the course. An overview of the clinical trial process and licensing with the MHRA is presented in the first year and a thread dealing with the phases of clinical trials runs throughout the four years of the MPharm.

In addition to lectures, students' intellectual and study skills are developed using problem-based

workshops, and laboratory classes in which students must gather and interpret data and summarise results, as well as essays and dissertations. Students must also maintain a reflective portfolio throughout the course to embed the concept of continuing professional development (CPD). In addition to the teaching blocks, students must pass key Professional Competencies in each year; these include reflections, calculations, and the law. Responding to the team's wish to know how the School achieves parity of experience between the UK and Malaysian campuses, the staff emphasised that the course is identical, with staff teams working together across both campuses with regular communication; before Covid, there was a regular exchange of staff between the two campuses. The same teaching blocks and materials are used and every module leader on the UK campus has a counterpart at UNMC. Examinations and assessments take place at the same time and there is cross-campus moderation of assessments.

The five-year MPharm is almost identical to, and taught alongside, the four-year MPharm up to the end of Year 4. Incorporation of Foundation Training means that the five-year MPharm requires the successful completion of 600 credits; here, the Foundation Placements enable students to apply their knowledge and develop their skills and professionalism in a clinical setting. In response to the team's wish to learn about the handover process from year 4 to the foundation training in year 5, the staff explained that this process is already established for the current five-year programme where students move between their first and second placements. The students' e-portfolios will include all the outcomes that have already been met, including the prescribing competencies. This record will be used as a basis for discussions with the Designated Supervisor and the Designated Prescribing Practitioner. The School has a good insight into linking from the MPharm to Foundation Training from local and national initiatives, and is working with HEE to ensure a more uniform experience for all students during the Foundation Year.

Both in the UK and Malaysia, students undertake placements in a variety of settings including community pharmacies and hospitals; these provide opportunities to interact with patients in these settings as well as within the School. Placements increase in complexity across the years, starting with meeting a patient to discuss their illness and medicines in year 1 and observational visits to community pharmacies and hospitals. Years 2 and 3 include taking patient medication histories and reviewing drug charts in hospitals. In the fourth year, students spend time in a GP practice working with members of the GP practice team including reception and prescription processing, in addition to observing consultations with nurses and/or doctors. During placements, students complete specific tasks with patients; patients and simulated patients are also brought into the University during the teaching blocks. In the revised programme to meet the 2021 GPhC standards the time spent in experiential learning will be increased to 65 days across the four-year course, with a blend of face-to-face, virtual and simulated placements, building in complexity across the years and incorporating 'Entrustable Professional Activities' (EPAs) and workplace-based assessments (WBA) such as audit. Learning outcomes will be mapped to placements, and experiential learning will be assessed via a reflective e-portfolio mapped to specified learning outcomes. The School is currently undertaking pilot work, including projects funded by HEE, with which the School has worked for a long time; HEE has extended the scope of tariff payments from September 2022 to include undergraduate pharmacy training placements. Other opportunities for students to meet patients are provided through the Pharmacy Patient Café which allows small groups of students to discuss various health issues with patients. The learning outcomes for experiential learning on the Malaysian campus are identical; where it is not possible to give the same experience, simulated placements will be used. Insight

placements in Malaysia may be different; for example, many people in Malaysia use traditional Chinese medicine (TCM) and students may visit TCM settings. Any gaps, such as familiarisation with the NHS, can be made up when students join the UK campus; on transferring to Nottingham for year 3, a one-day placement with a community pharmacy is arranged during their induction week to introduce students to healthcare roles in the UK. The students told the team of mixed experiences of placements and opportunities to interact with patients and carers. Year 4 students stated that their overall experience had been very good. Consideration of comorbidities in year 4 had brought everything together. The Pharmacy Leadership and Management simulated pharmacy experience used simulated patients, for example, in relation to diabetes or asthma. This provided opportunities to practise their communication skills including talking to GPs, while a hospital-based case study had focussed on patient-centred care. On the other hand, students in early years complained of a lack of placements with everything online and an absence of hospital experience; students had talked to patients but not in realistic settings, which had caused anxiety in relation to their being prepared for Foundation Training. During the pandemic, there had been simulated placements, with online activities such as reviews of patient notes and drug charts, working with Teacher Practitioners to go through case studies and a nursing simulation with a simulated patient. However, the students recognised that this would improve and that in the new course one day per week will be freed for scheduled placements. In Malaysia, the students have undertaken placements including in hospital; however, hospital experience in Malaysia is different from that in the UK and the students told the team that they need more contact with patients.

Students on both the UK and Malaysian campuses undertake a range of inter-professional education (IPE) activities with students from other healthcare disciplines, including medicine and nursing. Although there are no nursing students at the Malaysia Campus, students undertake a workshop where nurses share their knowledge and act as facilitators. The students described their IPE experiences to the team, including working with medical students, and, on the Malaysian campus, with 'Pharmaceutical Sciences' and 'Nutrition' students. They expressed the view that there should be more IPE in each year because of the need for collaboration in all settings. However, they recognised the timetabling problems, as illustrated by midwifery students being unable to participate in a session due to their placements. The students suggested that more care should be given to the distribution of students during IPE sessions, referring to a session where there was only one medical student with a large group of pharmacy students.

The requirement for professional behaviour is emphasised throughout. Students are provided with information about fitness to practise from their first enquiry about the MPharm and are taught how it applies to them in the first few weeks on the programme. The University's Fitness to Practise policy is supported by and consistent with the GPhC Standards for Pharmacy Professionals. Any member of staff, member of the public, or other student can report concerns about a pharmacy student. Where concerns are sufficiently serious, such as where a student's health or behaviour could put patients, the public, other students, or staff at risk, formal fitness to practise procedures may be instigated; identical processes and procedures are in place on the Malaysian campus. The staff told the team that the School does not distinguish between health and conduct concerns in the context of fitness to practise; everything is regarded as a student welfare concern until proved otherwise. Some students with health issues are identified via 'extenuating circumstances' rather than through 'concerns' reports; such cases would be referred to School Welfare, and support plans would be developed for

students with long-term health conditions. There is an open reporting culture and rapid triage is undertaken to determine the appropriate course of action, which may be to refer the student to wellbeing services, for example, for mental health issues. Where there is evidence of misconduct, the case would be escalated in line with the Fitness to Practise policy. In response to the team's wish for further information on the increased number of concerns reported in the 2021-22 session, the staff stated that this had been seen across all the Schools in the Faculty and was partly attributable to an increase in the culture of reporting concerns, as well as students being unused to completing tasks on time because of Covid. Reporting of concerns has levelled out over recent years and the number of concerns about student wellbeing has decreased because students have been at home due to the pandemic. There were fewer concerns reported at UNMC; there are fewer students on the Malaysian campus in smaller classes, with frequent tutor meetings resulting in good communication even when everything went online. Moreover, Malaysian students often live at home with their parents, which plays a role in fewer concerns being reported. The staff told the team that students readily raise concerns about their colleagues, especially in relation to other students' health, recognising the importance of doing this as professionals; they are encouraged to complete the same 'concerns form' as that used by the staff. While there is a formal process for raising concerns, students are also encouraged to undertake informal discussions with staff members. The Personal Tutor system and the extensive use of group work facilitate the raising of concerns by students. When students raise concerns the School acts quickly to ensure that students feel empowered.

In response to the team's request to learn how independent prescribing (IP) is embedded in the course, what further actions are needed before introducing IP into the new curriculum and what IP knowledge and skills cannot be included in the years 1-4, the staff stated that prescribing will be embedded within all teaching blocks in years 1-4. Approximately 25% of the teaching will be related to this activity including IPE and experiential learning and incorporating some of the 26 days of learning activities; it will not be taught separately apart from in the year 3 Pharmaceutical Care and Prescribing (PCAP) block. The 'RPS Competency Framework for all Prescribers' has been mapped to MPharm 2022. Prescribing will be built into the case study workshops facilitated by the Teacher Practitioners and integrated case studies will bring everything together. Assessment of prescribing will take place within assessment blocks using a wide range of assessments, including OSCEs in each year, case-base presentations, Rogo assessments, and recording of professional competencies which will be documented within the ePortfolio to facilitate transition to foundation training. While students will gain practical experience and learn the general principles, some aspects will not be covered fully in the first four years and will be made up during the fifth year. For example, there will be insufficient experience of assessment of real patients through hands-on examination; moreover, some scenarios relating to illness cannot be simulated and simulation cannot prepare students for every situation that they may encounter. The PCAP block will allow students to recognise their own competence as a day 1 pharmacist and they will reflect on their competence. Discussions are underway with the Teacher Practitioners and with Nottingham University Hospital as to what can be embedded in years 1-4 and what else will be required for year 5.

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

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

Assessments are designed to demonstrate that students have achieved the learning outcomes described in part 1 and that they are professionally competent as pharmacists. Assessment criteria enable the identification of unsafe practice and students cannot progress if they do not practise safely. Subject knowledge and understanding are assessed through a range of methods, including examinations, laboratory reports, practical assessments, OSCEs, dissertations, essays, oral presentations, poster presentations and project reports. All teaching blocks incorporate formative assessments including in-class quizzes, self-check online assessments and case studies, as well as practical classes and workshops; these provide students with feedback on their performance. Knowledge, understanding and application of material delivered in individual teaching blocks contribute to multiple, timetabled assessment blocks. Each year of the course also includes a pass/fail zero credit assessment block that allows the Year Head to sign off the competency of the student. All teaching block contributors, both in the UK and Malaysia, are responsible for developing the assessments in the relevant years. As well as these assessments, students must complete continuing professional development (CPD) entries each year; these entries are reviewed by their tutors who provide feedback, and where entries do not meet the required standard, they are revised and resubmitted. Students also produce a personal development plan (PDP) describing what they wish to achieve in the following year using SMART objectives. The PDP is reviewed by students' tutors and, again, this must be revised and resubmitted if it does not meet the require standard. Students collect evidence of meeting the GPhC standards across the whole programme. In Year 4 students must provide evidence demonstrating that they meet all the GPhC standards. This evidence is presented as a portfolio which includes their year 4 CPDs and PDP and which may include items such as reflections and videos. Completion of this portfolio with evidence against each standard is required before students can take the oral assessment. In this oral examination, students first review their evidence for a selection of learning outcomes in a controlled preparation period. Here, groups of approximately six students are asked to describe their evidence for a sample of the prepared outcomes. The assessor can discuss the evidence with the student to clarify that it meets the required standard.

Systems are in place to ensure the appropriate standards for all assessments, as well as consistency between different assessors. The School's Examination Officers in the UK and Malaysia work together, along with the Student Services Assessments team, to ensure that all assessments have the required rigour in design and marking. Examination questions, cases and scenarios are first reviewed internally before being sent to the external examiners for their review; assessments are finalised after acting on external examiners' feedback. Presentations are either all double marked or are sampled for double marking. 10% of all examination papers are moderated to confirm that the marking scheme has been fairly applied. Project dissertations and poster presentations are double marked; where assessments differ by more than 10%, assessors meet to discuss the marking and agree any adjustments. Feedback from staff, students, and the external examiners feeds into the review processes to improve the quality and rigour of the assessments. For all MPharm assessments in years 1 and 2, a cross-campus check ensures that marking standards are consistent between the UK and Malaysia. Oral examinations and OSCEs have internal assessors who observe assessments to ensure procedures are being followed and that students are treated fairly across different assessors. All oral examinations and OSCEs in years 3 and 4 are recorded for subsequent review where necessary. Appropriate standard setting is used for all OSCEs, with criteria for minimal competency, as well as for 'good' and 'excellent' performance, identified by the practice team considering students' knowledge, behaviour and skills. The team learned that during the early part of the Covid pandemic, OSCEs were converted to case-based course work. In the 2020/21 session, online OSCEs were employed for those students studying remotely; all OSCEs are now all conducted as face-to-face assessments. In response to the team's wish to learn how 'red flag' issues and unprofessionalism are dealt with in OSCEs and other practical examinations, the staff explained that red flags for unprofessional behaviour, such as unprofessional dress or inappropriate comments, would lead to fitness to practise proceedings. Every station and every marker has a concern form and all staff members are trained on red flags so that concerns are raised immediately; simulated patients will also undergo this training. In response to the team's wish to learn how the School captures feedback from patients and others involved in *e.g.* OSCEs, the staff reported that simulated patients are advised how to give feedback and are honest and open in doing this with support from the staff. The final year Pharmacy Leadership & Management Modules (to become Advanced Therapies, Practice & Care Teaching Blocks) employ extensive scenarios requiring wide-ranging interactions with simulated patients who are asked to identify good and bad points about the students; the feedback goes into the students' portfolios, and they submit a reflective piece based on this feedback.

To facilitate prompt feedback on assessments, the School uses a range of tools including online marking with automated formative feedback. Automated examination marks analysis software provides each student with an individualised statistical breakdown of marks. Feedback to students on assessments is provided individually by their Personal Tutors; this allows the identification of areas of strength and weakness, enabling the implementation of remedial measures and support where needed. Students receive feedback on their consultation skills in practical classes and workshops. Students are encouraged to reflect on their performance and discuss with peers and staff or simulated patients how they might improve. The staff told the team that the official policy is that feedback to students must be provided within 15 working days; if delays are anticipated, students are informed. Feedback was delayed during the pandemic; where required, staff members were chased to complete the marking. When asked about this, the students told the team that there was great variability in

obtaining feedback. In general, feedback from tutors was focussed and helpful and they received good, detailed feedback on laboratories, problem-based learning, and case studies; Covid had impacted, with all feedback provided online, and the University had kept in touch to inform of delays. However, the provision of feedback varied among the staff, and sometimes students did not receive much detail. Feedback on assessments was very variable, and inconsistent in timeliness and detail; sometimes it was very slow, taking more than four weeks, and sometimes no feedback had been received, or it had come too close to the examinations. Much of the coursework feedback was generic, rather than specific, although feedback on 'consultations' was immediate. Similar problems occurred on both campuses.

Seeking their views on how programme level assessment is working, the staff told the team that in the previous model students only fully appreciated integration within the course by year 3. The new process brings material together, linking information in a more integrated way around assessments; it prevents students from compartmentalising practice and science and sets them up better for the Foundation Year.

In response to the team's wish to know what the School has learned from running assessments online due to the Covid pandemic, the staff explained that this had been essential at the start. Problems with online assessments included the fact that students were scattered all over the world in different time zones, leading to difficulty in communication. The main difficulties lay in those assessments requiring interaction with people, particularly OSCEs and oral examinations. The School changed the style of assessments so that answers required application rather than regurgitation of knowledge and students learned that they could not simply look up material to answer the questions. Online assessment has been scaled back as the pandemic has receded. However, students prefer some aspects of online assessment, such as a reduction in the duration of examinations and the fact that they did not need to sit in a big room with other students. Accordingly, the School will not revert fully to face-to-face examinations.

The team noted from the documentation that the calculations assessments allowed students to submit a selection of answers; the team was thus concerned that students could consistently avoid particular types of calculations throughout the course. The staff explained that in each test students must submit 90% of the calculations and that their submitted answers must be 100% correct to pass; they are permitted four attempts to achieve 100%. The rationale here is that the School wishes students to be confident about their responses and does not want them to submit answers of which they are unsure. Although the School has not sought evidence for systematic avoidance of certain types of calculations, extensive support is available for students who are struggling or failing, for example, through video-recordings showing different types of calculations.

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

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 ☐

All students are allocated a Personal Tutor from the academic staff who teach on the MPharm programme; this applies equally to students on the UK and Malaysia campuses. Students retain the same Personal Tutor throughout the programme to establish an effective working relationship; however, while 2+2 students have the same Malaysia-based tutor in years 1 and 2, they are allocated a new UK-based tutor on arrival in the Nottingham. Second year students in the UK who transfer to the Malaysia Campus for one or two semesters, and third year students undertaking their project at the Malaysia campus, are also allocated a tutor in Malaysia for the time that they are there. Nottingham students undertaking their third-year research projects at alternative partner institutions around the world keep their Nottingham-based personal tutor and are assigned a Nottingham-based Project Supervisor as well as their local assigned Supervisor. Personal Tutors are supported in their role by the School's four Senior Tutors, three in Nottingham and one in Malaysia. They oversee the operation of the School's tutoring programme and also handle escalated student support issues. Students have at least three meetings with their Personal Tutor each semester. Some meetings are in groups and may include tutees from other year groups to encourage peer support; others are individual, depending on the time of year and the agenda items for discussion. Support for CPD activities is provided via Personal Tutors and is a rolling item discussed in every tutorial. Students are encouraged to contact their Personal Tutor at any time by email or by telephone and in person during normal working hours if they have any questions or concerns. Any students requiring specialist support are referred by their tutors to the Support and Wellbeing Team or relevant student support services such as counselling, disability support, or the mental health team. Equivalent support services are provided at UNMC. Extensive support is available to provide career advice and guidance.

The students told the team that support networks were very good, with responses to requests for help being received within one to two days. Personal tutors, who are the first point of contact, were very responsive, and the Head of School was very supportive. Members of staff were helpful, for example, in supporting students having technical problems with online assessments; the same level of technical support was available both in the UK and in Malaysia. Obtaining support online was more difficult, with staff members being somewhat less approachable through that route; students found it difficult to reach out to people whom they had never met in person as the same relationships cannot be built. Personal Tutor meetings are now scheduled into the timetable; these were held every two

weeks when online. Meetings were less frequent on the Malaysian campus, but tutors were always available if needed. Interaction with Personal Tutors is very good, especially if students need help. School support services could be contacted via e-mail, for example for fitness to practise issues. University support systems were available, for example, counselling services, mental health and the counselling services were very responsive, with students being assigned to the same counsellor each time; the University provided resources and students were directed to the appropriate people. The students told the team that the School adapted rapidly to the Covid-19 pandemic, although the transition to online learning was somewhat challenging; however, the teaching quality was very good and not compromised. Online assessments were effective and group tasks worked well, as did question and answer sessions. Students now want more face-to-face interaction in the blended learning system, although online learning offers some advantage for example, in allowing students more time to explore topics. Covid made the transition to the UK more challenging for students coming from Malaysia.

Responding to the team's wish to learn how professionalism in students is introduced and developed, the staff described how this is embedded from the start in the MMIs used for admission (see standard 1); here, applicants must reflect on professionalism and must articulate how professionalism is applied to decision making. In the course, there is an early workshop on the GPhC's 'Standards for pharmacy professionals' in which examples are considered and discussed in relation to the application of professionalism in dealing with patients, students, and colleagues. Professionalism is embedded in all placements, wherein students must manage expectations and deal with issues. Students must reflect on all the standards; their reflections include their CPD entries, these being signed off as professional competencies. Professionalism is a focus of the year 4 portfolio and is assessed in the oral examination. There are well-established procedures for students to raise concerns about the conduct or wellbeing of other students or about any other issue. Any concerns about students' professionalism would be reported through concern forms; these would be discussed with students' tutors and others and subsequently the students would be required to reflect on and address any concerns.

When asked how well prepared they were for the Oriel process for securing Foundation Training place, the students told the team that, in general, the School provided good support for this, with staff being very responsive via e-mail and sessions being held via MS Teams. They had practice in situational judgement tests and in dealing with ethical dilemmas, as well as in calculations, and final year students came along to describe their experiences; there was a conference to brief students on what to expect and a careers page is hosted on Moodle. However, students were critical of Oriel itself, expressing the opinion that it did not reflect student competencies; numeracy, which is part of Oriel, is emphasised throughout the whole course and must be passed each year to progress. Interaction between the School and Oriel is not good, taking place only via e-mail with no direct point of contact. The students exemplified this through the case of a student who struggled with Oriel due to a computer crash; there was nobody to contact by telephone and the School was unable to help in that situation.

In response to the team's wish to learn how the Student Engagement Dashboard is used, the staff explained that this is a University system; it monitors physical attendance through scanning a QR code and also monitors interaction with the Moodle virtual learning environment, with the School receiving

information weekly. Drops in engagement are identified; these trigger meetings with Personal Tutors, who are aware of the alerts and ensure that students respond; if a student does not respond, the matter is escalated through the systems, such as Student Wellbeing or Mental Health.

Requesting information on the headline messages from evaluation of the student experience during and after Covid, the team learned that there are polarised views among students on how they wish to proceed concerning online versus face-to-face teaching and learning; many students do not want a return to face-to-face, while others do and the School is engaging with students to find a middle ground. In Malaysia there is a larger proportion of online teaching and learning because of government pandemic-related decisions. Students in Malaysia also have split views, with many liking online lectures, which can be rewound and offer more time to go over points. Students feel that simulated placements prepare them better for going out on physical placements and the School is considering a hybrid placement system using simulations to prepare students.

Systems are in place to support staff involved in delivering the MPharm degree. The key mechanisms are staff induction, line management, mentoring and peer support, appraisal through the Appraisal and Development Conversation (ADC) and the provision of access to, and time for, training. During the ADC cycle, staff members are paired with a reviewer, who meets with the reviewee four times a year. The focus of the initial meeting is a structured discussion to reflect on the previous year, look forward to the following year and set future objectives relevant to aspects such as their area of research, administrative roles, and teaching loads. Progress is discussed in the interim meetings prior to an end-of-year review. Professorial staff are reviewed by the Head of School with Heads of Division conducting the reviews for all other academic staff. A similar appraisal process also takes place for staff at the Malaysia Campus, with reviews conducted by the Head of School (UNM). In response to the team's request for further information on staff training, including training as Personal Tutors, the staff describe how staff members are line managed through the Research Divisions. Staff members have set goals and undergo mandatory training. The Appraisal and Development Conversation builds narrative and discussion with line managers and addresses any needs; funds are available to support individual attendance at conferences and to support staff in addressing specific training requirements. Discussions take place to support promotion aspirations. Peer support and mentoring are provided through the research divisions; this supports staff development in both teaching and research. There is support for staff members to undertake research for a PhD. Peer observation of staff teaching is undertaken annually for junior members of staff. All staff members must hold, or work towards, FHEA, with Teacher Practitioners working towards Associate level. In addition to University-level training for Personal Tutors, the Senior Tutor meets new tutors to go through the process required for the MPharm; the Personal Tutor role in the MPharm is different from that in many other courses, because of the student requirement to make CPD entries. The Senior Tutor supports Personal Tutors and provides updates at the MPharm Forum. During the pandemic, there were weekly tutor meetings with a focus on the health and wellbeing of students and their families; these meetings allowed discussions of general Covid issues, including testing, isolation, and vaccination.

Foundation training

In addition to recruitment onto the course (see part 2, standard 1), there is a separate recruitment process that matches each student to a Foundation Placement provider. This matching and selection process is based on values-based recruitment and is undertaken by placement providers with involvement of patients; the process is overseen and assured by the Foundation Training Facilitators and the Placement Manager. To be eligible to enter the Foundation Placement, students on the five-year MPharm must have successfully completed the academic requirements, up to and including Year 4. The 'matching and selection' process takes account of the students' preferences, such as the sector in which they wish to work, their statement in their placement application form, feedback from their Personal Tutor and placement providers, and performance in matching interviews. These interviews comprise both panel interviews and Multiple Mini Interviews (MMIs).

In response to the team's request for further information about the matching process, including the evidence used and the personnel involved, the staff confirmed that matching is based on the MMIs. The process was developed with providers whose requirement was knowing if students were ready to start their Foundation Year. The MMIs include both patients and current placement providers and comprise questions, tasks, and discussions. Every interviewee is met individually, and facilitators sit in on the interviews for quality assurance. Reasonable physical adjustments are made in response to declarations made on the students' application forms. Students' preferences are also considered along with information on their application form, considering their strengths, values and behaviours. The final decision is based on the MMIs and preferences. The School suggests where students should work based on where they are most likely to achieve success. Following interviews, students are matched to a placement and each match is discussed with providers to confirm suitability. If there are doubts or concerns about a student's suitability for placements they will be offered additional support. The School works continuously with the providers, who understand the course; they appreciate and understand EDI issues, including unconscious bias and know how to assess trainees. Annual refresher training is provided, and additional training is undertaken by those who have taken time out from acting as a provider. The staff told the team that the School does not have access to data on the profile of matched students to placement site by protected characteristics. Data for protected characteristics are gathered at entry to the course but not at the matching stage; moreover, the numbers of students are very small compared with the four-year course.

The prospectus entries and brochure advise potential applicants that the five-year MPharm does not lead to registration, but that it meets the GPhC Standards of initial education and training for

pharmacists. Applicants are advised that they will also have to independently sit and pass the GPhC Registration Assessment to be eligible to join the UK Register. Information about the five-year MPharm also makes clear that placements are guaranteed and that students remain as students throughout their studies; they will not receive a salary during their Foundation Training studies.

Standard 2: Equality, diversity and fairness

The foundation training year 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 trainees 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 Service Level Agreement with placement providers mandates that policies, processes and supporting relationships are in place to ensure that equality and diversity are established, monitored, and promoted for all staff and students. The quality assurance audit of Foundation Placements includes an assessment of equality and diversity in the workplace, which is undertaken in advance of approving a placement provider. The School ensures that students and providers are reminded of the importance of EDI and must complete EDI training. The Foundation Training Facilitators, who have also undertaken EDI training, provide support to both the Designated Supervisors and students on matters relating to EDI. Designated Supervisors must complete EDI training. The needs of students as learners are recognised as part of the Foundation Placement; this includes, but is not limited to, study support while on placement.

Prior to matching and selection, students complete a placement application form, which asks students to declare any matters relating to health or other adjustments required for placements. Where such adjustments are identified, these are discussed with the student and the University to identify the support needed during the placement. With permission, the Designated Supervisor is provided with information relating to the student's particular needs, along with a management plan. Foundation Training Facilitators will ensure that the management plan is followed and periodically reviewed.

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 ☐

Training Placement Agreements are the contracts used for the Foundation Placements, the development and operation of which are led by the Deputy MPharm Director. These agreements are

in place for six hospital providers, one mental health hospital provider, ten community providers, one GP provider and are in development for one industry provider. A Management Committee, comprising the Foundation Training Facilitators, Placements Manager, and a representative from each placement provider, meets at least twice a year to review the operation and strategic development of the Foundation Placements. Additionally, the five-year MPharm Operations Group meets monthly to discuss planning and operational issues associated with the Foundation Placements; this group consists of Placements Manager, the Deputy MPharm Director, Foundation Training Facilitators, Director of Teaching and Learning, Head of Operations and the e-Learning Manager. The Placement Team (lead by the Placements Manager) provides the operational oversight to the functioning of the Foundation Programme. Anticipated additional placement spend will cover independent prescribing costs, including the cost of Designated Prescribing Practitioners (DPPs), and the recruitment of additional Teacher Practitioners. The School is working with HEE and a range of other bodies, including the Regional Pharmacy Schools Liaison Committee.

All Foundation Training provision must take place on approved GPhC training premises. The Placement Manager and a Foundation Training Facilitator visit the premises and complete a quality assurance audit prior to approval to ensure the suitability of the premises for training purposes.

Standard 4: Managing, developing and evaluating MPharm degrees

The quality of the foundation year 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 ☐

In response to the team's wish to learn who was involved in developing the Foundation Year, the staff referred to inputs from the five-year team (see criterion 3.1 above) and various stakeholders. Providers are heavily involved, including in the development of the assessments. Students on the current five-year programme have contributed and student interns consulted patients for both the four-year and five-year programmes. The portfolio has been built and modified based on regular feedback from providers and students obtained through drop-in sessions where consideration is given to what is working and what needs improvement. Stakeholder meetings cover both the four-year and five-year programmes.

The effectiveness of supervision during Foundation Training is monitored and evaluated through Foundation Training Facilitators, the Pharmacy Placement Team and student feedback. Foundation Training Facilitators meet with students at key points during the placement. This has traditionally been undertaken via on-site visits following completion of orientation and induction for mid-point and end-of-placement appraisal. As a result of the Covid-19 pandemic, these visits were adapted to take place online using MS Teams, along with increased support and supervision; this support included fortnightly group forums, scheduled one-to-one student/facilitator meetings and the added functionality for students to book ad hoc meetings with facilitators via electronic calendars. Once

Covid restrictions are removed, the School will adopt a blended approach to on-site and online meetings. Students also continue to be supported by their Personal Tutors, who are independent of the Foundation Placement.

The Foundation Placements are quality assured using the Health Education England (HEE) Framework. At the start of placement, and following the 13-, 26- and 39-week appraisals, Foundation Training Facilitators undertake a visit to each provider and provide a progress report to the Designated Supervisor and to students. End-of-placement questionnaires are completed by students and their Designated Supervisors and reviewed by the five-year MPharm Operations Group and Management group, with the subsequent development of action plans. Students can also provide feedback on their placement and their Designated Supervisor at any time to the Foundation Training Facilitators.

Noting that foundation training, which is the fifth year of pharmacy initial education and training is changing rapidly, the team wished to learn how the School is managing this in terms of the design and delivery of the Foundation Year. The staff explained that there is a process of mapping what each student has accomplished in years 1-4 in terms of meeting the learning outcomes and performance standards; the School will identify those that have not been met at the appropriate level of Miller's triangle and produce a tailored plan for each student. The Facilitators will then work with Designated Supervisors to ensure that these are met to the right standard, with progress being monitored at 13, 26 and 39 weeks. Nottingham University Hospital simulation facilities will be used to help with meeting some outcomes such as diagnostic tests. The shift in pharmacists' roles requires amendment of training plans and what trainees do each day. The School has a very close working relationship with providers, so that trainees' activities are constantly discussed and changes can be implemented quickly as a result of ongoing annual and interim meetings between the School and the providers. How changes in foundation training might impact on the first four year of the MPharm is the subject of ongoing discussions with HEE and the East Midlands Pharmacy School Liaison Group; the schools share what is happening in the transition to five-year MPharm programmes.

Responding to the team's wish to learn how the School is building feedback from students and placement staff into the overall feedback, the staff described the use of end of module evaluations and post-placement surveys of students and providers; there are also student representatives who provide feedback to the School. Five-year management group discussions consider feedback from all of these sources, with action points discussed at the Teaching and Learning Committee and by the School's senior management; all meetings are documented and there is a clear and transparent process for dealing with issues and showing actions. The students told the team that there were numerous opportunities to provide feedback on the programme through meetings with Facilitators and the Module Convener. All concerns and issues were listened to and acted on.

Standard 5: Foundation year design and delivery

The programmes for the foundation training year must develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards by using a coherent training strategy. The design and delivery of the foundation training year must ensure that trainee 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 ☐

Students on the five-year MPharm benefit from close integration between the University taught material and their Foundation Training; the University supports students' ability to apply theory in practice, and to bring their university learning to their clinical experience. In the Foundation Placement, students focus on integrating professional skills and competencies and further develop these along with patient-centred clinical knowledge and skills within multi-disciplinary teams as they progress. All five-year MPharm students draw up an individual training plan in consultation with their Designated Supervisor and Foundation Training Facilitator. The plans are based on the Foundation Placement teaching and assessment block profiles and are tailored to the specific training site(s). In response to the team's wish to know how the School will ensure that foundation training is sufficiently broad and includes training with a variety of people in a variety of settings, the staff explained that students will have placements in a minimum of two sectors; they may have more, for example, through a GP placement. Facilitators will work with individual students to ensure that they gain the necessary exposure covering all aspects of practice; within hospitals, trainees will see a variety of different areas. A single training plan will be drawn up by the providers and overseen by the University to ensure that training is not only progressive but enables the students to transfer their learning between sectors. The training plan outlines the activities and experiences that the students will be exposed to, ensuring that it reflects the nature of the sector that they are in. The training plan ensures that students have repeated opportunities to demonstrate their knowledge and skills, enabling practice with indirect supervision towards the end of placement. Trainees will receive multi-source feedback with contributions from a wide range of people. The students told the team that having two placements, one in community and one in hospital, offered a very positive experience, enabling them to see different types of practice and different situations.

Outside formal scheduled meetings, providers can contact the University at any time to discuss trainee progress as needed. Additionally, documentation of progress within the PebblePad e-portfolio provides an easily accessible method to review progress, with access provided to Designated Supervisors and Foundation Training Facilitators. The students told the team that they received a lot of training and their regular and frequent meetings with tutors provided extensive support.

During the Foundation Placements, students are assessed against the GPhC Learning Outcomes. If a Designated Supervisor is not confident that the trainee meets all the Learning Outcomes by the end of the Placement, then they do not sign off the student as competent, and the student fails the assessment; the student is entitled to one resit opportunity. Students must continue to demonstrate that they practise safely to the end of their Foundation Placement to enable their Designated

Supervisor to sign off their declaration of competence; this acts as an important safeguard, even if the student has completed all the academic requirements for the programme. Should a student demonstrate unsafe or unsatisfactory practice, then the Designated Supervisor meets with the student to discuss appropriate remediation so that this does not re-occur; the Designated Supervisor liaises with the Foundation Training Facilitator about any unsafe practices. If a student continues to be considered a risk to patient or public safety, they are withdrawn from the placement pending further investigation and support. Any outstanding trainee fitness to practise concerns will be raised at the final Examination Board by the School Fitness to Practise Lead: this will prevent the trainee from being signed-off, preventing registration. The team was told that if students fail the fifth year, they will be eligible for an exit award of MPharm, providing that they have passed all assessment blocks in years 1 to 4 and are therefore eligible to progress to Year 5; additionally, there must be no outstanding fitness to practise investigations. At the end of year 4, they could alternatively decide to apply through Oriel, rather than progressing to year 5, although this would mean a year's delay in commencing their Foundation Year. Students whose studies are terminated in Year 4 or 5 due to Fitness to Practise sanctions will be awarded an MSci Clinical Pharmaceutical Sciences and are ineligible to progress to registration.

When asked how well prepared they felt for starting the foundation training part of the programme, the students described how there had been meetings in every year and they had been trained in using the PebblePad e-portfolio. Other training included how to write and record evidence. There had been extensive preparation for the interviews. They had met their supervisors before starting and there had been scheduled meetings with Facilitators beforehand to discuss the placements. They told the team that they felt prepared for sitting the GPhC registration assessment. However, the disadvantage of the current five-year course is that the first placement is two years before the GPhC examination; the students regarded this as too early, meaning that there was a lot of preparation in the last few months and they had to achieve a lot of learning outcomes at the same time as studying for the GPhC examination.

Standard 6: Assessment

Everyone involved 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 trainee pharmacist's practice is safe

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

A modified GPhC Learning Contract that includes the role of the University is completed and recorded within PebblePad at the start of the Foundation Placement. This Learning Contract is an agreement between the Designated Supervisor(s), the student, and the Foundation Training Facilitator. It covers the key aspects of working together. It clarifies what is expected in preparation for, and during, Foundation Training year. Students are assessed and signed off by their Designated Supervisor against the Learning Outcomes, once deemed competent. The Foundation Training Facilitators quality assure the assessment decisions via sampling of records within the e-portfolio.

Prior to the start of the Foundation Placement, students and Designated Supervisors are made aware of how learning outcomes are to be assessed. Students are evaluated to assess their clinical practice and professional skills; these contribute to the attainment of the learning outcomes. A range of assessment methods are used, together with the student's portfolio of evidence, allowing students to develop their competence and confidence as future pharmacists. Students are encouraged to gather evidence to demonstrate meeting the learning outcomes; this evidence is included in their e-portfolios (PebblePad) and is carried forward as they move into another sector. At each 13-week appraisal, students are assessed as satisfactory or unsatisfactory by their Designated Supervisor. To enable a reliable and valid assessment, a set of minimum criteria describing satisfactory performance at weeks 26 and week 39 has been produced by the Foundation Training Facilitators and Designated Supervisors. These criteria are used by the Designated Supervisors to assess the students and approved by the Foundation Training Facilitator during the appraisals. At the end of the training, the Facilitator will ensure that the Designated Prescribing Practitioner (DPP) has signed off the prescribing-focussed outcomes. Training on assessment is provided for both students and Designated Supervisors.

During the Foundation Training Placements students receive continuous, timely feedback from their Designated Supervisor, DPP and Foundation Facilitator; this is documented within their PebblePad portfolios in the form of records of meetings. All evidence and work-based assessment records include a section for personal development and reflection on practice. When asked about their opportunities for regular review and feedback on their performance how they track their development and achievement of the learning outcomes, the students confirmed how they keep logs of activities and described how they use an evidence tracker to determine meeting of learning outcomes; this is reviewed with their Designated Supervisor and Facilitator every two weeks when they receive feedback and set objectives for the next two weeks.

Training on aspects of the formative and summative assessments is provided to assessors: this includes opportunities to practise these assessments and receive feedback. In selecting Designated Supervisors, the School takes into account their experience and skills in assessment and acting previously as a Designated Supervisor or tutor.

Standard 7: Support and development for trainee pharmacists and everyone involved in the delivery of the foundation training year

Trainee pharmacists must be supported in all learning and training environments to develop as learners and professionals during their initial education and training
Everyone involved in the delivery of the foundation training year should be supported to develop in their professional role

Support for trainee 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 foundation training year

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 ☐

Students on the five-year MPharm retain their Personal Tutor throughout the programme; group and individual tutorials with personal tutors continue during the Foundation Placements. They are also supported by their Designated Supervisors and continue to have access to all the support mechanisms offered by the University. Students meet with their Designated Supervisor at least once every fortnight during their Foundation Placements. The School has four pharmacist members of staff who act as Foundation Training Facilitators. Each facilitator is responsible for a group of trainees following selection and matching in Year 3; they act as professional mentors in preparing and supporting students for their Foundation Placements. When asked how satisfied they were with the support received while working in practice, the students told the team that they received extensive support from their Personal Tutors, Designated Supervisors and Facilitators. A drop-in session took place each week with the Facilitator, and they also met their Personal Tutors, who communicate with the Facilitator and the Designated Supervisor.

Prior to the start of the Foundation Placement, both Designated Supervisors and students participate in an induction session which introduces the Foundation Training Year, including roles, responsibilities, and expectations. Students also receive an induction from their placement provider, including mandatory training on patient safety and health and safety in the workplace; completion of this induction is recorded in students' e-portfolios.

During their Foundation Placements, students are supported in a safe, supervised learning environment by their Designated Supervisor or other assigned deputies, such as other pharmacists or pharmacy technicians. Students work to an agreed training plan under a system of supervision, including direct observation, validated training, and standard operating procedures. Records of Designated Supervisor assessments of students are kept in PebblePad. Supervision issues are discussed with students and Designated Supervisors during scheduled visits by Foundation Training Facilitators. Towards the end of the Foundation Placement, students take on more responsibility and are encouraged to work under a system of 'indirect' supervision: this may involve following approved

standard operating procedures or covering a ward on their own and reporting back to the 'supervising' pharmacist, who will countersign any documentation and follow-up any outstanding issues.

Both Designated Supervisors and Foundation Training Facilitators review students' performance regularly. If a student appears at risk of failing during the placement, this will trigger a meeting between the student, Designated Supervisor and Foundation Training Facilitator, resulting in a clear action plan to address performance.

Designated Supervisors, who must be registered pharmacists, are supported in their role by the Foundation Training Facilitators and are required to participate in training sessions. These sessions introduce the five-year MPharm and provide details of the Foundation Training Placements including the GPhC Foundation Training manual, and roles and responsibilities of the Designated Supervisor, the Facilitator, and the student. The sessions cover a broad range of topics such as the use of the PebblePad e-portfolio to review and sign off evidence, the key milestones and reports that must be submitted through PebblePad, the use of the assessment tools, and preparation for the 13, 26 and 39-week appraisals and subsequent progress reviews. The School requires new Designated Supervisors to carry out a self-assessment against the competencies identified in the GPhC 'Information for Designated Supervisors' and 'guidance on tutoring for pharmacists and pharmacy technicians'; the self-assessment is used to inform their personal development plan, CPD and annual appraisal discussion. In response to the team's wish to learn how being a Designated Supervisor is factored into workload models, the staff described how all new providers are visited. During the visit the time required of Designated Supervisors is discussed and the provider's capacity to provide this role is considered. This requires a minimum of fortnightly meetings and consideration is given to how this is operationalised within the workplace. The provider signs up to this and determines if the obligations are being adhered to by the Designated Supervisor. Students record all meetings, and the portfolios are date and time stamped so that delays in implementing any actions are evident; records can be read by staff and Facilitators.

Standard 8: The foundation training year

The foundation training year must focus on the professional practice of pharmacists and must contribute to the delivery of the learning outcomes

Criterion 8.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 8.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 8.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 8.4 is:	Met ✓	Likely to be met ☐	Not met ☐

The 52 weeks of foundation training will take place in the fifth year of study starting in July across at least two sectors of practice. Students can take the GPhC Registration Assessment the following Summer, provided they have completed 45 weeks of training at this point. Alternatively, they sit the assessment in the Autumn. The teaching block in year 5 is primarily based at the placement providers, with some on-campus teaching. The on-campus teaching supports the meeting of the Learning Outcomes and includes teaching on aspects related to prescribing. As well as their Designated Supervisor and Foundation Training Facilitator, each student will have access to a named Designated Prescribing Practitioner (DPP), who will be responsible for their learning in practice activities, a

proportion which involves the student working directly with their Designated Prescribing Practitioner). The required 90 hours of learning in practice will be mapped out across the Foundation Training year.

As a result of the independent prescribing requirements, the School has consulted with providers to map out the process for prescribing training and delivery; this will be tested and trialled before implementation. Additionally, the School has built in aspects of the HEE Assessment Strategy to support Designated Supervisors in signing off the learning outcomes at the 'Does' level of Miller's Triangle; this had been accomplished by providing a framework of activities providing a range of evidence against each learning outcome to produce a consistent approach to the assessment of trainees.

Between moving to a new sector of practice, students, Designated Supervisors and Designated Prescribing Practitioners will develop a handover plan. In response to the team's wish to learn more about the handover mechanism between sectors of training, including how the student data follow the student through the system, the staff explained that at the point of handover there will be a review of what the trainee has done well, what they must do to improve, and the learning outcomes that have been achieved and at what level. The e-portfolio will provide a comprehensive record, enabling decisions to be made on what is needed from the second sector. The handover will require collaboration among the student, the Designated Supervisor, and the Facilitator, so that good communication will be essential. The student will review the handover plan to ensure that they have contributed to it. The staff told the team that the School will consider further splits in the training, for example, to incorporate working in a GP practice.

Standard 9: Foundation training year supervision

Trainee pharmacists must be supervised by a designated supervisor and a designated prescribing practitioner during the foundation training year to help them meet the learning outcomes

Criterion 9.1 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 9.2 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 9.3 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 9.4 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 9.5 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 9.6 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 9.7 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 9.8 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 9.9 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐

Designated Supervisors and Designated Prescribing Practitioners are responsible for the student during the Foundation Placement; they ensure that students are aware of their roles and responsibilities and their limitations, as well as knowing how to access support if required. Where the student is supported by another healthcare professional, the placement organisation has a duty of care to ensure the student is under the supervision of an appropriate person; this is outlined within the Service Level Agreements with placement providers. In response to the team's wish to learn what happens if concerns are raised about a trainee, the staff stated that concerns can be raised by the

student, the Designated Supervisor, the DPP or the Facilitator. Concerns, for example, about illness, professional behaviour or performance, will be discussed with the student. This will elicit the development of an action plan and a learning needs analysis, which will be recorded in the student's e-portfolio. The Facilitator will then work with the Designated Supervisor and the student to resolve the issues, including any required adjustments, for example, in relation to health. Concerns could progress to fitness to practise through the same procedures as those used in the four-year course.

The Deputy MPharm Course Director has delegated responsibility for the quality of the Foundation Placements, working closely with the Placements Manager. They ensure the suitability of the Designated Supervisors and Designated Prescribing Practitioners (DPPs); this is confirmed with GPhC. The School determines that Designated Supervisors and DPPs meet the GPhC minimum requirements and undertake training, thus ensuring their competence to assess the performance of students. Designated Supervisors are expected to be familiar with, and use, the resources available through the GPhC's 'Information for Designated Supervisors' and 'Guidance on tutoring for pharmacists and pharmacy technicians'. The School also requires all Designated Supervisors to take the University's online equality and diversity training before acting in that role.

Responding to the team's request for further information on how prospective DPPs are evaluated, the staff described how this is based on the GPhC requirements, such as the number of years of experience and the RPS guidance on the required competencies. The School will ensure that they receive training on the University's DPP requirements. They will be monitored by the Facilitators, who will provide support and answer questions. At the end of the training period, they will receive feedback, which will be built into their own appraisal process.

The PebblePad e-portfolio provides an overarching mechanism that enables all involved to see the progress, training plan and assessment for all students; this provides a robust process for the sign-off of a student at the end of the training period. The Foundation Training Facilitator confirms and approves the sign-off of the Learning Outcomes, following assessment by the Designated Supervisor. Minimum criteria for satisfactory progression, and the use of work-based assessments provide the underpinning evidence to support sign-off.

In response to the team's wish to learn more about the sign-off arrangements for the independent prescribing element of foundation training, the staff explained that there will be a progress review involving the DPP, the Designated Supervisor and the student every 13 weeks, with a checklist being addressed at weeks 26 and 39; learning outcomes are signed off at each stage. There will be an agenda for each progress review and students will be signed off by all parties at weeks 13, 26 and 39, with a final sign-off and ratification as a declaration of competence at week 49. Students will then submit their portfolios and an independent panel will confirm the sign-off.

Teach out and transfer arrangements for the 4-year and 5-year MPharm degrees

Students on the MPharm programmes accredited to the 2011 standards must complete their four-year MPharm studies to be eligible to commence foundation training by October 2024 or their five-year MPharm by October 2025; this includes a re-sit opportunity for the Foundation Training Placement.

Those students who started their MPharm degree in September 2021 will have completed their first year of studies on the 2011 standards programme. These students will not be transferred to the new programme-level assessment degree but will complete a hybrid programme that retains the DMP module topic order and continues to teach and assess within a modular course structure. Year 2 and Year 3 (semester 1) of the hybrid degree will retain the current DMP modules but teaching and assessment content will be updated to include prescribing. The credit value of the Year 3 project will be reduced to 40 credits rather than 60 credits as at present. The remaining 20 credits will comprise a 'Prescribing' module, assessed through an online examination and a case-based presentation. This module, while run online, will also include practical patient assessment and consultation skills. Year 4 of the hybrid programme will be very similar to that of the programme level assessment degree but within the existing modular structure, as well as including additional learning in relation to prescribing. A detailed mapping exercise will ensure that students can demonstrate meeting the learning outcomes from the modular structured course.

There are four distinct groups of students who are studying in the final cohort of students of the 2011 standards programme who need special consideration. The first group comprises students with remaining re-sit or first-sit opportunities; these students would normally be required to sit one or more assessments as external candidates. They will be offered an assessment in September so that they can continue with their cohort if they pass. In this circumstance, students will sit early in the August re-sit period and have the outcome of that assessment early in September to allow sufficient time for feedback and revision before the final assessment opportunity later in September.

The second group comprises those students who cannot take the September sit for any reason. They will therefore need to transfer to the cohort who started their studies in 2021; they will need to pass the relevant year's assessments on the 2011 standards programme before progressing to the next year on the 2021 standards programme. These students would join the hybrid course. A mapping exercise will identify differences between the courses; this will allow support to be provided for the students with missed learning opportunities before their transfer to the hybrid course. Some 2021 learning outcomes are finally assessed in Year 3 on the four-year MPharm programme; thus, students transferring to start Year 4 on the hybrid course may need to complete additional assessments to demonstrate that they meet these outcomes.

A third, and very rare, group comprises student who interrupt their studies for two academic years. Such students would need to transfer from the 2011 standards programme to the 2021 standards programme with decoupled teaching and assessments. As the DMP topics are not in the same order for this transfer, the students are likely to require more work to catch-up with missed content before they can re-join the MPharm. A mapping exercise would identify differences, and students would be supported by providing missed learning opportunities before they start on the 2021 standards programme.

The fourth group comprises students transferring from the hybrid programme to the new programme meeting the 2021 standards. For those who cannot avoid transfer to the 2021 standards programme the process described for the second group will be used. Because the DMP modules do not run in the same order, it is likely that students will have more substantial catch-up work to complete so they can re-join the MPharm. Students will be supported either with their revision to ensure they have a fair

opportunity in the September assessments or with catching-up on teaching to ensure that they are not disadvantaged.

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).