General Pharmaceutical Council

Queens University Belfast, Master of Pharmacy (MPharm) degree reaccreditation part 1 event report, March 2023

Contents

Event summary and conclusions	
Provider	Queen's University Belfast
Course	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (part 1)
Event date	23-24 March 2023
Approval period	2022/23 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) and the Council of the Pharmaceutical Society of Northern Ireland (PSNI) that the MPharm degree offered by Queen's University Belfast should be 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 reserve the right to amend this accreditation period if necessary, following the part 2 event. The part 2 reaccreditation event will take place in the 2024/25 academic year and is likely to take place virtually.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	No recommendations were made.
Minor amendments	• Fitness to practise (FTP) processes and associated documentation, including materials for students, are to be updated to make clear that the University must report FTP sanctions to both the GPhC and PSNI.
Registrar decision	Following the event, the Registrar of the GPhC approved the reaccreditation of the MPharm degree, subject to a satisfactory part 2 event.
Key contact (provider)	Professor Lezley-Anne Hanna, Director of Education (Pharmacy)*
Accreditation team	Professor Chris Langley (Team Leader), Professor of Pharmacy Law & Practice and Deputy Dean*

	of the College of Health and Life Sciences, Aston University
	Dr Brian Addison (team member - academic), Academic Strategic Lead (Clinical Practice), Robert Gordon University
	Dr Tania Webb (team member - academic), Associate Professor in Molecular Pharmacology, De Montfort University
	James Amos (team member - pharmacist), Senior Medical Affairs Adviser, Pfizer UK
	Susan Bradford (team member - lay), Lay Commissioner, Commission on Human Medicines
GPhC/PSNI representative	Philippa McSimpson, Quality Assurance Manager (Education), General Pharmaceutical Council (GPhC representative) *
	Ryan Duffy, Head of Education and Registration, Pharmaceutical Society Northern Ireland (PSNI representative) *
Rapporteur	Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council (Rapporteur)
Observer	Damian Day (Observer – *attending from 11:00 on day 1 only*) Head of Education, General Pharmaceutical Council
	Laura Hughes (Observer **–** *attending day 2 only*) Registrar & Director of Regulation, Pharmaceutical Society Northern Ireland

*attended pre-event meeting

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). The GPhC accredits courses in Northern Ireland jointly with the Pharmaceutical Society of Northern Ireland (PSNI) through a memorandum of understanding.

This reaccreditation event was carried out in accordance with the **Adapted methodology for reaccreditation of MPharm degrees to 2021 standards** and the programme was reviewed against the GPhC **Standards for the initial education and training of pharmacists, January 2021**.

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

Background

Queen's University Belfast (QUB) has offered a pharmacy degree since 1929, initially as a BSc degree in Pharmaceutics, making it one of the oldest pharmacy degree courses in the United Kingdom. The BSc Pharmacy degree at Queen's was recognised as a qualifying degree for registration with the Pharmaceutical Society of Great Britain in 1969. The course moved from the Belfast College of Technology to a new Department of Pharmacy at Queen's University in 1971. Pharmacy became one of seven schools within the Faculty of Science and Agriculture in 1988 and introduced a four-year MPharm degree programme in 1997, in line with all other UK schools of Pharmacy.

The School of Pharmacy is one of four Schools in the Faculty of Medicine, Health and Life Sciences. In addition to the MPharm, the School offers two other BSc degree programmes in Pharmaceutical Sciences and Pharmaceutical Biotechnology respectively, as well as a number of postgraduate taught courses such as an MSc in Industrial Pharmaceutics and Advanced Pharmacy Practice (including a Pharmacist Independent Prescribing course).

The QUB MPharm was last reaccredited in 2018 for a period of six years. There were no conditions or recommendations. An interim visit was carried out in March 2021 where continued accreditation was confirmed, again with no conditions and recommendations. The team noted that appropriate adaptations were made to manage the delivery of the MPharm degree during the pandemic, and that both staff and students appeared to be well supported during this time.

Documentation

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

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 3 March 2023. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event and was told the learning outcomes that would be sampled.

The event

The event took place on site at the University on 23 – 24 March 2023 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with past and present students.

Declarations of interest

Chris Langley declared that he had served on the GPhC Board of Assessors at the same time as Johanne Barry, Senior Lecturer (Education), Queen's University Belfast. It was agreed prior to the event that this did not present a conflict of interest.

Laura Hughes declared that she had studied pharmacy as an undergraduate at Queen's University Belfast. As she was observing the event and not involved in decision-making it was agreed that this did not present a conflict of interest.

Laura Hughes and Ryan Duffy both serve on the Education Reform Implementation Group (ERIG) alongside Lezley-Anne Hanna. This group is organised and chaired by the Pharmaceutical Society of Northern Ireland (PSNI).

Schedule

09:00 – 09:30	**Welcome and introductions** **Management and oversight of the MPharm degree - part 1 (presentation)**
09:30 –10:15	**Tour of MPharm teaching and learning facilities**
10:15 – 11:00	Break and private meeting of accreditation team
11:00 – 12:30	**Management and oversight of the MPharm degree - part 2 (Questions and discussions)**
12:30 –13:30	Lunch and private meeting of accreditation team
13:30 –15:30	**Teaching, learning, support and assessment - part 1** • **Presentation from provider** • **Questions and discussion**
15:30 –16:00	Break and private meeting of accreditation team
16:00 -17:00	**Student meeting** Meeting with students in all years of the programme

Day 2: 24 March 2023

08:30 – 09:00	Private meeting of the accreditation team
09:00 – 10:00	**Teaching, learning, support and assessment - part 2** • **Presentation from provider** • **Questions and discussion**

10:00 – 10:30	Break and private meeting of the accreditation team
10:30 – 11:45	**Teaching, learning, support and assessment - part 3:** • A detailed look at the teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team (As shared at the pre-event meeting)
11:45 – 15:15	Private meeting of the accreditation team (including lunch)
15:15 – 15:30	**Deliver outcome to programme provider**

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Hon Prof Colin Adair	Postgraduate Pharmacy Dean NICPLD
Professor Gavin Andrews	Professor - Deputy Head of School
Dr Heather Barry	Lecturer – MPharm module coordinator
Johanne Barry*	Senior Lecturer (Education) – MPharm Programme Director for For Student Conduct and Professional Regulation
Liam Barton	Admissions Manager (Undergraduate and Systems)
Tara Brown*	School Manager
Dr Heather Bell	Associate Postgraduate Pharmacy Dean NICPLD
Dr Niamh Buckley	Reader - MPharm module coordinator and Director of Internationalisation
Dr Roberta Burden	Lecturer - Adviser of Studies MPharm
Dr Dan Corbett	Senior Lecturer (Education) -Digital Education Lead and MPharm Module coordinator
Dr Jonathan Coulter	Reader - MPharm module coordinator
Dr Rebecca Craig	Senior Lecturer (Education) – Assessment representative (for Faculty)
Professor Ryan Donnelly	Professor - MPharm module coordinator and Director of Research (Interim)
Dr Fiona Furlong	Senior Lecturer - MPharm module coordinator and Student Voice academic lead
Professor Brendan Gilmore	Professor - Adviser of Studies MPharm and MPharm module coordinator
Dr Deirdre Gilpin	Senior Lecturer - Disability Advisor and SWAN Co-Champion
Gavin Graham	Technical Manager
Dr Maurice Hall	Reader (Education) - Director of Education (BSc and MSc Programmes)
Professor Lezley-Anne Hanna*	Professor (Education) - Director of Education (Pharmacy)
Dr Sharon Haughey	Reader (Education) - MPharm module coordinator

Helen Hirst	Senior Lead for Experiential Learning (Community Pharmacy) NICPLD
Patricia Holden	Lecturer (Education) - MPharm module coordinator
Lee-Anne Howell	Education Administrator
Professor Carmel Hughes	Professor - MPharm module coordinator
Fiona Hughes	Senior Lecturer (Education) - MPharm module coordinator
Professor David Jones	Professor - Pro-Vice-Chancellor Education and Students
Dr Stephen Kelly	Lecturer - UN SDG Champion (Educational context)
Dr Victoria Kett	Reader - School Academic Lead Pathway Opportunities Programme, Adviser of Studies and MPharm module coordinator
Dr Eneko Larrañeta	Senior Lecturer - MPharm module coordinator
Dr Garry Laverty	Senior Lecturer - Disability Advisor
Professor Karl Malcolm	Professor - MPharm module coordinator
Dr Paul McCague*	Reader (Education) - MPharm Programme Director for Student Support and Engagement
Professor Colin McCoy*	Professor - Head of School
Aine McGuckin	Pharmacy Practice/Simulation Technician
Clare Murray	Lecturer (Education) - MPharm module coordinator
Niall O'Boyle	Clinical Education Pharmacist
Hon Prof Roisin O'Hare	Lead Clinical Education Pharmacist
Dr Carole Parsons	Lecturer - School EDI Representative, Race Equity Champion MPharm Examination Liaison Officer, MPharm module coordinator
Dr Laura Sherrard	Lecturer - Academic Lead Admissions
Dr Christopher Spence	Lecturer (Education) - MPharm module team member (newest member of MPharm academic staff)
Professor Michael Tunney	Professor - MPharm module coordinator
Professor Gerd Wagner	Professor - MPharm module coordinator
Bronagh White	Senior Lead for Experiential Learning (General Practice) NICPLD
Dr Matthew Wylie	Lecturer - International UG Student Peer Mentor Scheme Academic Lead

*also attended the pre-event meeting

The accreditation team also met a group of MPharm students, including 3 students from year 1, 4 students from year 2, 3 students from year 3, 3 students from year 4 and 1 recent registrant.

Current year of study	Number of students
Year 1	3
Year 2	4
Year 3	3
Year 4	2
Recent registrant	1
Total	**13**

Key findings - Part 1 Learning outcomes

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

The following learning outcomes were explored further during the event: **Learning outcomes 8,18, 24, 28, 36 and 50.**

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

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

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

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

Learning outcome 1 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 2 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 3 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 4 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 5 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 6 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 7 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 8 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 9 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 10 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 11 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 12 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 13 is:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 14 is	Met ✓	Likely to be met ☐	Not met ☐

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 16 is	Met ✓	Likely to be met ☐	Not met ☐

Learning outcome 17 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 18 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 19 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 20 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 21 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 22 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 23 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 24 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 25 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 26 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 27 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 28 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 29 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 30 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 31 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 32 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 33 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 34 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 35 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 36 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 37 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 38 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 39 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 40 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 41 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 42 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 43 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 44 is	Met ✓	Likely to be met ☐	Not met ☐

The team agreed that the following learning outcomes are 'likely to be met' by part 2:

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

Learning Outcome 29: Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice

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

Learning Outcome 38: Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people

This is because there was insufficient evidence to provide assurance that they these will be met at the 'shows how' level; much of the evidence for meeting these outcomes will be obtained during periods

of experiential learning and inter-professional learning, both of which are still being developed and embedded into the course. These learning outcomes will be reviewed again during the part 2 event.

Domain: Leadership and management (learning outcomes 45 - 52)			
Learning outcome 45 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 46 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 47 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 48 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 49 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 50 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 51 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 52 is	Met ✓	Likely to be met ☐	Not met ☐

Domain: Education and research (learning outcomes 53 - 55)			
Learning outcome 53:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 54:	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 55:	Met ✓	Likely to be met ☐	Not met ☐

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

The criteria that sit beneath each standard are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

Standard 1: Selection and admission

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

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

Applicants to Queen's University Belfast (QUB) can find accurate information about the MPharm degree programme on the University course finder website. Applicants are signposted to the admissions policy statement which explains how students are selected. The website and admissions policy statement set out the information for the QUB MPharm programme (course) entry requirements, the professional nature of the MPharm course and requirements around criminal history checks, excluded students database checks and health issues. Applications from students who have had a significant break in study, or did not enter higher education at the normal time, are considered. In terms of recognition of prior learning, applications are considered on a case-by-case basis in conjunction with the admissions service and following the QUB Procedures for Recognition of Prior Learning.

As part of the submitted document, it was stated that the principles of equality, diversity and fairness are built into the School's selection processes. The School of Pharmacy ('the provider') has established an MPharm Selection and Admissions Working Group to develop and implement a new selection process in line with the 2021 standards. The provider has implemented a selections process that tests key values and personal attributes/skills in a six question/station circuit. Each circuit consists of two behavioural and four situational style questions.

The new selection process for the MPharm involves two stages. A student's application is reviewed by the University Admissions and Access Service using a standardised process. The initial threshold required for applicants to be shortlisted for interview is six GCSEs at Grade A/7 or five GCSEs at grade C/4 plus AAB at AS-Level. The second stage is focussed on the applicant's performance at interview. Applicants who meet the criteria will be invited for interview and given a week's notice before their interview day. Interviews may take place anytime between early December and mid-April. The interviews take place online via the Zoom web conferencing platform. Applicants' responses are scored by trained assessors, with at least two pharmacists taking part in each circuit. Assessors are

required to check their list of applicants prior to the interview to ensure no conflicts of interest. Applicants may declare any health issue such as a disability or long-term condition within their UCAS applications.

Applicants are ranked from high to low based on their interview score and decisions about the interviews are made by the School admissions board, which includes the Director of Education (Pharmacy), School admissions lead, MPharm Programme Directors for Student Support and Engagement and Student Conduct and Professional Regulation respectively, and other relevant colleagues such as those from the QUB Admissions And Access Service.

With a view to widening participation, the School of Pharmacy participates in the University's Pathway Opportunity Programme (POP) where Year 13 students accepted onto the pathway follow a structured programme of events to help prepare them for studying at university. Students who are successful in passing the assessed work in this programme will receive a guaranteed interview. The Accreditation team ('the team') asked how a student on the pathway programme would achieve 65% and whether their application would still be considered if they did not achieve this score. The provider explained that pathway students attend a summer school at the university. During this summer school, students undertake a range of coursework. This includes a group assessment, completion of a workbook and an online class test. If a student achieves 65% or over, and they are subsequently made an offer after the standard interview process, they can then be made an offer up to one A-Level grade below the normal requirements. If the student achieves a mark under 65%, they are still eligible to apply for the course, but the student would receive no grade reduction if they were then successful at interview and subsequently made an offer. The team was told that this was communicated to potential applicants through outreach events held in local schools and noted that members of the admissions team would also meet the applicants at key points in the admissions process such as March, June, and at the summer school.

The team explored whether there were any examples of applicants being accepted onto the programme despite failing to meet the academic entry requirements. The provider explained that any applicants who meet or exceed their offers will get places. If there are still spare places, the admissions team follow strict criteria, ranking students who narrowly miss a place. The provider noted that the admissions team would allow a maximum of one A-level grade drop. The provider also confirmed that unconditional offers are never made to applicants unless they have already achieved the required grades.

Data from applicants' UCAS applications is collected and will be analysed against applicant performance using a range of protected characteristics such as sex, disability, and age. Other characteristics such as dependents/ the number of dependents, ethnic group, marital status, sexual orientation, region, religion (Northern Ireland students only) are also considered.

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 ☐

As part of the submitted document, it was stated that the School's systems and policies to promote equality, diversity and fairness are based on the protected characteristics listed under Section 75 of the Northern Ireland Act 1998. The School of Pharmacy renewed its Athena Swan silver award in October 2019 and has continued to work on the associated action plan. An Equality, Diversity, and Inclusion (EDI) School of Pharmacy subgroup was set up in late 2020 and feeds into the Faculty of Medicine, Health, and Life Sciences EDI group. The Faculty group has responsibility for data gathering and analysis. There are also race equity champions in the School to promote, advocate and raise awareness of racial equity issues. There are plans to roll out a cultural awareness training "One Queen's Voice" to staff and students. Staff also have mandatory training with regards to EDI and unconscious bias. Faculty training on EDI in the curriculum was delivered in September 2022, with future sessions planned.

The provider noted that it intended to establish an annual return of admissions data analysed by protected characteristics. Data is available for each academic year in the following December. The provider explained that data were analysed for students who do not proceed to year 2, though the number of students not progressing was very small. It was noted from the submission that females outperform male students, though there was a narrowing gap in performance following an action plan which encourages male students to take up a buddy role to support other make students and to have the male academics continue to act as role models for male students.

The team noted from the analysis that there appeared to be a high percentage of international students dropping out of the course before completion. The provider explained that 3 out of 13 international students had dropped out of the course in 2021/22, and that this was a higher figure than expected. As a result, the data will continue to be monitored and reviewed annually. The provider noted that the reasons for drop out were likely because of Covid-19 and noted that one student had left the course for personal reasons. The provider commented that the wider University had noticed a 'Covid effect' across the University with international students experiencing difficulties in transitioning to a different way of learning. The provider highlighted that it had taken steps to reduce the level of attrition among international students by implementing an undergraduate peer mentoring scheme where international students from years 2-4 would act as peer support for all year 1 international students, for help with things such as registering with a GP or other similar practicalities faced by international students when they arrive in the UK. Additionally, there has been English and Academic Skills support provided to international students for the last two years (a university-wide initiative). The provider noted that some workshops had also been updated to make them more helpful to international students and help build their confidence as it had been observed that there had been low attendance from international students at some sessions as they had been finding the topics difficult.

The team was told that School disability advisers work closely with University disability services and module coordinators to put in place reasonable adjustments/support for relevant students. This is outlined in an individual student support agreement which outlines the agreed reasonable adjustment. The agreement is then uploaded to SharePoint for the relevant module coordinator and module leads to view. Experiential learning providers are also notified of issues that might impact on placements, so the reasonable adjustment plan is also shared with the onsite placement supervisor.

An exceptional circumstances policy is also available, should students require it. All lectures are recorded and retained on the University Virtual Learning Environment (VLE), Canvas.

The team explored how equality and diversity training was provided to staff. The provider explained that all staff must complete certain mandatory online training courses, but that some staff will do additional training depending on their role and teaching area. Notifications are sent to staff from the central university that training must be undertaken; if any training is not completed, this is flagged to the Head of School. The team asked how training was provided to guest lecturers and placement providers. The provider explained that training for placement providers would include EDI and that this was covered by the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) in their standard training for placement providers. It was also noted that all NHS staff must complete EDI training as part of their role, and that hospital staff attend a 'Train the Trainer' course prior to student placements. The team was told that the principles of EDI are embedded in placement sites and that supervisors have received training. The provider described the placement matching scheme run by NICPLD. The matching system aimed to match students within reasonable proximity of their home address by default, whilst allowing a week between initial matching and final matching to sort out any issues, such as if the student raises an issue with the site that has been offered.

The team asked how the provider ensured that the course is designed and delivered in a way that prepares students for working with diverse groups outside of Northern Ireland, given that there was limited diversity within the student body. The provider explained that that there are lectures early in the course that focus on the respective legal situations in Great Britain and Northern Ireland in terms of EDI. In everyday health workshops, students are trained to consider the background to the patient. In the year 1 module *Skills for Pharmacy*, students undertake training on unconscious bias. The provider highlighted that students are trained to consider a holistic approach to patient care and encouraged to think of the patient as an individual. The provider also explained that lecture material had been refined in other modules to incorporate teaching on Equality versus equity, LGBTQ+ and transgender issues. Students were directed to resources such as 'Mind the Gap' which looked at the issue of skin colour. The students confirmed that they undertook the unconscious bias training early in year 1, which was then reinforced by an associated test. The students considered that EDI was very evident in workshops and lectures, such as seeing photos of different types of skin to explore skin infections. It was also noted that School was very diverse in its approach, such as in the use of different mannequins for simulations, or the diversity of names of patients on prescriptions. The students also highlighted that there were opportunities to interact with different people in workshops, as well as consideration of working in different areas, thus developing their cultural awareness. The team was satisfied that the provider was taking EDI into account in the design and delivery of the course.

Standard 3: Resources and capacity

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

Criterion 3.1 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 3.2 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Criterion 3.3 is:	**Met** ✓	**Likely to be met** ☐	**Not met** ☐

The Head of the School of Pharmacy is the devolved budget holder. The budget is assigned to a project code incorporating non-pay and equipment. There are monthly meetings involving the Head of School, School Manager and Faculty Finance staff to review the monthly financial position against

the profile and overall budget and take remedial action wherever necessary. The school submits financial plans to the faculty, which in turn feeds into annual budget plans submitted to the University management group. The team was told that the School of Pharmacy was currently operating at a surplus. It was also noted that the University itself currently had an operational surplus. The School of Pharmacy operates and maintains a risk register.

As part of the submission, it was stated that 103 staff contribute directly or indirectly to the delivery of the MPharm degree. This included 55 academics from the School of Pharmacy, plus a number of academics from other schools, teacher practitioners, technicians and other support staff. 35 staff were UK registered pharmacists, including 13 independent prescribers. The team noted that academic staff levels had been identified as high risk and asked what actions were being taken to address this. The provider clarified that the risk had been highlighted as there was a need to increase staffing to meet the needs of the 2021 standards, but that recent appointments had been made, so the risk was now decreasing; the provider explained that one further appointment was required, and the risk would then be eliminated. The provider noted that two lecturers in Education who are both independent prescribers had been appointed to help embed prescribing skills and attributes. A senior lecturer in digital education has also been appointed.

The team noted that the School risk register highlighted several aspects of the School of Pharmacy's estate as high risk and asked for an update on this. The provider clarified that the estate risk referred to in the register was not related to an undergraduate teaching risk but to risks relating to postgraduate research. Furthermore, the provider confirmed that they were comfortable with the estate position, noting that the School had just received confirmation that an additional 88 seat teaching laboratory space would be available from 2023/24 due to another department moving to a new building which would help to alleviate space issues. The provider recognised that some teaching rooms had a capacity of 40, so this did mean that some sessions were repeated. The provider explained that the risk would be maintained on the risk register to ensure that the School would continue to receive the appropriate resources.

The team was taken on a tour of teaching facilities within the School including the new KN Cheung SK Chin Intersim Centre, the Pharmacy Practice unit, which includes a seminar room for 40 people and a simulated community pharmacy, and a large 75 seat multipurpose teaching laboratory. In addition, the School has access to a 145-seat lecture theatre and centrally bookable lecture theatres with capacities of up to 250 if required. The team asked how increased student numbers would be accommodated in the simulation suites and laboratories. The provider explained that in addition to the physical facilities, there had been a move to providing more preliminary learning and theory online before practical sessions which meant that the session length could be reduced to focus entirely on hands-on activities rather than time being taken up with students needing to watch a pre-lab demonstration which could be accessed online beforehand. The result of this change was that the timetabling of practical sessions was much more efficient. The provider reported that feedback from students on the provision of pre-learning material had been positive, particularly from students who did not have English as a first language. The students agreed that there were good facilities available, citing the pharmacy practice suite as an example. The students also commented that there was a new student union building and other resources such as laptop loan that were helpful.

The team learned that the teaching of clinical and diagnostic skills required for safe and effective prescribing would be overseen by three Independent Prescribing (IP) staff leads and that the experience of the School's accredited IP course team would also be drawn upon.

The provider recognised that it would be important to capture the expectations of other healthcare professionals such as nurses and medics as to the role of the pharmacist independent prescriber but noted that the established Pharmacist IP course at the university, which was reaccredited in 2022, had helped to create a clear idea of this role over many years. Working groups and task and finish groups which focussed on large aspects of the redesign of the new MPharm, were set up by the Director of Education (Pharmacy). One such group (with members all having extensive prescribing expertise) made recommendations on the key changes required within the MPharm degree in order to embed prescribing.

The team explored how the provider assured itself that placement and Interprofessional learning (IPL) sites are fit for purpose. The provider explained that experiential learning providers must sign a declaration based on PSNI standards and ensure there is indemnity insurance arranged for students. The practice supervisor must also declare that they are not subject to Fitness to practise (FTP) investigations. There is also pre-placement training for students and staff. The provider highlighted that some placement sites have been used for pharmacy students in previous years, and were also used for foundation trainees, whilst some other sites have been used by medical students. It was noted that NICPLD was aiming to align placement arrangements for MPharm students with foundation training arrangements as they were using similar systems.

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 ☐

As part of the submitted documentation it was stated that there are systems and policies in place to manage, develop and evaluate the MPharm degree. The Head of the School of Pharmacy is responsible for the effective performance of the School. The Head of School reports to the Pro-Vice Chancellor of the Faculty of Medicine, Health, and Life Sciences. The Head of School chairs the School Management Board which includes the Deputy Head of School, Director of Research, Directors of Education, Director of Internationalisation, and other key staff. The School Management Board seeks to reach collective decisions and maintains an up-to-date risk register. The Director of Education (Pharmacy) has responsibility for the MPharm degree programme.

Experiential learning is supported by NICPLD, adapting the resources it uses to support foundation training to also support undergraduate placements. All undergraduate students will have access to the NICPLD online e-portfolio where they can record evidence of their Entrustable Professional Activities (EPAs). Interprofessional Learning (IPL) takes place in all four years of the MPharm and is overseen by an academic member of staff who leads on IPL Strategy. IPL includes collaboration with different healthcare professions within the university such as nursing and midwifery, social work, medicine and law.

The Director of Education (Pharmacy) sits on various external groups which include representation from NIPCLD, the University, and other primary and secondary care stakeholders. Members of the public and other experts can apply through QWORK (the University's talent hub) for a range of roles across the university such as patient actors or simulated patients. There is also collaboration with the Nursing and Midwifery patient forum.

External examiners give assurance with regards to the quality of assessments and degree awards in comparison to other institutions. External input is also sought from employers to ensure that the programme meets the needs. An annual report is produced that is based on collated evidence from the previous year. Module reviews take place once the results have been confirmed by a board of examiners. Agreed changes to the MPharm are brought forward to the MPharm subgroup for discussion, agreed at School education committee and then submitted to Faculty and the University education committee (Quality and Standards) for approval. The provider noted that staff have autonomy to make changes (such as those relating to clinical content and practice) without seeking formal University approval in most cases, provided certain criteria are met, such as the module learning outcomes being unaffected. More significant changes must be made through usual university systems. Students are made aware of any such changes.

Feedback is built into the monitoring, review, and evaluation processes. Students complete teaching evaluation and module evaluation questionnaires, which feed into the continuous action for programme enhancement (CAPE) process. There is also a student voice committee which enables students to give feedback throughout the academic year through student reps from all years. The provider noted that it had achieved excellent results in the National Student Survey (NSS) 2022 of 93% student satisfaction, ranking the course 5th in the UK. The team was told that feedback from students on the re-design of the course had highlighted modules that they found difficult or less relevant such as the year 1 chemistry module. As a result of student feedback, the teaching on this module had been brought 'in house' in the new course. The provider also noted that it had brought forward Proprietary Dispensing and some over-the-counter content from later years. The team noted that issues had been raised in the student voice minutes with regards to assessment load, assessment support and timetabling issues. The provider highlighted that staff would receive training on digital delivery to help enhance delivery of their material. It was noted that feedback from the Student Voice committee on the lack of consistency among project supervisors in the project module had led to additional weekly feedback meetings to be introduced. The team was also told about a 'near-peer' mentorship session involving year 2 and 4 students which had been developed. The year groups were initially taught separately then brought together. Year 2 students found that the session built their confidence, learning from year 4 students, whilst year 4 students appreciated the opportunity to demonstrate what they have learnt to year 2 students.

The team explored in further detail the processes in place to quality assure experiential learning on placements. The provider explained that a similar system to foundation training would be used, noting that NICPLD view the MPharm and Foundation training as a 5-year programme, and as such, undertakings are very similar to those that would be agreed for foundation training, such as agreements with the practice supervisor and management/contractor. The team was told that the experiential learning handbook outlines where responsibilities lie between NICPLD and the university, so it is clear what is being signed up to. The team was also told that there are lots of opportunities for students to feedback on their experiential learning, such as students being asked to report back on interactions they have with a pharmacist and being able to feedback to the placement lead on site, as well as during several touchpoints such as induction, during the

placement week, and in the student evaluations afterwards. The provider highlighted that each placement is linked to a module so that it is fully incorporated into the course. It was noted that students can highlight excellence amongst staff, such as giving feedback on the 'pharmacist educator of the year;' the team noted that this was a good example of continuing enhancement.

The team sought further clarification of the relationship between QUB and NICPLD. The provider explained that NICPLD was part of the University, but funded by the Department of Health (DoH). Whilst there was not a defined service level agreement (SLA) between NICPLD and QUB in terms of experiential learning provision, the provider explained that there is a multi-layered, open-ended SLA between the DOH and QUB, which incorporates an annual commissioned piece of work to identify the tasks for NICPLD each year, allowing some flexibility to adapt to needs. The provider noted that there is agreement to provide funding for sites and placements and it was noted that NICPLD is working in collaboration with the Department of Health (DoH) and QUB to arrange this, and that there is a current short life working group incorporating NICPLD, the DoH and both Universities in Northern Ireland offering the MPharm to plan placements accordingly. It was noted that recruitment of placements and practice supervisors was ongoing. It was also noted that there are plans for a merger to create a single healthcare Deanery in Northern Ireland; the provider indicated that there is planning and a risk assessment in place to manage this change. The team was satisfied with the progress so far and considered that **criterion 4.2** was likely to be met as the team will want to revisit the funding arrangements for placements, the service level agreement, and changes to NICPLD at the Part 2 event.

The team asked how patients and carers were involved in the design of the MPharm. The provider highlighted that there was considerable patient involvement both on campus and in experiential learning. It was noted that there was a patient-led workshop in year 1 which helps students to better understand patient care and understand the holistic nature of care. The provider explained that patient/carer involvement spiralled through the curriculum, with workshops including patients with diabetes, and Dementia Friends in later years. In year 4, students also meet more complex patients, such as a patient with HIV and another with cystic fibrosis.
. This session helps students to think about the continuity of care and considering a holistic overview of patients with complex conditions. Feedback from a patient volunteer had directly informed the design and delivery of the programme as the volunteer had indicated that the students were not empathetic enough in their interaction. As a result, the course team developed a workshop with a colleague in the University's Drama department (School of Arts, English and Languages) that focussed on behaviour and ensuring that students learnt to play the role of the patient as well as the role of the pharmacist.

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 Teaching and learning strategy has been revised to incorporate additions to the MPharm degree programme so that students are able to develop the required skills, knowledge and understanding and professional behaviours to meet the 2021 GPhC standards. These additions include the core skills and attributes required for prescribing and increased emphasis on diagnostic and consultation skills, medicines governance and other key topics. As part of the MPharm redesign, the course team conducted a gap analysis of the existing programme to consider how to embed prescribing skills and attributes, and the new learning outcomes from the 2021 Standards, in the redesigned programme in a coherent manner. As a result, some niche topics have been removed, and a chemistry module previously delivered externally by the School of Chemistry and Chemical Engineering has now been incorporated into a pharmacy module. The same focus on patient safety and safeguarding is maintained in the redesigned course. The School has an overarching principle that 'Teaching and learning approaches are evidence-based and research-informed' and this forms part of the MPharm Teaching and Learning Strategy. As such, staff provide examples from their research to help students appreciate the importance of research and help them feel empowered to have a positive effect on the pharmacy profession.

The MPharm teaching and learning strategy for the redesigned course also includes an expansion of experiential learning which will be overseen by NICPLD in partnership with QUB. An experiential learning handbook has been produced by NIPCLD with input from both NI universities. Students will gain experience of working with patients from planned experiential learning placements. From 2024/25, students will have 12 weeks of experiential learning placements, consisting of six weeks primary care (including three weeks in community practice and three weeks in general practice), and six weeks in secondary care. These placements are spread throughout Years 2-4 of the course, with two weeks of experiential learning in Year 2, four weeks of experiential learning in year 3 and six weeks of experiential learning in Year 4. EPAs will be embedded in the experiential learning.

The team explored whether the amount of experiential learning opportunities and split of sectors will provide a sufficient and meaningful learning experience for students. The provider highlighted that experiential learning had already been extended to another trust and that it was planned to include GP practices within the primary care placements. The team asked why the provider had decided not to include on-site placements in year 1. The provider explained that the reason for this was because it was felt that it was more important for the focus to be on building up foundational knowledge and simulation experience for students in year 1, then undertake increasing amounts of placements in subsequent years, as there was a concern that students and practice supervisors, might have a negative experience if students go on placement when they are not ready.

The team noted that there is good coordination with NICPLD in respect of the plans for the experiential learning, as well as the links with the Ulster University (UU) MPharm course, whose students would also be on placements at the same time as QUB students. The team had a concern about the exposure of first year students to placements, noting that exposure to practice earlier in the programme may be beneficial, as not all students may have access to paid experience. The team was satisfied with the plans for experiential learning so far but considered that **criterion 5.6** was likely to be met, as the plans for experiential learning were still being developed and embedded into the course and that this would be explored further and revisited in the Part 2 event.

The team was interested in how de-prescribing in the context of polypharmacy is covered. The provider explained that there are polypharmacy workshops in place and that pharmacists will take the lead on this in secondary care workshops. This will help students to develop skills to take part in active deprescribing. Students learn how to help patients understand why medicines may be withdrawn. The provider noted that deprescribing had been taught for a number of years, originally in elderly people, but now, was being taught to all patient groups and that there was also focus on the ethics of deprescribing, such as recognition that it must be a shared decision with the patient.

There are opportunities for IPL with students from social work, nursing, medicine, and law, as well as meaningful interactions with a range of relevant health and social care professionals during placements. The new InterSim centre is also used to help facilitate this work. The team was told that the IPL experiences are progressively more complex as students move through the programme. The provider highlighted how students start with a straightforward drug calculations workshop with nursing students in year 1, and then undertake progressively more complex sessions in later years, such as a substance misuse workshop with social work students in year 2, a primary care workshop with medical students and a session on clinical negligence with law students in year 3. In the final year, students attend a number of IPL sessions focussing on ethical dilemmas, sepsis and an active bystander workshop with nursing and midwifery students. The provider also noted that there were discussions about a possible IPL session with dentistry students which would focus on vulnerable patients and safeguarding.

The submitted document stated that students must pass all modules within each level to progress to the next stage. The team asked for clarification on how many resit attempts were allowed. The provider clarified that a student had two attempts in the academic year to pass, and then two attempts in the next academic year if the student was repeating the year with attendance. It was also confirmed that fails were only allowed in two modules. It was confirmed that a student who has cumulatively failed resit examinations in more than two module equivalents at the end of any examination session will normally be withdrawn by the School.

For OSCEs, (Objective Structured Clinical Exam) there are normally only two attempts in the academic year, except in Year 4 when three attempts are permitted. The Responding to Symptoms exercise carries a 70% pass mark due to patient safety. Students can be awarded zero in their scenario for various reasons linked to patient safety such as if they fail to spot red flags or that an adverse drug reaction is the likely cause of the patient's symptoms. Incidences of unprofessional behaviour in exams and coursework are reported by the module coordinator to the Director of Education (Pharmacy) and may be subject to Fitness to Practise (FTP) processes.

There are FTP procedures in place. The MPharm Programme Director for Student Conduct and Professional Regulation will investigate FTP and safeguarding issues and ensure that students will receive support during the FTP process. The team also asked for clarification as to whether the

provider needed to obtain a derogation from the university to prevent an MPharm degree being awarded to a student who had outstanding FTP concerns but had met the academic requirements, as this was not clear from the submission. The provider clarified that a student in this situation could be prevented from graduating and that this is documented in regulation 4.13 'Concerns raised close to graduation' of the FTP procedure. The team also asked for clarification whether hearings resulting in sanctions are reported to both the GPhC and PSNI as this was not clear within the submission. The provider confirmed that hearings are reported to both the GPhC and PSNI. The team set a **minor amendment** in relation to **criterion 5.9** that FTP processes and associated documentation including materials for students need to be updated to make clear that the University must report FTP sanctions to both the GPhC and PSNI.

The School of Pharmacy is proactive in letting the GPhC know of any issues and ensures that relevant data and information such as annual data returns are shared with the GPhC and PSNI.

Standard 6: Assessment

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

Criterion 6.1 is:	Met ✓	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 ☐

The MPharm assessment plan has been developed in line with QUB assessment guidelines, the QAA Quality Code for Higher Education (2018) and the GPhC standards for the Initial Education and training of Pharmacists (2021). The assessment plan incorporates Miller's triangle with assessment in earlier years more heavily weighted towards 'Knows How,' with an increasing emphasis on 'Shows how' and 'Does' as students progress through the course. There is a variety of summative assessment, which may contribute to the module mark, or may be pass/fail, with both having the potential to affect the module outcome.

Marking criteria and rubrics are provided in advance of assessments for transparency. Assessment methods are aligned with module learning outcomes and then mapped to GPhC Learning outcomes. Examples of assessment methods include unseen written exams, MCQs (Multiple Choice Questions), OSCEs, presentations, lab reports and experiential learning assessment.

The team asked how student feedback is fed into reviews of assessment strategies. The provider noted that feedback on assessments is gathered from a range of sources such as students, staff, and the external examiners. Feedback is collected after every placement, including the students' experience of assessment, which helps the course team to evolve rubrics and templates. There are opportunities for formative assessments which help students prepare for summative assessments. The team also learnt that the provider ensured that the course team regularly reviewed material to ensure that it remained relevant and up to date, such as incorporating changes in practice. Question banks were also regularly reviewed.

Staff are trained in appropriate assessment setting and ensure that assessments are of high quality. The provider has standard operating procedures in place for the marking of summative assessments such as the module team reviewing the assessment papers and mark schemes before finalisation of the paper. Students are reminded about academic integrity and misconduct. The external examiners confirm that assessment processes have been correctly applied and quality assure the MPharm assessments.

The provider has standard setting procedures that are used for summative assessments, especially in clinical areas or areas related to patient safety. All assessments must be blueprinted, and standard setting processes will vary from assessment to assessment. OSCE assessments are standard set using a modified Angoff methodology whilst MCQs directly relating to clinical/practice areas use the EBEL method. EPAs are standard set with multiple people coming together to decide on these. It is made clear to students which methods are used. For assessments not linked to patient safety, the standard University pass mark of 40% is used. The provider noted that for assessments that demonstrate the knowledge and skills essential to safe and effective pharmacy practice, there may be a higher pass mark set or the requirements for minimally competent students stated in mark schemes/Angoff or Ebel criteria are higher to account for the impact on patient safety. Errors relating to patient safety are penalised heavily and are embedded into scenarios to students can identify and deal with the errors appropriately. Practice supervisors will need to make a judgement on the competency of students when they are undertaking EPAs.

The team was told that a student would demonstrate meeting a learning outcome at the 'Does' level of competence in a number of ways such as demonstrating it on placement or in a patient setting, or within an OSCE. The provider stated 'Does' learning outcomes must be demonstrated by students at least three times to meet the 'repeatedly and reliably' description. The provider highlighted that there would be more than one chance to demonstrate the 'does' level competency across multiple tasks.

The provider confirmed that essential components must be met to pass the module. The team was told that assessments are standard set when there is an impact on patient safety. The provider explained that advice had been sought from the Faculty psychometrician and that there was a focus on what was a minimally competent student and what the student needed to know. Where possible, past data would be considered as part of the process. The provider highlighted that the Angofff method is used to standard set for calculations as it considers all questions to be relevant. The provider also clarified that OSCEs are standalone assessments as a number of stations needed to be

passed, which was an example of an area where assurance is required at a higher level. The team asked for more detail on the OSCE scrutiny group. The team was told that this group consisted of the module coordinator, members of the clinical education team and practising pharmacists from Hospital, Community and GP practice. The group looks at all fails and carries out double marking. If there is a red flag for a student response, this will be looked at again, using a risk assessment table. If the group does not have the expertise or is unsure, they will ask for further advice.

The team asked what training is provided for those involved in standard setting. The provider explained that staff were aware of different standard setting methods, noting that some staff have already been upskilled. It was noted that there would be a training session in June 2023 where the course team will blueprint and standard set assessments.

The team also asked how the marking of EPAs would be fair and consistent across multiple assessors. The provider explained that when the EPAs were developed, it was understood that the sectors and contexts would be different but that the EPAs had been developed by people from across these sectors. It was noted that there was assurance from prescribers in these sectors that what the students are being asked to do in the EPAs was fair and that students would also be carrying out the tasks in a simulated environment first. The provider reiterated that it would be running 'Train the Trainer' sessions for practice supervisors and explaining what each level of student would be able to do. The provider also highlighted that there would be a general training session with supervisors before placements and a debrief afterwards, and there are also resources available on the NICPLD hub. It was also noted that experienced practice supervisors will talk to new practice supervisors. The provider also explained that it had plans to expand the 'Train the Trainer' sessions to other areas such as community and GP Practice. The team noted that as the plans for this training were still being embedded into the course, **criterion 6.11** was likely to be met and would be revisited at the Part 2 event.

The team explored what would happen if a student did not complete all the EPAs assigned to a year of study, and how this would be recovered before the next placement. The provider explained that there were formative opportunities within the placement which would be observed by the practice supervisor, so students could have another go if something did not go well. The practice supervisor would also note in the feedback if the student has met/not met everything and if they needed further support. If the student failed, they would be able to practise again in a simulated environment before they were then reassessed in a simulated environment. The provider noted that there was not the capacity to undertake the reassessment again in practice, though if the student failed the reassessment, they would do it again in practice if they were repeating the year with attendance. The provider stressed that if students do not meet learning outcomes, then they would fail the relevant assessment. It was also noted that a lot of EPAs will have been done throughout the course so there is already a good sense of where students are; the point was made that if staff noted that there were lots of fails for a particular assessment, that might indicate a problem with the assessment itself. The team noted that it would revisit how students who have not passed the EPAs within the placement are managed at the Part 2 event.

Students will need to submit documentation to their practice e-portfolio, which will then be reviewed by academic staff within the placement modules. The team noted that as plans for the e-portfolio are still being embedded into the course, **criterion 6.8** was likely to be met and will be revisited at the Part 2 event.

The feedback policy of the university is that feedback should be provided no later than 20 days of submission. The provider aims to provide feedback within fifteen working days or less, ideally before the next submission to ensure feedback is useful. The students confirmed that feedback was given promptly, often within two weeks. The students also commented that some lecturers had recorded video feedback which was also helpful. The team was told that the provider has looked into plans to facilitate feedback from patients when students were on placement but highlighted recent guidance from the Trust governance team that it might be detrimental to patients, so it had been discouraged; the provider had also considered the ethical issue of asking the patient for feedback, as well as the impact on the student, especially if negative feedback was received. It was noted that patients are encouraged to share good experience and that once EPAs and extended placements were established, other members of the pharmacy team such as foundation trainees will also be able to assess students and provide feedback.

The responsibilities of external examiners are detailed in QUB procedures. External examiners are provided with exam papers and given access to modules on Canvas to view assessments. External examiners must also complete an annual report and can comment on the school's response to previous recommendations.

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

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

Support for student pharmacists			
Criterion 7.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Support for everyone involved in the delivery of the MPharm degree			
Criterion 7.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.6 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.7 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.8 is:	Met ✓	Likely to be met ☐	Not met ☐

All first year MPharm students take part in a two-week induction at the start of the course as part of the *Skills for Pharmacy* module, including face to face sessions and online study. Key skills such as health and safety, lab skills, unconscious bias and academic writing are taught.

The team asked how student attendance and engagement is monitored with their personal tutor. The provider explained that students are all assigned a personal tutor and must meet with the personal tutor three times in year 1. In subsequent years, there is a more unstructured process, as the provider wishes to promote a culture of self-regulation amongst the students, but it was noted that the personal tutor remains a point of contact for the student for all four years of the course. The provider also explained that assignments set as part of the personal tutor scheme helped

support student compliance. The provider noted that if there were problems with student engagement, then personal tutors will contact the module lead or the MPharm Programme Director for Student Support and Engagement (who is also the lead personal tutor) if students are not attending. The team was also told that module teams monitor workshops and sessions, and the module coordinator will liaise with relevant members of staff if there is an issue. It was noted that absences are recorded on a spreadsheet. Coursework marks are also checked. The team was also told that individual student performance is tracked, such as using Canvas to monitor students accessing feedback, visiting the sites and engaging with activities. In 2023/24, the provider will be able to see a dashboard of how students perform individually and in groups. Students with any issues can be referred to the adviser of studies. All students are reminded at the start of the semester of the importance of attendance and engagement.

As part of the submission document, it was stated that students are also allocated an adviser of studies to provide guidance in academic matters. Students admitted on the pathway programme continue to be supported by the widening participation team when they arrive at QUB; international students also receive support from the international student support team. Students can also access a range of support and resources such as the student wellbeing service, the library, and the computing centre.

Students can access support from the Careers, Employability and Skills service. There is a specific consultant who has responsibility for the School of Pharmacy. There are competitive vacation scholarships, focussed on short 8–10-week projects and a School of Pharmacy careers fair in the first semester open to all years. Year 3 students receive information about foundation training in Northern Ireland and Great Britain. The students reported that there was support from the school which included a session from the NICPLD talking through the application process, regular updates of when deadlines opened and closed, and information about jobs and interviews were regularly circulated. The students also noted that there was also a meeting organised in year 3 about ORIEL for any students intending to undertake their foundation training in Great Britain.

Students have access to pharmacy professionals through interaction with registered pharmacists during their experiential learning. They also learn about the role of the pharmacist in the introductory *Skills for Pharmacy* module and have interactions throughout the course with academic staff who are professional role models, as well as academic staff who are pharmacists.

The submission stated that new staff to the university undergo a probation period. The University also provides a Postgraduate certificate in Higher Education training (PGCHET) which is delivered by the Centre for Educational Development (CED). The programme lasts for one year and aims to develop competent and confident academic practitioners. Staff also undergo a Personal Development Review (PDR) to support the development of future plans, career aspirations and support where appropriate. Teaching Evaluation Questionnaires also provide valuable information for staff to reflect upon in terms of the teaching experience they provide to students on the MPharm. These also feed into discussions with staff on probation or as part of the annual PDR. All staff are encouraged to have teaching peer reviewed regularly. Staff have access to a range of training, including mandatory online training for all staff which includes fire safety, data protection, cyber awareness, health and safety, and courses in EDI such as Unconscious Bias and Think Difference, Act differently.

New staff will spend a period shadowing existing staff/outgoing position holders. Each module is delivered by a blend of senior and junior staff which enable senior staff to provide one to one

support for junior staff on module specific queries. The Senior Lecturer in Digital Education, in tandem with the Directors of Education, has developed a bespoke Canvas module which enables staff to provide students with accurate and reliable information about areas such teaching and learning, assessment, and student support. The University provides guidance for particular roles and their expected time commitment. The balance of workload across the School is collated and reviewed to ensure it is reasonable and equitable and is reviewed by the Directors of Education, Head of School, Deputy Head of School, and the School Manager.

The team explored what support mechanisms are in place to support staff from outside the school or university such as IPL facilitators or placement practice supervisors. The provider explained that staff involved in IPL would all be QUB staff and will have undergone training such as the PGCHET. It was noted that for IPL training, staff meet up as groups in advance of the session so that everyone understands each participant's role, and then meet afterwards for a debrief between the facilitators. The team was told that new non-pharmacist members of academic staff are supported to understand the role of the pharmacist and how it relates to their teaching in a number of ways, such as a presentation from the Director of Education and working with experienced members of staff in module teams. The provider emphasised that the school culture is focussed on staff supporting each other so that new members of staff know who to go to for help when required.

The team asked about training for placement providers. The provider explained that there are 'Train the trainer' sessions delivered to hospital staff which focus on teaching, feedback, and cultural competence. These sessions are taught between QUB and Ulster University. It was also noted that there are online modules available and so far, three sessions have taken place in 2022/23 with 120 staff attending. The provider highlighted that funding had been secured to protect study time to allow trainers to attend training and that NICPLD plan to run 'train the trainer' sessions for practice supervisors in community pharmacy, with a focus on what is required of practice supervisors in terms of assessments and mentoring skills. The provider also highlighted plans for training for GP Practice supervisors but noted that current Northern Ireland legislation does not yet allow for foundation training to take place in a GP setting. The team noted that the plans for training practice supervisors in different settings were still being embedded into the course, so considered that **criterion 7.6** was likely to be met and will be revisited again at the Part 2 event.

Students wishing to raise concerns are given guidance on who they should raise their concern with. After a concern is received from the student, there is an initial inquiry and investigation, which may involve the MPharm Programme Director for Student Conduct and Professional Regulation, who will then liaise with the relevant leads (for example, if the matter is relating to experiential learning, this will be with the experiential learning leads at NICOPLD). The outcome of the initial inquiry and investigation may result in no action, being dealt with locally or escalation to the Head of School. The University trains students to act as academic representatives on committees such as the Student Voice committee. Issues raised at the Student Voice committee are reported at the School Board. The University has a mechanism for raising concerns *via* their School of Pharmacy website and the University also has a student complaints procedure.

The team asked about instances when students raised concerns whilst on placement that required documented action. The provider described an example where an international student had reported that they had felt that the practice supervisor had focussed their attention on the other student they were working with and had not displayed appropriate consideration of EDI. The provider discussed the situation with both the student and supervisor. As a result, the supervisor reflected that they could have done better in this situation. The provider emphasised that there is

always a teacher practitioner available on placements in the hospital environment; if the student is unable to speak to the practice supervisor, then the student can contact the QUB team. Students are made aware in pre-placement briefings and in the experiential learning handbook how to raise concerns and that they also have the opportunity to do so in the debrief session at the end of each placement.

Teach out and transfer arrangements

The provider expects to switch to the 2021 standards in September 2023, pending a successful outcome to the Reaccreditation Part 1 event. The existing modules in year 4 will remain as they are currently, meaning that Year 4 students in 2023/24 will undertake the modules they expected to take in the final year. The other three years of the course will see changes to the modules. The provider understands that the current Year 3 and Year 4 students will not graduate to the new standards, so work has been done to ensure that these students to not consider their degree to be less valuable.

The provider noted that a flexible approach has been adopted to try and support current third year students to ensure they are on track to proceed into their final year in 2023/24 and be taught out successfully. The provider highlighted that students who have had to take short temporary periods of absence, for example, have been able to join sessions remotely or participate in specially organised catch-up sessions. The provider is focussed on supporting these students through their exams in 2023/24.

The provider explained that discussions had been held with NICPLD and the Ulster University MPharm lead to discuss scenarios such as what might happen to final year students who do not complete their studies in 2023/24. The provider expects that this issue would likely only affect a very small number of students, based on data from previous years, but plan to do everything possible to support these students to finish with the 2023/24 cohort, such as running an extra assessment session if required. If there are any students still outstanding, NICPLD has proposed that these students complete the foundation training year programme for 2024/25 as they will have completed most of their training to the 2011 standards and therefore should not receive an independent prescriber annotation at registration. The provider supports this stance and agrees that these students should be allowed to register as a pharmacist (providing the normal current criteria are met) but not be eligible for an IP annotation at the point of registration.

The modules in Years 1 to 3 will be aligned to the 2021 GPhC standards from September 2023. Each module team has been asked to record information about what their module will look like in 2023/24 and what content may have been distributed elsewhere (such as moved to a different year) or reduced as it is less applicable to the 2021 standards. Most major changes, such as pharmacogenomics, risk management, prescribing attributes and care of complex patients are taught in the third and fourth years, so students moving into year 3 in 2023/24 will be taught these topics. The provider noted that additional communication, consultation, and physical examination skills workshops have already been implemented in the first two years of the course.

The provider explained that Year 1 students will have access to a new Canvas module, *Skills for Pharmacy Practice 1* which they will be able to access prior to year 2. This site focuses on the limited areas that may need some upskilling (most material will be covered from year 2 onwards). Year 2

students will have access to a new canvas module, *Skills for Pharmacy Practice 2* which will work in the same way as the site for year 1 with content that focuses on the areas that may need some upskilling. The provider explained that the Senior lecturer (Digital Education) will contribute to the upskilling plan for these students through a number of formative activities. It was also noted that the simulated pharmacy will also be available for students to book a slot and practice exercises such as labelling and dispensing. The provider plans to run formative sessions in May 2023 about consultation and questioning skills and minor ailments. There will also be formative activities in the Year 3 induction sessions in September 2023. Year 3 students will also be able to undertake the placements they missed in year 2 (one week in hospital, one week in hospital). These will take place in addition to their Year 3 placements.

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).