General Pharmaceutical Council

University of Reading Master of Pharmacy degree (MPharm) interim event report, January 2021

Contents

Event summary and conclusions

Provider	University of Reading
Course	Master of Pharmacy (MPharm) degree
Event type	Interim
Event date	27-28 January 2021
Current accreditation period	2020/21 - 2022/23
Relevant standards	[Future pharmacists Standards for the initial education and training of pharmacists, May 2011](#)
Outcome	Continued accreditation confirmed.
	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree provided by the University of Reading should continue to be accredited until 2022/23, at which point the provision will be reaccredited against the Standards for the initial education and training of pharmacists 2021.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found [here](#).
Recommendations	No recommendations were made.
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the continued accreditation of the programme until 2022/23.
Key contact (provider)	Dr Katrina Bicknell, Head of School of Pharmacy
	Daniel Grant, Associate Professor of Clinical Pharmacy & Pharmacy Education
Accreditation team	Professor Andy Husband (Team Leader) Professor of Clinical Pharmacy and Head of School, Newcastle University
	Dr Ruth Edwards (Team member - academic) Head of Professional Experience, School of Pharmacy, Aston University
	Mike Pettit (Team member - pharmacist), Retired Senior Lecturer, Pharmacy Practice and Hospital Pharmacy Manager
	Barbara Wensworth (Team member - pharmacist), Currently Freelance Pharmacy Lecturer, Standards Verifier, assessor and writer
	Dr Daniel Greenwood (Team member - recently registered pharmacist), Senior

	Lecturer in Clinical Pharmacy, Anglia Ruskin University School of Medicine
	Leonie Milliner (Team member - lay), Director of Education, General Optical Council
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Professor Brian Furman (rapporteur) Emeritus Professor of Pharmacology, University of Strathclyde
Observers	Liz Harlaar (observer – accreditation panel member in training) Independent Business Consultant
	Mira Jivraj (observer – accreditation panel member in training) Deputy Clinical Services Manager, Pharmacy Northwick Park Hospital

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and registered pharmacies and is the accrediting body for pharmacy education in Great Britain (GB). The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The GB qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm).

This interim event was carried out in accordance with the GPhC's 2011 *MPharm Accreditation Methodology* and the course was reviewed against the GPhC's 2011 education standards *Future Pharmacists: Standards for the initial education and training of pharmacists*.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the *Pharmacy Order 2010* (http://www.legislation.gov.uk/uksi/2010/231/contents/made). It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

Background

The MPharm programme at the University of Reading is delivered by the Reading School of Pharmacy (RSOP), which is an autonomous department within the joint School of Chemistry, Food and Pharmacy (SCFP). The programme was last reaccredited in March 2014, when the accreditation team agreed to recommend to the Registrar that the University should be reaccredited to provide an MPharm degree for a further period of six years, with a practice visit to take place in three years. There were no conditions or recommendations. An interim event took place on 8-9 March 2017; on that occasion, the team agreed to recommend that the University should continue to be accredited to provide an MPharm degree for the remainder of the accreditation period.

The Reading MPharm was due to be reaccredited in March 2020 but the event was postponed due to the Covid-19 pandemic. Moreover, the new GPhC standards for the initial education and training of pharmacists will be implemented from October 2021, with the intention that all MPharm programmes will be reaccredited to the new standards within three academic years of this date. Therefore, the GPhC agreed that the full re-accreditation event would be replaced with a shorter and lighter touch event, similar to an interim event; this was to provide assurance that course provision continues to meet the current standards. Accordingly, such an event was conducted by videoconference on 27-28 January 2021; the following is a report of that event.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation comprised a main document along with a large number of appendices providing evidence in support of each standard (See Appendix 1).

The documentation was reviewed by the accreditation team and it was deemed to be satisfactory to provide a basis for discussion. Throughout the documentation, details were provided of how processes were adapted and the ways that technology using the Blackboard VLE and Microsoft Teams were employed to ensure that each standard continued to be met during the Covid-19 pandemic.

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 13 January 2021. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the University to ask any questions or seek clarification, and to finalise arrangements for the event.

The event

Due to the Covid-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference on 28 January 2021 and comprised a series of meetings between the GPhC accreditation team and representatives of the University of Reading School of Pharmacy.

Declarations of interest

There were no declarations of interest.

Schedule

28 January 2021

1.	Private meeting of accreditation team and GPhC representatives	09:00 – 09:30
2.	Progress meeting (with presentation)	09:30 – 11:30
3.	Private meeting of accreditation team and GPhC representatives	11:30 – 11:45
4.	Admission, progression, monitoring and support meeting	11:45 – 12:45
	Lunch break	12:45 – 13:30
5.	Private meeting of accreditation team and GPhC representatives	13:30 – 13:45
6.	Significant pedagogical developments (with presentation)	13:45 – 14:30
	Break	14:30 – 14:45
7.	Meeting with students	14:45 – 15:45
8.	Private meeting of accreditation team and GPhC representatives	15:45 – 16:45
9.	Feedback to University	16:45 – 17:00

Attendees

Course provider

The team met with the following representatives of the University:

Name	Designation at the time of accreditation event	Meetings attended
Allman, Dr Sarah	Lecturer in Pharmaceutical Chemistry	6
Amadesi. Dr Silvia	Associate Professor in Pharmacology (Pharmacy Director of Academic Tutoring)	2, 4, 6, 9
Bentley, Eve*	Senior Quality Support Officer	2, 4, 9
Bicknell, Dr Katrina*	Associate Professor of Cardiovascular & Regenerative Medicine (Head of Pharmacy)	2, 4, 6, 9
Bithell, Dr Angela	Associate Professor in Stem Cell Biology & Regenerative Medicine (Pharmacy Research Division Lead; Pharmacy Diversity, Inclusion & Wellbeing Lead)	2, 4, 6, 9
Brazier, Dr John	Associate Professor of Pharmaceutical Chemistry (Head of Pharmaceutics & Pharmaceutical Chemistry, Part 1 Year Tutor)	2, 9
Dhital, Dr Ranjita	Lecturer in Pharmacy Practice (MPharm Placements Lead)	2, 4, 9
Grant, Dan*	Associate Professor of Clinical Pharmacy & Pharmacy Education (School Director of	2, 4, 6, 9

	Teaching & Learning – Chemistry, Food & Pharmacy)	
Green, Prof Rebecca	Professor of Biophysical Chemistry (Deputy Head of School – Chemistry, Food & Pharmacy, Past Head of Pharmacy)	2, 4, 9
Hall, Dr James	Lecturer in Pharmaceutical Chemistry (Deputy Pharmacy Admissions Officer)	2, 4, 6, 9
Kabova, Dr Elena	Lecturer in Pharmaceutical Chemistry (Part 2 Year Tutor)	2, 9
Kennedy, Prof Orla	Teaching & Learning Dean	2
Kleanthous, Victoria	Teacher Practitioner Pharmacist	4
Langran, Catherine	Associate Professor of Pharmacy Education (MPharm Inter-professional Learning Lead)	2, 4, 6, 9
McNeish, Dr Alister	Associate Professor in Cardiovascular Pharmacology (Pharmacy Examinations Officer)	2, 9
Osborn, Prof Helen	Professor of Biomedicinal Chemistry (SCFP Lead for Equality, Diversity & Inclusion; Past Head of Pharmacy)	2, 4, 6, 9
Patel, Dr Nilesh	Associate Professor in Pharmacy (Programme Director)	2, 4, 6, 9
Savania, Rav*	Lecturer in Pharmacy Practice (Pharmacy Director of Teaching & Learning)	2, 4, 6, 9
Wagstaff, Prof Carol	Head of School (Chemistry, Food & Pharmacy)	2

*participated in the pre-event meeting on 13 January 2021

The team also met a group of 18 students, comprising five from year 1, three from year 2, four from year 3 and six from year 4; of the year 1 students, four had entered through the Foundation Year. One of the year 3 students and two of the year 4 students had transferred from the 2+2 MPharm (Reading Malaysia). These students were volunteers who had responded to an e-mail asking for student availability on the dates of the visit.

Key findings

Standard 1: Patient and public safety

Standard continues to be met? Yes ☒ No ☐

The documentation described the systems in place to ensure that students do not jeopardise patient safety. The team was told (meeting 2) that these have not changed since the last reaccreditation, with same approach being taken while remaining mindful of the current pandemic situation. The students are behaving well and following rules, including wearing face masks and cleaning down work areas; no concerns have arisen about student behaviour. The Department is familiar with risk assessments and the implementation of health and safety requirements. Both staff and students are confident to come

into the University during the pandemic when required, with even greater care being taken due to the new variant of the virus; students are attending in significant numbers. There have been no known cases of Covid-19 transmission in teaching sessions across the University.

Noting that the University's 'Code of Practice on Work-Based and Placement Learning' allows students who have failed part 2 examinations to progress to their placements, the team (meeting 2) wished to know how this applies to the MPharm, particularly if there is a patient safety issue. The staff explained that if an assessment involved a patient safety matter, students would be required to pass this before proceeding to undertake a placement. A student would not be allowed to undertake placements if staff members were aware of any patient safety concern relating to that student; this would become a fitness to practise matter and there was a precedent for such a situation. Students are aware of the importance of raising concerns, which is covered in all placement briefings. It was noted that the Code of Practise refers to students progressing onto placement years (for students on programmes in which their third year is a placement year), rather than the placements that are completed as part of the MPharm.

Noting the procedures providing support to students in relation to health and academic issues, and wishing to learn about the support procedures relating to student conduct, the team was told (meeting 2) that students are introduced to fitness to practise procedures and the GPhC Standards for Pharmacy Professionals at the beginning of the programme during the Welcome Week; Part 1 includes workshops on fitness to practise, where the principles are addressed and illustrated using case studies. The Department inculcates the students with the Standards for Pharmacy Professionals, so that they understand the expectation that they must behave as prospective professional pharmacists throughout; they are reminded of this each year, and all professional classes, for example, those concerned with handling medicines, require appropriate behaviour such as punctuality and business dress. Students on the MPharm with Foundation confirmed to the team (meeting 7) that they had been introduced to the Standards for Pharmacy Professionals and fitness to practise at the beginning of Part 0 and that these aspects had been discussed as part of the module Pharmaceutical and Health Sciences.

In the context of student conduct, the team noted that support services are centralised within the University, while conduct matters may be dealt with either centrally or within the Department. The staff explained that when issues about student conduct are raised, the reasons for the student's behaviour would be considered and the matter would either be dealt with within the Department or the student would be signposted to relevant central support, including the Student Union, which has advisers on such matters. If the concerns cannot be resolved, fitness to practise procedures would be invoked. The team was told that students may take along a friend to investigative meetings concerned with fitness to practise. Where concerns about a student's behaviour arise outside the School, processes would involve coordination between the student's Academic Tutor and systems across the University, including the Student Welfare team; all of the processes are linked seamlessly.

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

Standard continues to be met? Yes ☒ No ☐

The documentation described how the University has undertaken a major organisational change since the last re-accreditation. This resulted in the centralisation of administrative and technical support, removal of the Faculty structure, and a change in the financial model for funding School activities. The University's faculties have been replaced by University-wide support functions. Teaching and Learning Deans now lead University-wide development of teaching, learning and enhancement, while School

Directors of Teaching and Learning co-ordinate quality assurance operational tasks, such as programme evaluation. Mechanisms are in place to ensure structured reporting lines in teaching and learning, and in quality management and enhancement (QME). There are four QME levels starting at the module (QME1), then moving up to the programme (QME2), the School (QME3) and the University QME4), with responsibilities and reporting mechanisms defined for each level. At QME1, Module Convenors are responsible for the design, delivery and monitoring of their modules, including the maintenance of appropriate records. Within QME2, the Pharmacy Board of Studies, which includes at least one student, meets four times each academic year and produces an Annual Programme Report to the QME3 level; this report includes details of the Board's monitoring of core aspects of the provision. At QME3, the School Board for Teaching and Learning and Student Experience (SBTLSE) monitors, reviews, discusses and regulates quality assurance and enhancement of the programmes and degrees within its purview; this includes feedback from the Staff Student Liaison Committee (SSLC). The SBTLSE reports to the University Board for Teaching and Learning (UBTL) Sub-Committee on the Delivery and Enhancement of Learning and Teaching and the University Programmes Board; this includes consultation with the relevant Teaching and Learning Dean (TLD), who supports a cluster of schools. At QME4, the UBTL advises the Senate on all matters in relation to teaching and learning.

Wishing to learn how the Department ensures the quality of supervision when students are out on placement, the team was told (meeting 2) that supervision is undertaken by the placement providers, although the Department has in place a quality assurance process to assess the premises. This involves completion of a standard form, covering, for example, the type of facilities and health and safety aspects, after which the premises are visited, the visit being logged. Members of staff then visit the premises every three years on a rolling basis to look at the provision. During this visit, there are face-to-face meetings with the pharmacy team, and the staff members consider the capacity of the pharmacy and what it can provide. Feedback is obtained from students and this is discussed with the providers, with whom the Department works closely and has a good relationship. Some providers are still hosting placements despite the pandemic. The placement provision is under constant review and improvement, bearing in mind the introduction of the new standards; the Department is planning to bring providers into the University for a conference.

In response to the team's wish to learn about the effectiveness of the Staff-Student Liaison Committee, the students (meeting 7) stated that there was some variability but steps to improve matters had been shared with them. The team was told that staff members of the committee really care about the course, always responding to student requests and making changes where possible. The students exemplified this by reference to the positive and helpful response to a request for additional help in the lead up to a calculations examination.

Standard 3: Equality, diversity and fairness

Standard continues to be met? Yes ☒ No ☐

The documentation and the presentation (meeting 2) emphasised the commitment of both the University and the School to promoting equality, diversity and inclusion; the University holds an Athena SWAN Bronze Award, while the School itself has attained a Silver Award. The University's Equality Opportunities policies guide the actions that the University takes to ensure that there is no discrimination on the grounds of anybody's protected characteristics or socio-economic background. There are robust leadership and governance arrangements for diversity and inclusion (D&I) through the

University's D&I Leadership Team that provides strategic direction, co-ordination and support for D&I initiatives for staff and students across the University. The University also has Diversity Champions at the University Executive Board level for gender, sexual orientation, race and religion, disability and age; there are also School Leads across the institution who support the commitment to diversity. The University's Diversity and Inclusion Advisory Board is responsible for strategic oversight of D&I for staff and students, including monitoring of progress towards action plans and reviewing priority areas. The School and the Department each has a dedicated Equality, Diversity, Inclusion and Wellbeing Committee. The University collects D&I data and these are reported on an annual basis, along with progress and recommendations for future action, via the Annual Diversity and Inclusion Report. The University has specific D&I priority areas to ensure diversity in employment across all roles, to ensure that the curriculum is inclusive, and to proactively cater for the needs of students with disabilities. Moreover, the team learned (meeting 2) of the work being undertaken to eliminate the BAME awarding gap, whereby BAME students admitted with A-level grades of BBB and BBC showed a 13-14% attainment disadvantage; this work included the establishment of a BAME network, for which funding has been received.

Noting the policies and the systems described in the documentation, and wishing to know how the Department ensures that there is adequate monitoring of the characteristics of those who are admitted against those who apply for the MPharm programme, the team was told (meeting 4) that applicants are scrutinised for those declaring disabilities and those eligible for widening access. Contextual offers are made to those meeting widening access criteria or to those with a disability, subject to passing the admissions test; these offers (BBC) are typically two A-level grades below the standard offer (ABB); last year, contextual offers represented around 32% of the total offers made. Applicants who are made contextual offers and those declaring disabilities are supported with bursaries to allow them to travel to the University for the 'Assessment and Applicant Experience Day' (see standard 4). In response to the team's wish to learn if the Department collects data relating to all nine protected characteristics, the staff (meeting 4) explained that these are captured centrally and those relating to certain characteristics such as gender are fed down; access to more granular data on other characteristics can be requested for specific analyses according to particular issues that may arise.

The University's professional development online portal includes new, mandatory online training courses on 'Introduction to Diversity and Inclusion' and 'Unconscious Bias'. All staff members in the Department have completed compulsory diversity and inclusion training, with those who sit on interview panels undertaking tailored unconscious bias training. There is a focus on diversity and inclusion in the curriculum and the Department is committed to embedding equality, diversity, inclusivity and fairness in all aspects of the MPharm programme; students receive training in these areas through discussion of relevant examples and the team was told (meeting 2) that diversity and inclusion is supported in all team- and group-work. Students learn about the impact of moral, personal and religious beliefs on patient-centred care, with reference to the Equality Act, consider compliance aids for patients with disabilities, and discuss accessibility of information and the considerations needed to ensure all patients have equal access. Case studies frequently incorporate D&I-relevant topics and scenarios. The team was told (meeting 4) that the Department works with placement providers to ensure that students with disabilities can be accommodated in placements.

Standard 4: Selection of students

Standard continues to be met? Yes ☒ No ☐

Noting the centralisation of admissions and wishing to learn if this had influenced the MPharm entry requirements and offers, the team (meeting 2) was told that UCAS applications are screened by the University admissions office for personal statements and references; suitable applicants predicted to achieve at least CCC at A-level are invited to an Assessment and Applicant Experience Day, following which those successfully completing the admissions test are made a standard offer of BBB at A-level, which must include a 'B' in chemistry and one other science. Applicants from overseas are dealt with differently, in that they take the admissions test online, unless they are in the UK at the time. While the central team deals with the process, the Department focusses on the admissions test and provision of information about the course. The team was told that the central admissions team was very effective and processed applications quickly.

In response to the team's wish to learn about the impact of the admissions strategy on academic standards and students' achievements on the MPharm programme, as well as how performance correlated with entry qualifications, the staff (meeting 2) described how cohorts vary in average academic ability from year to year, with some being stronger than others; of course, the 2020 examinations were different because of the pandemic, although students' final attainment was similar across the years, with a similar proportion gaining each class of degree including first-class honours. The team was told that when the cohort size had increased over the last five years, more students had displayed difficulties, necessitating the implementation of additional support measures. The School now offers an MPharm with a preparatory year, referred to as MPharm with Foundation, which the accreditation team had recommended to the Registrar of the GPhC for accreditation at a separate event on 27 January 2021. The team was told that this is now impacting positively on student achievement. In meeting 7, students on the MPharm with Foundation programme who had progressed to Part 1 described the Foundation year as very helpful, bringing them to the same level as those students admitted directly to Part 1; additional workshops had been provided for those students without A-level biology and this support continued into Part 1. The team was told that students admitted with BTEC qualifications had previously struggled more with the programme, although the introduction of examinations into the BTEC had alleviated this problem. As discussed in the narrative under standard 3, there is still an ethnicity attainment gap related to entry qualifications, and support is in place to address this.

The team was told (meeting 4) that there are no plans to permit transfer of students from the BSc Pharmacology or the Physician Associate programmes to the MPharm; there are no teaching links between these programmes and pharmacy.

Noting that students undergo health clearance checks during Part 1, and wishing to know about staff training in the screening of occupational health data, as well as the consequences of a student having an incomplete vaccination record, the team was told (meeting 4) that students submit documentation through an online system before the start of the Autumn Term. Members of staff follow a flow chart enabling them to process the information through the system. On receipt of the documentation it is checked to identify any problems. Where vaccination records are incomplete, staff specify the required blood tests. Individual risk assessments are conducted for those students having certain medical conditions, and where the risk reaches a score that gives concern, attempts are made to establish if it is

safe for these students to attend by liaising with occupational health at the Royal Berkshire Hospital. These cases are followed up to determine when they are cleared. The team was told that the inability to participate in placements because of Covid-19 would result in the deferral of the placement to the next year.

The documentation and the presentation (meeting 2) described how the Covid-19 pandemic resulted in the entire admissions process, including Open Days and AAEDs, going online for both the 2020/21 and 2021/22 entries. Telephone interview replaced the online test for entry through clearing and an online admissions test, which must be passed, is used for all pre-clearing applicants. For applicants entering in 2022, the processes for both MPharm and MPharm with Foundation Year will be identical.

Standard 5: Curriculum delivery and student experience

Standard continues to be met? Yes ☒ No ☐

The documentation described how the programme incorporates a variety of professional experiences through inter-professional education (IPE) activities, patient-focussed workshops, simulations and placements, enabling students to gain practical experience of working with patients, carers and other healthcare professionals. In meeting 2, the team was told that placements build across the years, with students developing greater independence as their knowledge develops. Students are prepared for placements by members of staff who are themselves practising clinicians. Noting from the documentation that patient-facing on-site activity is supervised by members of pharmacy staff, and seeking clarification about which staff members are involved, the team was told (meeting 2) that these are all Teacher Practitioners who teach on the programme and who also work in clinical practice; some Teacher Practitioners are seconded to the University, while others are directly employed. In meeting 7, the students confirmed their experience of interacting with patients in various settings. The students reported face-to-face interactions with patients taking place during hospital and community pharmacy placements in every year since the first year; they told the team that patient consultations on placements offered good preparation for the OSCEs. Final year students would normally have undertaken their 'Healthy Living' project but there was uncertainty about how this would be handled during the pandemic: the team had been told (meeting 6) that the 'Healthy Living' project required Part 4 students to interview members of the University community, make physiological measurements and recommend any necessary changes in lifestyle. The team was told (meeting 7) that some students had not yet been able to complete their final year placements but these are planned to take place when circumstances permit (see below). The lockdown had resulted in Part 2 students being unable to observe pharmacist consultations during placements; instead, pharmacists have discussed case studies on the campus. In meeting 6, the staff described other student interactions with patients, whereby patients come into the University to discuss their experiences with students; these include expert patients with conditions such as coeliac disease. The students (meeting 7) confirmed these on-campus meetings with patients with long-term conditions such as chronic pain and diabetes; here, through listening to the patients and asking questions, students learn what it is like to live with long-term conditions. In addition to live interactions, video-recordings of patients are used, some of which are incorporated into lectures.

Wishing to learn about the sustainability of placements, especially if there is an increase in MPharm student numbers, the team was told (meeting 4) that the Department has a good relationship with all providers and is in discussion with Boots and Lloyds with the aim of increasing the pool of community pharmacy providers. Hospital placements will be challenging between June and September; as stated

below, it is planned that those deferred from last year will be able to attend hospitals during March 2021. Consideration is being given to involve other providers such as social care, as well as to engage with the community in other areas. In response to the team's wish to know if there are ongoing discussions with general medical practice as to when placements in that setting might resume, the staff (meeting 4) explained that the half-day pilot GP placement had been postponed during the pandemic; the documentation stated that students were instead provided with lecture/workshop activities that focus on the role of a pharmacist working in a GP surgery. Twenty GP surgeries are now involved; these will participate in the one-week community/hospital/GP placements in Part 3, which include a compulsory half-day spent in a GP surgery, with any additional time being optional. In response to the team's wish to know how the Department will determine the success of the placement programme, the staff explained that while it is too early to judge success in light of the new GPhC standards, evidence of success includes the development of richer relationships with providers; the fact that the placements have continued is itself an indicator of success. Moreover, the introduction of virtual reality tours of hospital and community pharmacies for first year students to provide experience during the pandemic has been successful (see 'pedagogical developments'). The placement provision is constantly reviewed and total quality management is used along with risk assessments.

The documentation and the presentation (meeting 2) described the modifications to the placement programme that had been made in response to the Covid-19 pandemic. Thus, in Part 1, both hospital and community activities had been replaced by virtual placements using virtual reality technology. Some Part 2 community placements had taken place in 2020, although for other students these were deferred until March 2021, with current Part 2 students undertaking their community placements in November 2021. Hospital visits for Part 2 and Part 3 students had taken place as planned during autumn 2020, but had been changed to an on-campus workshop for spring 2021. Some Part 3 students had undertaken their one-week community/hospital/GP Practice placements but priority has been given to allow the other students to catch up in March 2021. For current Part 3 students, it is intended that these activities will continue as normal in June/September 2021. The team was told (meeting 2) that during the pandemic more use had been made of simulations run on site by Teacher Practitioners.

The documentation and the presentation (meeting 2) described how inter-professional education (IPE) sessions, which, especially in years 2 and 3, link to the therapeutic areas being addressed, take place alongside a broad range of healthcare students, namely students of nursing, speech and language therapy, physiotherapy, occupational therapy, nutrition and physician associate students. These sessions cover multidisciplinary teams and the development of effective communication skills. The team was told (meeting 2) that the IPE portfolio has been reviewed, taking on board student feedback that more clinically focussed sessions were required, so that the perspectives of different healthcare professions could be applied to real-life cases and scenarios such as those concerned with diabetes. The types of patients seen on wards and how inter-disciplinary teams work to deal with these patients is considered. All IPE activities are reviewed regularly to take on board best practice. The students (meeting 7) confirmed their IPE activities, for example, in year 3, with nurses and occupational therapists. The documentation described the continuation of IPE during the pandemic, with all sessions taking place online and case discussions being conducted using Blackboard Collaborate. This was confirmed by the students (meeting 7) who described how they had seen a video-recording of a patient and then worked in mixed teams to discuss the case, bringing together each other's expertise, with members of academic staff joining in the conversations.

Noting that there has been a reduction in the number of group-work associated summative assessments in Parts 2 and 3, and wishing to know how this has impacted on the development team-working, collaboration and leadership skills, the team was told (meeting 2) that this change had arisen from student complaints about the number of group-work exercises. Accordingly, this type of activity had been streamlined along with reinforcement of the concept of teamwork to students. Group contracts had been introduced to define individual roles and responsibilities, and any problems with individual student input to teamwork were addressed. 'Microsoft Teams' was now used, this being useful for virtual editing and collaboration. There had been no impact on students' learning of the relevant skills and students had appreciated the changes. The Department has introduced group work and multidisciplinary teams into Part 1, so that students would be better prepared for such activities in Part 2.

The documentation stated that marking criteria in assessments focus on assuring safe and effective practice and incorporate mark deductions and fail options to ensure that students do not pass if their lack of knowledge or skills might pose a risk to patients or the public. However, noting that there is a rigorous marking scheme concerning safety for the 'Prescription Assessment and Medicines Supply' (PAMS) assessments, and wishing to learn how patient safety is assessed in other circumstances, for example, in relation to clinical decisions, the team was told (meeting 4) that safety is embedded throughout. This includes IPE sessions on patient safety that deal with safety models. Formal assessment of safe practice includes OSCEs and assessment of competencies, including accuracy checking; calculations are embedded throughout the programme as a progression requirement. The Part 3 OSCE includes calculations and entries to medical notes, where it is noted if the entries are incorrectly written; students must ensure that the supply of medicines is safe. The Part 4 OSCEs comprise multiple stations in which competencies are assessed. For example, students must use drug charts in assessing clinical safety, as well as making clinical evaluations using the available resources such as patient records together with clinical guidelines. They undertake a consultation based on a complex prescription that includes various issues; here, they must screen the prescription and make clinical decisions to modify the treatment accordingly; this requires the student to use an assertive approach in dealing with the prescriber to prevent harm to the patient. Students will fail if they make a decision or take an action that would cause patient harm. It was noted that this consultation was only carried out virtually (using MS Teams) this year due to the Covid-19 pandemic, normally the OSCEs are all carried out "face to face".

The documentation and the presentation (meeting 2) detailed the significant changes to teaching, learning and assessment necessitated by the Covid-19 pandemic. This included a move to blended learning with a major online component, and extensive use of online assessments, including the final OSCE. Lectures are being delivered asynchronously using MS Stream, with some live, online workshops and some workshops and practical classes delivered face-to-face on campus. To facilitate learning, students are provided with 'Module Road Maps' and 'Weekly Learning Plans', which were illustrated in the presentation (meeting 2). In response to the team's wish to learn about their experiences of remote and online learning during the pandemic, the students (meeting 7) described the online learning as effective, with all materials being provided and online lectures being effective for self-learning, as they can be paused and rewound to go over material again. Face-to-face laboratory classes had continued during the pandemic, with smaller group sizes making them better than previously, although they had been shortened from four to two hours, with preparatory online video-recordings that must be watched in order to be able to complete the practical work. The students told the team

that there had been a mixture of group and independent work, with a greater emphasis on independent working. The group work had been useful in learning from other students and had required people to keep up with other members of the group.

Concerning assessments, in the session 2019/20, only the summer examinations were affected by the pandemic, with MCQ and short-answer questions moved to timed tests using Blackboard; essay questions were set as take-home examinations submitted via Turnitin with a 23-hour time limit. The students (meeting 7) confirmed these assessment processes and told the team that the transition had been smooth, with students being kept informed. The Part 3 OSCEs were postponed to Autumn 2020 and were held face-to-face, while the Part 4 OSCEs were held online to avoid delaying graduation and entry to pre-registration training; the online OSCE used written scenarios along with an interactive station concerned with prescriber interaction conducted using 'Microsoft Teams'. As confirmed by the students (meeting 7), the team was told (meeting 2) that the 2020/21 summer examination diet in the current session will use a similar approach to that employed for summer 2020, although there will be on-campus examinations for competency-related assessments, including calculations, PAMS and Part 3/Part 4 OSCEs; there will be a 'post-results extenuating circumstances process', with a relaxation of the evidence required in specific cases. The Part 4 students (meeting 7) told the team that the postponed Part 3 face-to-face OSCE held in the autumn had been good preparation for the Part 4 OSCE which, along with other competency-based assessments, will also be face-to-face, while standard examinations will take place online. In response to concerns about the 'open-book' approach for the essay examinations the team was reassured (meeting 2) that this did not lead to any inflation of marks, because the assessment requires linking of concepts and the application of knowledge rather than regurgitation of facts.

Concerning feedback on coursework assessments, the students (meeting 7) reported that feedback was normally timely but there had been some delays to feedback on the PAMS assessment as a result of the pandemic, although the feedback had been very helpful, including a video-recording to show what people had done well and badly in each of the four tasks. PAMS sessions had been held weekly with very helpful, written, step-by-step feedback normally provided within two to three weeks; additional feedback information on assessments can be obtained on request by e-mail.

In response to the team's wish to determine if they were ready to enter pre-registration training, the final year students (meeting 7) stated that they felt prepared despite the pandemic, although the prospect was daunting. They told the team that they had learned clinical skills from the first year onwards, building from basic to advanced skills and could now apply their knowledge much better. There had been extensive emphasis on clinical skills in the final year, along with weekly OSCE workshops covering the skills that are important for pre-registration training.

Standard 6: Support and development for students

Standard continues to be met? Yes ☒ No ☐

The documentation and the presentation (meeting 2) described how a fundamental element of the support provided for students is the Academic Tutoring System (ATS), whereby, at the beginning of the programme, each student is allocated an Academic Tutor, a member of academic staff who acts as a key point of contact throughout the student's degree, and who works in partnership with his/her

tutees to support their academic, personal and professional development. The tutor's role is supported and complemented by a central Support Centre and by two Student Support Coordinators who are dedicated to helping students with any queries about the programme or other aspects of study. Academic Tutors are also supported by the Departmental Director of Academic Tutoring (DDAT), who oversees the system, manages tutor support and organises and delivers training; the DDAT also acts as another point of contact for students. Wishing to learn about the effectiveness of the separation between central University support and academic support within the Department, the team was told (meeting 2) that this allowed the Academic Tutors to have a greater focus in providing support for academic and career development, while the central team focuses on pastoral support and flags any concerns about students to the Department. Academic Tutors can direct students to central welfare systems, within which there is a specific Pharmacy welfare link advisor. Thus, pastoral care has not been removed from the Academic Tutors, whose role in this regard is to facilitate access to those central systems that support them in providing pastoral care. During the Covid-19 pandemic, the support services have continued to function as previously, and students have been able to contact the central welfare team directly. The team was told that a new role of 'Welfare Assistant' has been created to ensure support across the University. The students (meeting 7) confirmed the value of their Academic Tutors whom they could contact at any time by e-mail and who responded rapidly to their requests for assistance; they also confirmed that Academic Tutors could signpost them to central welfare services, which were a really good resource. Academic Tutors hold two scheduled meetings per year with their students, as well as *ad hoc* meetings to ensure that students are supported; these meetings help to put the course into perspective, monitor progress, identify when students are struggling and address concerns. The team was told how, during the pandemic lockdown, some tutors had set aside a 15-minute video call each month with their students to check on how they were managing to learn on their own.

In response to the team's wish to know how students are made aware of the available support, for example, for those who are concerned about mental health issues, the staff (meeting 4) explained that their Academic Tutors are the first port of call. Where issues are identified, students will then be referred to the appropriate central services. Although this is a reactive approach, the University is also proactive in its numerous communications to students, who are provided with extensive information about the support services available; such information is provided during 'Welcome' and 'Welcome Back' weeks at the beginning of each year, and the University has support webpages, which include a 'wellbeing toolkit', with extensive support being provided, for example, for online examinations. An 'enhancement week' is held in the middle of each term; this includes a series of seminars dealing with 'life tools'.

The students who had transferred from the Malaysian campus told the team (meeting 7) that they had been well-supported throughout the whole process both by the academic staff and by their seniors. They had undertaken an orientation week in which they were introduced to their new Academic Tutors, as well as to new systems, such as PAMS and support systems.

The documentation and the presentation (meeting 2) described the additional measures put in place to support students during the Covid-19 pandemic. These included a formal introduction to blended learning during the Welcome Week, and a digital support fund to ensure that students had access to the necessary IT. Blanket extensions to coursework submissions will be offered where necessary, and students will be offered the option to defer their examination attempts to the resit period for summer 2021.

Standard 7: Support and development for academic staff

Standard continues to be met? Yes ☒ No ☐

The documentation described how the University, the School and the Department provide a broad range of formal and informal support mechanisms for all members of staff involved in delivering the MPharm programme. All new members of staff are invited to attend a formal, one-day, central induction programme which provides the essential guide to working at the University. The framework for the local induction of new staff members includes the provision of information on a wide range of important matters such as health and safety, equality and diversity, professional development and the Blackboard VLE staff site; the local induction also allows new staff members to meet key people such as the Head of Department, the Director of Teaching and Learning, and the Research Division Lead, as well as relevant administrative and technical support staff. In response to the team's wish to learn about the effectiveness of the induction process, new staff members (meeting 2) described how it included an outline of the course structure, an introduction to teaching methods leading to fellowship of the Higher Education Academy, and, for non-pharmacists, informative visits to hospital and community pharmacies. The induction was both generic, for example, in addressing aspects such as health and safety, and also tailored to the specific needs of the staff member. Peer observation of teaching allowed staff members to see how teaching was conducted across the whole programme. Good mentoring support was offered, with career possibilities being clearly identified, and opportunities were presented to connect to the wider University community.

The documentation described how a staff workload model based on teaching contact hours, research activities and administrative duties is used by the Head of Department and Heads of Section when assigning teaching and administrative duties. Seeking staff views on its effectiveness in balancing workload, and how people have been supported in balancing work and personal responsibilities during lockdowns, the team was told (meeting 2) that the model presented challenges and was not well received, because counting hours was not applicable to everybody; this had been determined by a survey just before lockdown. The annual 'Performance and Development Review' (PDR) highlighted these challenges which are addressed by line managers, with the intention now to use workload profiling, rather than counting hours. Here, the approach will consider the percentage of time spent on different activities, taking into account the stage of each staff member's career and addressing work-life balance. A great deal of work has been undertaken on the workload model and on profiling, the main purpose being to determine how to make the most effective use of staff time in undertaking teaching, research and scholarship. The formal change from using the workload model to the use of profiling had been suspended because of Covid-19 but will be reinstated after the pandemic. Consideration is given to providing support for staff members who have been disproportionately affected by the pandemic and frequent messages are disseminated to affirm the availability of that support.

Noting the introduction of the new BSc in Pharmacology and Integrated Physician Associate Masters programmes, and wishing to learn of their impact on the Pharmacy staff workload, the team was told (meeting 4) that these were developed in partnership with the School of Biological Sciences; additional staff have been employed specifically to deliver these programmes. The programmes are aligned with medical sciences degrees, with the first two years being largely delivered by the School of Biological Sciences and the last two years aligned with masters' programmes in the School of Chemistry, Food and Pharmacy; there is no impact on the Pharmacy staff workload.

The documentation described how the move to a blended learning approach for the delivery of the MPharm programme as a result of the Covid-19 pandemic had required all staff members to undergo training in approaches to technology-enhanced learning (TEL), as well as to learn how to work effectively together using Microsoft Teams. Moreover, because of the need for social distancing, the commitment to continue to deliver some face-to-face teaching resulted in increased workloads because of the need to repeat workshops, practical classes and assessments.

Standard 8: Management of initial education and training

Standard continues to be met? Yes ☒ No ☐

The documentation, together with the presentation (meeting 2) described the Departmental management structure and its relationship the new University structure (see standard 2). The overall management of the MPharm is undertaken by the Pharmacy Management Board, chaired by the Head of Department, and the Pharmacy Board of Study chaired by the Departmental Director of Teaching and Learning (DDTL). Each year of the programme is managed by a Year Tutor, while each module has a Module Management Group led by a Module Convener. The composition of the various committees and groups and the responsibilities of the different roles within the MPharm teaching and Learning framework were detailed in the submitted documentation. The roles and responsibilities of certain individuals, especially the Head of Department, The School and Departmental Directors of Teaching and Learning and Module Conveners are defined within University guidelines. The MPharm Placements Lead is responsible for overseeing and ensuring the quality assurance of work-place based learning. Student attendance is monitored electronically for all taught sessions, with attendance requirements being clearly communicated to undergraduates at the start of each academic year; sessions where attendance is compulsory, such as placements and inter-professional education activities, are highlighted. Attendance data are used to help to identify students who are failing to engage sufficiently with the MPharm programme, so that they can be referred to their Academic Tutors, with the subsequent provision of appropriate advice and support.

Standard 9: Resources and capacity

Standard continues to be met? Yes ☒ No ☐

The presentation (meeting 2) described the School of Chemistry, Food and Pharmacy as an autonomous financial structure making set contributions for the provision of centralised support: the Head of Pharmacy controls the pharmacy budget, with the Head of School maintaining oversight and having responsibility for the overall School budget. For 2019/20, Pharmacy had a total income of £8.34M, of which £6.29M was derived from the MPharm and MPharm with Foundation programmes; the Department contributed £4.17M for central services along with 5% of surplus income. Wishing to learn about the key risks to the Pharmacy business plan and the steps taken to mitigate these, the team was told (meeting 2) that a fall in MPharm student recruitment was the major risk. This had been addressed by the introduction of the MPharm with Foundation (see below), which had proved very popular, with a recruitment of 60 to 90 students per year and was now a major income source, with a fee of £9,250 per student. One risk to this programme remains the current review of student fees by the Government; this has been mitigated by the expansion into other programmes, particularly the BSc in Pharmacology and the Physician Associate programmes (see below). Another risk is the size of the financial contribution that the Department is required to make to the University; the Department

would like to retain a larger proportion of the surplus, and hopes that this will remain at the current level (5%). The presentation (meeting 2) informed the team that the University's decision to close the 2+2 MPharm programme conducted with University of Reading Malaysia had incurred no substantial, ongoing cost to Pharmacy; the students had transferred to the UK campus with financial compensation and staff in Malaysia had been made redundant, with seconded staff given the opportunity to return to the UK.

The documentation stated that planned student recruitment for the MPharm over the next five years is based on a maximum annual intake of 150, comprising 90 home/EU students admitted directly to year 1, 40 home/EU students admitted through the Foundation Year, and 20 overseas students, two of whom will enter through the Foundation Year. The team was told (meeting 2) that a group had been established to look at contingencies for admissions for 2021/22 in light of the pandemic. The admissions system is being tracked but applications for the MPharm, BSc in Pharmacology (see below) and the Physician Associate programmes (see below) remain good with increases in applications for the last two programmes. Noting the over-recruitment in September 2020 (168 rather than 150 students) due to A-level issues, and the cancellation of the 2021 public examinations, the team (meeting 2) wished to determine the Department's level of confidence in the admissions forecasting for the academic year 2021/22, and, in particular, the availability of resource to match the increased student load. More students are progressing from the MPharm with Foundation to Part 1, which the Department hopes will counter any fall in direct admission. Moreover, there is confidence that the support in place for the MPharm with Foundation will ensure the later success of these students. Concerning resource, the staff explained that the over-recruitment had resulted in the employment of a member of staff on a fixed-term contract; however, the appointment of a staff member as Research Dean had allowed the fixed-term post to become permanent.

The team was informed (through the presentation in meeting 2) that University finances due to the Covid-19 pandemic were not as bad as predicted. Nevertheless, financial pressures had been placed on the University due to overall below-target recruitment across University, and risks incurred by deferrals/suspensions, as well as the need to provide accommodation refunds. The University response to this has been voluntary redundancies, a freeze on staff recruitment and pay, and a review of its programmes. However, because of the strong undergraduate recruitment and good continuation rates, the University has continued to support the MPharm programme through the Covid-19 pandemic. This support included continued staff recruitment and all staffing requests made from September 2019 to the present time have been approved; these comprise six posts (3 FTE), as well as two (2.0 FTE) additional Pharmacy Practice posts to be appointed by 2022.

The presentation (meeting 2) outlined the University's commitment to the expansion of its Health portfolio through both research and teaching initiatives. In this context the School has developed new programmes to reduce exposure to possible changes in MPharm recruitment. These programmes comprise: MSc in Physician Associate Studies (a 24 month, 180-credit programme, with an expected recruitment of 25 students; the MPharm with Foundation (a 5-year programme with an expected recruitment to Part 0 of 50-65 students); a Masters in Physician Associate Studies (MPAS; four-year integrated masters, with an expected recruitment of 25 students); a BSc in Pharmacology (either 3 years, or 4 years with a placement, and an expected recruitment of 50 students). The University is also committed to supporting new research collaborations through the Joint Academic Board with Royal Berkshire Hospital.

The documentation described the physical and online resources and services provided by the University Library and how staff members make extensive use of the Blackboard virtual learning environment, which provides a variety of support resources such as lecture notes, podcasts, pencasts, videos, quizzes, module handbooks, links to further reading, and discussion fora. The teaching facilities include a Pharmacy Practice Laboratory that incorporates consulting rooms with video recording facilities for role play, counselling sessions and OSCEs, as well as a Clinical Skills Suite that accommodates approximately 130 students and is equipped with laptop computers and consulting rooms with video recording facilities and a community pharmacy counter for simulations. The Department also has access to the Hugh Sinclair Unit which is fully equipped to run clinical studies with volunteers and presents a unique teaching resource to simulate the hospital ward environment; this is used to run a pharmaceutical care simulation to support students in their preparation for their hospital visits, and is also used for conducting medicines reconciliation consultations with patients. However, as highlighted in the presentation (meeting 2), the availability of the Hugh Sinclair Unit for hospital simulation limits expansion, as the clinical teaching spaces are in great demand. Accordingly, the University Executive Board has approved a feasibility study to identify new clinical teaching spaces for Pharmacy to address the need for simulation facilities, including a hospital ward and additional consultation rooms. In response to the team's wish to know if this investment had been confirmed and the time scale for implementation, the staff (meeting 2) explained that this was the only current capital project that is being progressed; that the University is working with the Department in considering various options on the basis of facilities that are essential and those that are desirable. Having been told that the University is committed to this development, which is planned for completion by October 2022, the team would expect this project to be completed in a timely manner and looks forward to seeing the facility at the next reaccreditation. In the longer term, the University wishes to partner with the Royal Berkshire Hospital in producing a facility for clinical teaching. The intention is also to submit a Wolfson application for research facilities.

Significant pedagogic developments

The presentation in meeting 6 informed the team of a number of pedagogic developments that had taken place since the last accreditation visit. These are described briefly below.

Understanding medicines-taking – Walking in patients' shoes

This exercise was developed to support students' understanding of taking medicines on a regular basis and the problems associated with medicines adherence, so that they could develop empathy with their patients. The activity comprised two main parts and was associated with a lecture on adherence. In the first part, the students were required to take placebo tablets according to a specified regime over a period of five days, during which they kept a diary in which they noted the date and time of taking each tablet, how they felt about it, and if they experienced any difficulties in following the instructions; their views were posted anonymously on Padlet. In the second part, students conducted an interview with a relative who takes medicines on a regular basis. Finally, the students completed a reflection which was included in their portfolios. Evaluation of the project was very positive, showing that most students found medicine taking to be more challenging than expected; they agreed that the activity allowed them to explore adherence from the patient perspective; it challenged and stimulated their views, and provided an opportunity to appreciate the pharmacist's role in supporting patient adherence.

Peer assisted learning (PAL)

This activity was intended to increase peer-to-peer support within the MPharm programme and was introduced with a focus on pharmaceutical calculations, the use of the BNF, consultation skills, and prescription screening. It made use of peer-assisted seminars, with PAL leaders recruited and trained by the PAL Coordinator. The activity comprised weekly PAL sessions delivered by pairs of PAL leaders, with the agenda for the sessions being set by the PAL leaders in collaboration with PAL group members. Evaluation of the scheme showed that students found it fun and interactive, with students being able to answer questions more easily without pressure. It encouraged collaborative learning, while consolidating individual learning and increasing understanding of the subject area. Moreover, it fostered the development of inter-personal relationships and allowed the development of skills in leadership and teamwork.

Understanding chemistry concepts

This activity was developed to supporting students' ability to visualise chemical structures and to develop their understanding of concepts such as stereoisomerism. The activity used a blended approach of virtual reality employing Oculus VR, along with in-class, paper-based exercises and supporting material provided on Blackboard. The evaluation showed that students found the activity to be very interesting, helping them understand the concepts and learn the material.

Experiential learning in a pandemic

This activity was introduced to allow students to be introduced to community and hospital pharmacy during lockdown and made use of virtual reality to produce virtual tours hosted by practising pharmacists. These virtual tours were viewed by the students after they had received lectures on community and hospital pharmacy. Following the tours, students completed a workbook on each sector, following which there were discussions facilitated by Teacher Practitioners; the students then made reflective entries in their portfolios. Evaluation of the activity showed that students viewed it very positively and found it very interactive.

Experiential learning in general practice

This development was to introduce experiential learning in general medical practice into the MPharm programme, working in partnership with students. Following an initial briefing to gauge student interest, and after obtaining funding, a workshop was organised for staff and students to address student recruitment, allocation to placements, placement learning outcomes and the activities to be undertaken to achieve those outcomes. 37 half-day placements were organised between April and June 2019 across five GP practices. During the placements, the students shadowed pharmacists and other healthcare professionals and completed a workbook, following which peer-to-peer presentations were held so that students could exchange experiences. The evaluation of the project showed that students achieved a greater understanding of what GP practice pharmacists do and of their roles and responsibilities.

Appendix 1

Documentation provided as evidence for each standard (appendices numbers)

Standard ONE

1.1.a.1 – Raising Concerns Policy

1.1.a.2 – Policy on and procedures for the determination of fitness to practise

1.1.e.1 – PAMS exam marking scheme for an example of how this is implemented

1.1.f.1 – Fitness to Practise lecture

1.1.g.1 – Summary Outcomes of Student Fitness to Practise Hearings

1.1.g.2 – Professional Conduct and Fitness to Practise Student Guidance

1.1.h.1 – Health Declaration Form

1.1.h.2 – Policy on and Procedures for Students Returning to or Repeating Study

Standard TWO

2.1.a.1 – Management structure of SCFP and RSoP

2.1.a.2 – RSoP staff administrative and managerial roles

2.1.a.3 – Head of Department Job Description

2.1.a.4 – Role Description for DDTL

2.1.a.5 – Role Description for DDAT

2.1.a.6 – Role Description for Admissions Director

2.1.a.7 – Role Description for Year Tutors

2.1.a.8 – Pharmacy T&L committee structure

2.1.b.i.1 – UoR Admissions Policy

2.1.b.i.2 – MPharm (and Foundation) Admissions Criteria

2.1.b.i.3 – Admissions Test Paper

2.1.b.ii.1 – Periodic Review Self-Evaluation Document

2.1.b.ii.2 – Pharmacy Periodic Review Report

2.1.b.ii.3 – Response to Period Review Report 2018

2.1.b.ii.4 – Periodic Review 1 Year report

2.1.b.ii.5 – Policy on Student Evaluation of Teaching and Learning

2.1.b.ii.6 – Example Module Convenor Report

2.1.b.ii.7 – Programme Evaluation Summary MPharm 2018-19

2.1.b.ii.8 – Annual Quality Assurance Review 2019

2.1.b.ii.9 - Direct Observation of Teaching Pro-forma 2019-20

2.1.b.ii.10 - Joint Statement of Peer Review of Learning and Teaching 2019-20

2.1.b.ii.11 – Annual Report of Peer Review of Learning and Teaching 2018-19

2.1.b.ii.12 – Response to External Examiners 2018-19

2.1.b.iii.1 - Code of Practice on Work-based and Placement learning

2.1.b.iii.2 – Community Placement Agreement

2.1.b.iii.3 – RBH Placement agreement

2.1.b.iii.4 – Hospital and Community Placement Agreement (one week)

2.1.b.iii.5 – GP Placement Agreement
2.1.b.iii.6 – Student Placement Agreement
2.1.b.iii.7 – Placement Site Approval Form
2.1.b.iii.8 – Community Pharmacy Placement Workbook 2019-20 for an example
2.1.b.iii.9 – Summary of Student Feedback Surveys
2.1.b.iii.10 – Community Placement Student Feedback – Part 2 2019
2.1.b.iii.11 - Week Placement Community and Hospital Student Feedback - Part 3 2019
2.1.b.iii.12 – GP Placement Student Feedback Form
2.1.b.iii.13 – Strategy for Workplace Based Learning 2019-20
2.1.b.iii.14 - Community Pharmacy Placement - Supervisor Feedback - Part 2 2019
2.1.b.iii.15 - Community and Hospital Placement - Supervisor Feedback - Part 3 2019
2.1.b.iv.1 – Student Academic Representation Policy
2.1.b.iv.2 – Minutes from SSLC meeting
2.1.b.iv.3 – Policy on Providing Feedback to Students on their Performance
2.1.b.iv.4 – PM1A Exam Feedback
2.1.b.vi.1 – Pharmacy Business Plan

Standard THREE
3.1.1 – UoR Diversity and Inclusion Team
3.1.2 – UoR D&I Leadership and Governance
3.1.3 – Getting involved in D&I
3.1.4 – Equal Opportunities Policy
3.1.5 – Code of Good Practice
3.1.6 – Trans and Gender Identity Supporting Information and Procedures
3.1.7 – Maternity Policy
3.1.8 – Shared Parental Leave Policy
3.1.9 – Parental Leave Policy
3.1.10 – Gender Neutral Toilets
3.1.11 – Harassment Policy
3.1.12 – Harassment Procedure
3.1.13 – Raising Concerns at Reading School of Pharmacy
3.1.14 – Student Charter
3.1.15 – Student Parental Policy
3.1.16 – UoR D&I Annual Report 2017-18
3.1.17 – UoR Access and participation Plan 2020-21
3.1.18 – UoR Athena Swan 2016 Overview
3.1.19 – SCFP Athena SWAN Silver Action Plan
3.1.20 – UoR REC Action Plan 2018
3.1.21 – UoR LGBT Plus Action Plan 2019
3.1.22 – Students with Disabilities
3.2.1 – SCFP Values for Working Together and Professional Behaviours
3.2.2 – RSoP D&I Away Day Programme
3.2.3 – Policy on Inclusive Practice in Teaching and Learning
3.2.4 – Guide to Inclusive Teaching and Learning, Assessment and Admissions
3.2.5 – Curriculum Framework D&I Review
3.2.6 – CoP for Supporting Students Relating to Religion and Belief

3.2.7 – Group Work Pack

Standard FOUR

4.1.1 – Admissions Team Structure

4.1.2 – Fitness to Practise and Standards for Pharmacy Professionals

4.1.3 – Template for Assessment and Applicant Experience Day Invitation

4.1.4 – Assessment Day Timetable

4.1.5 – MPharm Pharmacy Offer Letter

4.1.6 – Student contract for Pharmacy

4.2.a.1 – MPharm Admissions Criteria

4.2.a.2 – Home and International Qualification Equivalencies

4.2.a.3 – Admissions Test Paper

4.2.b.1 – International English Requirements

4.2.d.1 – Policy on and Procedures for the Determination of Fitness to Practise

4.2.e.1 – Occupational Health Screening Questionnaire

4.3.1 – University of Reading Admissions Policy

Standard FIVE

5.1.1 – Module Descriptors

5.1.2 – External Examiner Reports

5.1.3 - Response to External Examiner reports 2018-19

5.1.4 – PM1A Module Convenor Report

5.1.5 – Programme Evaluation Summary MPharm 2018-19

5.1.6 – AQAR MPharm 2018-19

5.1.7 – MPharm Programme specification 2019

5.1.8 – Role of Academic Year Tutors

5.3.1 - Fitness to Practise Presentation 2019 Student Version

5.3.2 – Guidance on Engagement, Attendance and Behaviour

5.3.3 – Personal & Academic Development Portfolio

5.3.4 – Prescription Assessment and Medicines Supply marking scheme Part 3

5.4.1 – REF 2014 results for RSoP

5.4.2 – Examples of MPharm Projects Presented Externally

5.4.3 – UROP projects

5.5.a.1 – RSoP Teaching & Learning Strategy

5.5.c.1 – MPharm Assessment Strategy

5.6.1 – Interprofessional Education Strategy Document

5.6.2 – Strategy for Workplace Learning 2019-20

5.7.1 – Group Work Student Pack

5.7.2 - Reading GPhC Registration assessment performance June 2019

5.8.c.1 – Sample Assessment Summary

5.8.d.1 - UoR Policy For Feedback on Student Performance

5.9.1 – University Approval of Exemption from Standard Resit Process

Standard SIX

6.1.1 - Support for Students RSoP Booklet

6.1.2 – Referral Flowchart
6.1.3 – Role Description for DDAT
6.1.4 – Welcome Week Student timetable
6.1.5 - Outline of Welcome Week meeting
6.1.6 – Role Description for Year Tutors
6.1.7 – Life Tools booklet
6.1.8 – Counselling and Wellbeing Access Guide
6.1.9 – Managing Anxiety
6.1.10 – Disability Rep Processes
6.1.11 – Careers Autumn 2019 Event List
6.1.12 – RED award checklist 2019
6.1.13 – List of UROP projects granted to RSoP
6.1.14 – Part 1 Personal Academic Development Portfolio
6.1.15 – Learning Needs Analysis
6.1.16 – Final Year Project Poster
6.1.17 – Annual Plan for Career Learning
6.1.18 – Pre-Reg Support
6.1.19 – Feedback on Registration Assessment Support Day

Standard SEVEN
7.1.1 – UoR Probation Procedure
7.1.2 – School Workload Model
7.1.3 – RSoP Research and Scholarship Seminars
7.2.1 – A Framework for Local Induction of Staff
7.2.2 – Introduction to the pharmacy profession
7.3.a.1 – Management structure of SCFP and RSoP
7.3.a.2 – Job description for lab demonstrators
7.3.c.1 – SCFP Values for Working Together and Professional Behaviours

Standard EIGHT
8.1.a.1 – Head of Department Job Description
8.1.a.2 – Role Description for DDTL
8.1.a.3 – Role Description for DDAT
8.1.a.4 – Pharmacy T&L committee structure
8.1.a.5 – Role Description for Year Tutors
8.1.a.6 – RSoP staff administrative and managerial roles
8.1.a.7 – Placement Agreement
8.1.a.8 – Secondment Agreement
8.1.b.2 – Student Guidance on Attendance and Behaviour
8.1.b.3 – Student Engagement Process Flowchart
8.1.b.4 – Strategy for Workplace Learning
8.1.b.5 – Placement Site Approval Form
8.1.b.6 – Summary of Student Feedback Surveys
8.1.b.7 – Raising Concerns Policy

Standard NINE

9.1.a.1 – Pharmacy Business Plan

9.1.a.2 – SPELT document

9.1.b.i.1 – Staff CVs

9.1.b.i.2 – Job Description and Person Specification for a recently advertised post in RSoP

9.1.b.ii.1 – Introduction to the Pharmacy Profession

COVID-19 Update

C1 – External Examiners' Reports 2019-20

C2 – IPE Strategy Update

C3 – MPharm Placement COVID-19 Planning Strategy Summary

C4 – Part 1 Virtual Placement Summary

C5 – SSLC Summer Term 2020

C6 – Pharmacy Business Plan Update

C7 – Changes Made Due to COVID-19

C8 – Online Group Work Guidance