General Pharmaceutical Council

University of Reading, Master of Pharmacy (MPharm) degree and MPharm degree with preparatory year reaccreditation part 1 event report, June 2023

Contents

Event summary and conclusions

Provider	University of Reading
Courses	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year
Event type	Reaccreditation (part 1)
Event date	7 – 8 June 2023
Approval period	2022/23 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree and MPharm degree with preparatory year offered by University of Reading are reaccredited, subject to a satisfactory part 2 event. There were two conditions that apply to both MPharm degree variants. Reaccreditation is recommended for a period of 6 years after part 2 event, with an interim event at the mid-way point. The accreditation team reserve to amend this accreditation period if necessary, following the part 2 event. The part 2 reaccreditation event will take place in the 2024/25 academic year and is likely to take place virtually.
Conditions	These conditions apply to the MPharm degree and Years 1 – 4 of the MPharm degree with preparatory year. They do not apply to the preparatory year (Year 0). 1. To remove opportunities for compensation and condonement in assessments. This will require that students pass each summative assessment in the module, in addition to achieving the overall pass mark for the module. This is because the current assessment regulations have the potential for a student to complete the programme whilst not demonstrating achievement of the passing standard for all assessments. This is to meet criteria 5.8, 6.2, 6.3, 6.6 and 6.14. 2. Students must achieve 480 credits overall to be awarded an MPharm degree, with 120 credits in year 4 at level 7. This is to meet the minimum requirements for an integrated Master's degree as set out in QAA's Higher Education Credit Framework for England. This is

	to meet criterion 5.8 and the requirements set out within the IETP standards.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	1. That all Clearing interviews are conducted via videoconference, rather than telephone. This is to provide an equitable process to the standard application route, and for additional assurance of the candidate's identity and that they are not being supported with their responses. This relates to criterion 1.7. 2. That the current practice of using academic staff to carry out the role of the simulated patient within the summative OSCEs is reviewed. This is to present a more authentic assessment experience for the student. This relates to criterion 6.2.
Minor amendments	None
Registrar decision	Following the event, the provider submitted evidence to address the two conditions, and the accreditation team confirmed that they had both been addressed satisfactorily. The Registrar approved the reaccreditation of the MPharm degree and MPharm degree with preparatory year, subject to a satisfactory part 2 event.
Key contact (provider)	Prof Katrina Bicknell, Head of Pharmacy* Dr Nilesh Patel, MPharm Programme Director* Rav Savania, Pharmacy Director of Teaching and Learning*
Accreditation team	Dr Mathew Smith (Team Leader), Director of Learning and Teaching, School of Pharmacy & Pharmaceutical Sciences, Cardiff University* Dr Andrew Sturrock (team member - academic), Associate Professor of Public Health, Northumbria University Dr Marisa van der Merwe (team member - academic), Associate Head (Academic) and Reader in Clinical Pharmaceutics, University of Portsmouth Laura Doyle (team member - pharmacist), Head of Undergraduate and Foundation Pharmacist, Health Education and Improvement Wales Anum Iqbal (team member - pharmacist newly qualified) Locum Pharmacist across both primary and secondary care, PhD Researcher Newcastle University Dr Cathy O'Sullivan (team member - lay), Workforce Development Consultant

GPhC representative	Philippa McSimpson, Quality Assurance Manager (Education), General Pharmaceutical Council*
Rapporteur	Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council
Observer	Helen Ireland, Chief Pharmaceutical Officer's Clinical Fellow & Specialist Inspector, General Pharmaceutical Council

*attended the 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).

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

MPharm degree

The Reading School of Pharmacy (RSoP) was established in 2004 and admitted its first cohort of MPharm students in 2005. RSoP is an autonomous department that sits within the School of Chemistry, Food and Pharmacy (SCFP). The department has its own management and academic structures, roles and responsibilities. The RSoP also provides postgraduate courses such as an Independent Prescribing Course through the Centre for Inter-Professional Postgraduate Education and Training (CIPPET). The course was redesigned to implement the 2011 standards and reaccredited in 2014 for six years. There were no conditions and recommendations. An interim visit was held in March 2017. A reaccreditation event was scheduled to be held in 2020, but was postponed due to the Covid Pandemic and the implementation of the Standards for the initial Education and training of pharmacists in 2021. As such, a further interim event was organised and took place in January 2021. To ensure that the course continued to meet the current standards There were no conditions or recommendations.

MPharm degree with preparatory year

The GPhC began accrediting MPharm degrees with a preparatory year as a separate course to the MPharm degree in 2020/21. Prior to this the accreditation of the MPharm degree component of the course was accepted to allow students entry to pre-registration training.

An MPharm degree with preparatory year is a single course that leads to a Master of Pharmacy award. It is recruited to separately from the accredited 4-year MPharm degree and is assigned a different UCAS code. For most schools this will be a 5-year course which includes a preparatory year followed by four further taught years that mirror that of the accredited MPharm degree.

An MPharm with preparatory year must meet all of the GPhC's initial education and training standards for pharmacists in all years of the course. All teaching and assessment of the learning outcomes is expected to take place in taught years 2-5, with the first taught year being set aside for foundation learning only. For the purpose of accreditation, it is assumed that the course content for the four taught years following the preparatory year will be identical for students on the MPharm degree and the MPharm degree with preparatory year.

The RSoP established an MPharm with Preparatory Year in 2018 from a foundation year that was originally established for programmes in Life Sciences and Chemistry. The majority of systems and processes applied to the MPharm are also applied to the MPharm with preparatory year. An accreditation event for the MPharm with Preparatory Year took place in January 2021. There were no conditions and recommendations. Year 0 consists of four modules, Foundation Programme: Biology (40 credits), Chemistry (40 credits), Foundation in Academic Skills (20 credits), Foundation in Pharmaceutical and Health Sciences (20 credits).

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 15 May 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 7 – 8 June 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

Dr Marisa van der Merwe (team member - academic), declared that she had been involved in meetings organised by Health Education England (HEE) as a representative of the University of Portsmouth to consider the coordination of experiential learning provision alongside the University of Reading and the University of Bath respectively, to ensure that these universities were not asking for placements in the same weeks.

Dr Mathew Smith (Team Leader) declared that a member of staff at the University of Reading is an external examiner at his university.

Schedule

Day 1: 7 June 2023

1	09:00 – 09:45	**Welcome and introductions**
		Management and oversight of the MPharm degree - part 1
		• **Presentation from provider (maximum 35 minutes) covering:**
		○ Process for developing MPharm to meet 2021 standards
		○ High level overview of change key changes to meet 2021 standards
		○ High level updates since the last event
		○ Update on any developments to buildings/facilities
		○ Overview of business strategy and financial stability of the programme
		○ Identified risks and mitigation
		○ Overview of progress to date and plans in place regarding collaboration with statutory education body and others
		Any specific areas of standards 1,2,3,4, and 7 as identified by the team (shared at pre-event meeting).
2	09:45 – 10:15	**Tour of MPharm teaching and learning facilities**
	10:15 – 11:00	Break and private meeting of accreditation team
3	11:00 – 12:30	**Management and oversight of the MPharm degree - part 2**
		• **Questions and discussions**
		This session focused on:
		Standard 1: Selection and admission

		Standard 2: Equality, diversity and fairness (Systems, policies and data monitoring aspects)
		Standard 3: Resources and capacity
		Standard 4: Managing, developing and evaluating MPharm degrees
		Standard 7: Support and development […] everyone involved in the delivery of the MPharm degree
	12:30 – 13:30	Lunch and private meeting of accreditation team

4	13:30 15:30	**Teaching, learning, support and assessment - part 1**
		
		• **Presentation from provider (maximum 20 minutes) covering:**
		
		   o Teaching, learning and assessment strategy, including:
		
		      – Plans for experiential learning
		
		      – Plans for interprofessional learning
		
		      – Links and transition to foundation training
		
		      – How assessments undertaken in practice will be quality assured
		
		   o Any specific areas of standards 2, 5, 6 and 7 as identified by the accreditation team (shared at pre-event meeting).
		
		• **Questions and discussion**
		
		This session focused on:
		
		Standard 2: Equality diversity and fairness (curriculum and student support aspects)
		
		Standard 5: Curriculum design and delivery
		
		Standard 6: Assessment
		
		Standard 7: Support and development for student pharmacists […]

	15:30 – 16:00	Break and private meeting of accreditation team
5	**16:00 - 17:00**	**Student meeting** Students in all years of the MPharm and on both MPharm variants.

Day 2: 8 June 2023

	08:30 – 09:00	Private meeting of the accreditation team
6	**09:00 – 10:00**	**Teaching, learning, support and assessment - part 2**

		• **Presentation (maximum 20 minutes) covering:** ○ The teaching and learning that will be incorporated into the programme to embed the foundation of knowledge and core skills required for safe and effective prescribing. ○ The assessment of students' achievement of learning outcomes relating to independent prescribing • **Questions and discussion**
	10:00 – 10:30	Break and private meeting of the accreditation team
7	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)
8	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
Prof. Katrina Bicknell *	Head of Pharmacy
Prof. Richard Frazier	Head of the School of Chemistry, Food and Pharmacy
Mr Rav Savania *	Pharmacy Director of Teaching and Learning
Mrs Catherine Langran	School Director of Teaching and Learning, IPL lead and OSCE Lead
Dr Nilesh Patel *	Programme Director: MPharm programmes and Head of Pharmacy Practice
Mrs Sue Slade	MPharm prescribing lead
Prof. Helen Osborn	Pharmacy Director of Academic Tutoring
Dr James Hall	Admissions tutor: MPharm programmes
Prof. Becky Green	School Director of Recruitment, Admissions and Outreach
Prof Francesca Greco	Examinations Officer
Dr Angela Bithell	Pharmacy Wellbeing, Inclusion, Diversity and Equality (WIDE) Lead and Head of Pharmacology
Mr Dan Grant	Teaching and Learning Dean
Ms Vicky Kleanthous	MPharm Placement Lead
Dr Sam Bizley	MPharm PAD portfolio Lead
Dr John Brazier	MPharm Year Tutor (Part 1)
Dr Elena Kabova	MPharm Year Tutor (Part 2)

Prof Sakthi Vaiyapuri	School BAME Staff Network (Chair)
Mrs Khush Parwar	Placement development manager
Mrs Erma Akulli	University Placement Administrator (Pharmacy)
Mr Gurinder Purewal	Alumni Support Lead
Mrs Ida Osei	GP placement development co-lead
Ms Pooja Kashyap	Day Lewis Clinical Lecturer (secondment)
Mr Lee Karim	Berkshire Health Foundation Trust Clinical Lecturer (secondment)
Ms Priyanka Dahele	Royal Berkshire Hospital Clinical Lecturer (secondment)
Dr Rosemary Lim	Associate Professor in Medicines Safety
Dr Amelia Hollywood	Associate Professor in Healthcare Systems
Dr Atta Navqi	Lecturer in Pharmacy Practice
Dr Hisham Al-Obaidi	Lecturer in Pharmaceutics
Dr Silvia Amadesi	Associate Prof in Pharmacology
Dr Leanne Black	Lecturer in Pharmacology
Dr Graeme Cottrell	MPharm Projects Lead and Director of Post-graduate Studies
Dr Elizabeth Lander	Lecturer in Pharmacology and Physician Associate Studies
Dr Darius Widera	Pharmacy Research Lead
Dr Alex Bye	Lecturer in Pharmacology
Dr Francesco Tamagnini	Lecturer in Pharmacology
Dr Gary Stephens	Professor of Pharmacology
Mrs Allison Penn *	Senior Quality Support Officer

* attended the pre-event meeting

The accreditation team also met a group of fourteen MPharm students, four students from year 1, three students from year 2, two students from year 3, three students from year 4 and two students from year 0 of the MPharm with preparatory year.

Current year of study	Number of students
Year 0	2
Year 1	4
Year 2	3
Year 3	2
Year 4	3
Total	**14**

Key findings - Part 1 Learning outcomes

During the reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree and MPharm degree with preparatory year. 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 3, 6, 7, 17, 28 and 45.**

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

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

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

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

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

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

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

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

Learning Outcome 13: Recognise the psychological, physiological and physical impact of prescribing decisions on people

This is because there is currently insufficient evidence that they are met at the appropriate level; much of the evidence for meeting these outcomes will be obtained during periods of experiential

learning and then assessed in the portfolio, 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: 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 ☐

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

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

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

Learning Outcome 19: Take responsibility for all aspects of health and safety and take actions when necessary

This is because there is currently insufficient evidence that they are met at the appropriate level; much of the evidence for meeting these outcomes will be obtained during periods of experiential learning and assessed as Entrustable Professional Activities (EPAs) which are still being developed and embedded into the course. These learning outcomes will be reviewed again during the part 2 event.

Learning Outcome 21: Apply the science behind pharmacy in all activities

This is because there is currently insufficient evidence that this learning outcome is met at the appropriate level as it is not yet clear how science will be assessed as part of the development of the placements. Some of the evidence for meeting this outcome will be obtained during periods of experiential learning which is still being developed and embedded into the course. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 28: Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person

Learning Outcome 35: Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance

This is because there is currently insufficient evidence that they are met at the appropriate level; much of the evidence for meeting these outcomes will be obtained during periods of experiential learning which is still being developed and embedded into the course. These learning outcomes will be reviewed again during the part 2 event.

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

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

This is because there is currently insufficient evidence that they are met at the appropriate level; plans for prescribing 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 ☐

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

This is because there is currently insufficient evidence that this learning outcome is met at the appropriate level; much of the evidence for meeting these outcome will be obtained during periods of experiential learning and then assessed in the portfolio, both of which are still being developed and embedded into the course. This learning outcomes will be reviewed again during the part 2 event.

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

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

Standard 1: Selection and admission

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

Criterion 1.1 is:	Met ✓	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 ☐

Information about the MPharm and MPharm with Preparatory year is provided on the course website. This information includes an outline of the structure of the courses, how they are taught and the respective admissions requirements. There is also information about the interview process, careers information and information around health and good character checks. Open Days are held to provide opportunities for prospective students to visit the university and meet staff from the Reading School of Pharmacy (RSoP). Once an application has been received from a prospective student, they ate given access to the Me@Reading online portal which contains additional information.

The admissions process for the MPharm and MPharm with preparatory year programmes are the same, with the only difference being in the academic entry requirements. For the MPharm programme, applicants must achieve ABB with a B in chemistry and one other science subject at A-

Level (or equivalent) and a GCSE English grade C and Maths grade B (or equivalent). For the MPharm with preparatory year, applicants must achieve BBB in any three subjects at A-Level or equivalent, or CCC with a C in chemistry and one other science subject (or equivalent) and GCSE in English and Maths grade C (or equivalent). Applicants eligible for a contextual offer are made an offer two grades lower than the standard offer. This was also reflective of the standard offer with guaranteed entry with one dropped grade if Pharmacy is held as the firm choice by the applicant, or if the applicants had a contextual offer, though the provider noted that it had withdrawn from this scheme for 2023 entry.

The Accreditation team ('the team') asked for further information on the academic requirements for the MPharm with preparatory year. The Course provider ('the provider') explained that the MPharm with Preparatory year had recruited students since 2018; before this, students had come to the MPharm via a Science foundation course. The provider explained that the introduction of the preparatory year course was because of a change to visa requirements; RSoP preferred to embed students into Pharmacy from Year 0. The provider explained that the entry tariff changes year on year and that there were two different sets of entry requirements. Applicants who took non-aligned subjects would be required to achieve BBB, whilst applicants who took the same subjects as required for the MPharm would require CCC, including a C in Chemistry and one other Science. The provider highlighted that for 2023/24, a request had been made to either reduce the grade drop for offers or be removed from the scheme as there was concern that it was too generous. The provider noted that confirmation had been received prior to the reaccreditation event that the preparatory year was now removed from the scheme.

The team asked how applicants to the MPharm with preparatory year are made aware of the requirement for a DBS check, and when this check would take place. The provider explained that this requirement, as well as the requirement for health checks was included on the subject website and in the standard offer, as well as advertised on visit days. Checks take place at the point that students join the MPharm, whether in Part 0 if joining the MPharm with preparatory year, or Part 1 if joining the MPharm. The good character checks are carried out with support from the university placement team; completion of the health clearance check is a condition of remaining on the course. It was noted that the checks for Part 0 students would likely take place after those for Part 1, as Part 1 students would be going out on placements earlier than Part 0 students. Vaccination requirements of local hospitals are checked. Students are also asked to identify any medical conditions, and interviewed to check any possible impact. If a student cannot supply a vaccination record, they are advised to contact their GP. The provider noted that there was consideration at university level for the health check process to be outsourced; they also confirmed that no student can go on placement without DBS clearance and health clearance.

Applications to the University of Reading are received via UCAS. Applicants are required to demonstrate a commitment to Pharmacy, Medicine or associated science in their UCAS personal statements. Applications are then assessed using predicted or achieved grades, personal statements and references at the point of application. If an application meets these requirements, they are invited to an online interview with a member of staff. Interviews take place online. Applicants who may have reasonable adjustments are invited to request reasonable adjustments which are then reviewed and actioned on a case-by-case basis. Reasonable adjustments include double-marking candidates with speech impairment, accommodating applicants with caring responsibilities and displaying questions as text for those with hearing impairment.

The interview consists of three sections. The first section explores the motivation of the applicant to study pharmacy by exploring why they wish to enter the profession. The second section is a demonstration of professional skills where applicants are asked to describe and reflect on occasions when they have demonstrated professional skills and the third part is about situational judgement, where applicants are asked to answer two situational judgement questions. Questions are aligned to the GPhC Standards for Pharmacy Professionals, the Health Education England (HEE) professional Attributes Framework and the NHS constitution. If an applicant is made an offer after the interview process, the applicant will be invited to attend a university visit day, which help support applicants during their decision making process. These are held in person or online.

The team explored how the new selection process had gone since implementation. The provider emphasised that the department had consulted with representatives from hospital, community and general practice to develop the interview process, with the representatives being able to access the interview script. NHS England had also been consulted on the new process, with no additional comments. The provider commented that stakeholders had liked the new interview process as they felt that the process would likely help to discriminate candidates. Furthermore, they had also fed back that the situational judgement test questions should be set in a pharmacy context for 2023/24. The provider explained that all situations in the interview have a 'red flag' element and are checked by the pharmacy management board and reviewed by stakeholders to check they are appropriate. The team asked how often incidences of applicants meeting 'red flag' criteria. The provider noted that instances of red flags were fairly rare, and constituted around 30/40 examples out of 1000 plus interviews. The provider confirmed that feedback was available to applicants who failed on a request basis. The provider emphasised that applicants would not receive an offer even if their performance was ok in other aspects of the interview. It was noted that students could reapply to the course if they failed at the application stage.

The team was told that there were a number of quality assurance processes in place for the selection process such as the requirement for all interviewers to attend a standardisation session before the interviews start. An admissions briefing for staff is held yearly between September and October before the start of interviews in November. Interviewers then go through questions and videos, and new interviewers have a one to one meeting with the admissions tutor to go through the process. The provider highlighted that the admissions tutor would review at least two interviews per member of departmental staff to ensure criteria are being applied fairly, and noted that new interviewers would have their first interviews checked. There was a shared mark scheme and special attention was paid to any borderline pass/fail cases or cases with a red flag. All interviews are recorded and reviewed by the MPharm admissions tutor to ensure standardisation. It was noted that recordings are kept for 60-90 days and that applicants were informed of this. The team commented that this was a thorough process.

The team questioned how equity of experience was maintained in the clearing process as it was noted that interviews were undertaken by phone. The provider explained that it would ensure that it was a sustainable process and noted that it was to ensure parity with the approach for international students. The use of the phone in clearing was for the speed of the decision rather than the online teams interview used in the main cycle. The provider explained that invitations for video calls had been sent to applicants in the past, but there had been problems with junk e-mail filters. The provider also highlighted that some applicants chose to connect to online interviews from schools as they did not have access at home; in the main interview cycle, it was easier for applicants to select an appropriate interview slot, but in the clearing cycle, schools would not be open, so it was harder for

such applicants to arrange. The team asked how the identity of the candidate would be checked to ensure they were not being supported with their response. The provider explained that applicants are asked to confirm details from the application process such as name, date of birth and address, and that the phone interviews are also recorded via Teams and kept for review. The provider commented that the process enabled them to make quick decisions, but acknowledged some challenges with the process. The team decided that there should be a **recommendation** that all Clearing interviews are conducted via videoconference, rather than telephone. This is to provide an equitable process to the standard application route, and for additional assurance of the candidate's identity and that they are not being supported with their responses. This relates to **criterion 1.7.**

The admissions profile of both the MPharm and MPharm with preparatory year are analysed by protected characteristics. The provider detected no evidence of the interview process disadvantaging applicants from a particular group, though did notice a 3% drop between the proportion of international applicants and international offer holders which the provider intends to explore. The analysis is reviewed by the Board of Studies and Student Experience with subsequent progress reports feeding into this group.

The team asked about the mechanisms that the provider has for monitoring the progression and achievement of students based on their entry route. The provider explained that all progression data can be accessed by the Directors of Teaching and Learning, which then feeds into the departmental boards of study. There is also a Wellbeing Inclusion, Diversity Equality Committee (WIDE) which runs at school level and considers the data from the EDI perspective; a dashboard is used to look at the data. The provider also explained that the university Planning and Strategic office can supply granular data if required. The provider described how support could be put in place for particular students based on data findings, which would be submitted each September and discussed with the Pro-Vice Chancellor for Education.

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 ☐

Equality and Diversity is embedded within the MPharm and MPharm with Preparatory Year programmes. Students are made aware of the university student charter and receive introductions to the importance of Diversity and inclusion in the welcome week, with talks from the Pharmacy Wellbeing, Inclusion, Diversity and Equality (WIDE) lead. Students are also introduced to the GPhC Standards for Pharmacy Professionals in early modules on both programmes. Students are also introduced to Pharmacy law and the importance of understanding culture diversity and behaviours.

Students will also be signposted to diversity and inclusion events and issues taking place at departmental, school and university level for their own personal and professional development.

The University has a Diversity and Inclusion (D&I) leadership team. The university also has a number of policies and procedures to ensure that no one is discriminated against on the grounds of their protected background. At school and department level, there are dedicated WIDE committees that provide specific oversight of diversity and inclusion across all activities. The School of Chemistry, Food and Pharmacy (SCFP) holds a current Athena SWAN Silver Award, and has its own dedicated SCFP Black Asian and Minority Ethnic (BAME) network for staff and students in addition to the university level BAME network.

A wide range of information is captured and analysed to allow detailed profiling of students. Annual diversity and inclusion reports provide information on protected characteristics in relation to the staff and student profile. At module level, the Board of Studies and Student Experience (BoSSE) and the Pharmacy Student Staff Partnership Group (SSPG) allow opportunities for students to provide feedback for relevant diversity and inclusion discussions.

The department ensures that its teaching is in line with the university policy on Inclusive Practice in Teaching and Learning. Students are made aware of the work around diversity and inclusion in the department, school and wider university. Each incoming cohort is analysed in relation to a range of protected characteristics so that there is a clear picture of the student profile. This information is also disseminated in the annual MPharm staff update in September at the start of the academic year, as well as related to placement providers in the annual placement stakeholder update meetings.

The team was told that there was work being done at university level regarding decolonising and diversifying the curriculum so that students feel represented, and that the curriculum is fit for the diversity of students. It was noted that there is much already embedded in the MPharm programme such as an awareness of global pharmacy and healthcare, and getting students to think about different perceptions from different patient groups, sessions on cultural competence and ensuring that case studies, assessments and scenarios used patients from different backgrounds/protected characteristics. The team was also told in terms of supporting the diverse student cohorts in pharmacy, there was a school BAME network which had started three years previously, and met once a term. Issues raised in this network could be fed into the School management board. The provider also highlighted that different skin colours were used in slides as well as statistics from other populations, not just the UK. It was noted that students were very vocal about diversity and inclusion, as demonstrated by final year research on diversity and inclusion in the curriculum. The students corroborated this, reporting that they felt that the university was supportive of diversity and inclusion, also citing the example of staff showing slides of people with different skin tones.

Student attainment data relating to diversity and inclusion is monitored regularly by the university such as through the Awarding Gap Steering group and Access and Participation Committee. This is also monitored at School and departmental level through the School Teaching Enhancement Action Plan (STEAP) and WIDE committees. For the new programme, the Pharmacy WIDE committee will review attainment data on an annual basis and will then report to the pharmacy management board with an action plan for any awarding gaps. This will then be reported as required to the BoSSE and University Board for Teaching Learning and student experience.

The team was told that there had been a number of recent initiatives from the pharmacy department WIDE committee such as enabling a breastfeeding student parent to bring their child into some sessions; this had let to a change in university policy. The provider also gave the example of how

pharmacy students could request to change from a morning to afternoon session if they have caring responsibilities. The provider emphasised the role of the BAME network in the school and university, commenting that it had created a sense of belonging for students; the provider also noted that pharmacy had an ethnically diverse cohort compared to the wider university.

Students who require additional support services are supported through the study advice team and Disability Advisory service (DAS), as well as the Academic Tutor system. Reasonable adjustments are made to support students with disabilities such as additional time, rest breaks or use of scribes. Patient Case studies have also been diversified to better reflect the cohort and general population.

New staff must attend the university's central induction programme which includes information on diversity and inclusion policies. The team was told that there was mandatory training for all staff on diversity in the workplace and that in the pharmacy department, this had to be kept updated every three years. It was also noted that there was additional optional training available for staff, resource packs, and there had also been a diversity and inclusion away day organised by the department. The provider noted that there was good engagement with diversity and inclusion activities from pharmacy staff. Students are also able to become inclusion consultants to help collaborate with staff on embedding inclusion and diversity into courses and services. Placement supervisors who have not had the opportunity to receive D&I training from their own workplace can receive alternative training such as through e-learning for healthcare.

The team explored how equality, diversity and fairness had impacted arrangements for placements, noting some of the initiatives such as students being able to request adjustments to avoid early morning or late afternoon teaching. The provider noted that placements are a changing sector, so issues such as these are being discussed as placements are being developed. As an example, the provider would speak with the placement partner to see if they could make a particular adjustment, such as a student with caring responsibilities starting their shift later, or identifying a suitable placement nearer to the student so there was less travel involved.

The team asked how the provider would ensure that placement supervisors would promote the principles and legal requirements of equality, diversity and fairness in placement settings. The provider explained that as part of the audit of placement sites, staff would have to confirm that they have undertaken training before the site was approved. The provider also highlighted that there would be a pre-placement briefing in September so that the diversity of the cohort can be explained to the providers. Students can also supply anonymous feedback on issues at the time of the placement; if there were to be an issue, then the provider would have an immediate meeting with the placement provider. The provider also confirmed that students with a declared disability would have reasonable adjustments such as letting the placement providers know in confidence. From a teaching perspective, sessions were being planned where students would be able to share experience of issues and how they were addressed, such as their experience of an uncomfortable situation.

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 Reading School of Pharmacy (RSoP) sits as a department within the School of Chemistry, Food and Pharmacy (SCFP). RSoP has its own budget, which is managed by the Head of Pharmacy, who is also responsible for ensuring that there is a sustainable business plan. Pharmacy can secure resources from a number of mechanisms including the university's operating planning process, where operating plans are updated annually, the School Teaching Enhancement Action Plan process (STEAP) and the research planning process. The University had supported staffing plans in line with business plans and additional funds for staffing and placement costs have also been secured. The school was successful in securing £2.6 million of funding to create the Clinical Simulation Training suite. The department has also received funding from HEE to support the expansion of placements. The department is supported by a University Finance partner to prepare the departmental budget and 5-year business plan. Current and future resourcing needs are highlighted thought the STEAP and resource planning process. A risk register is maintained to capture any potential risks to pharmacy in terms of likelihood and possible consequences, and mitigating actions. This risk register is reviewed and updated annually by the Pharmacy Management Board and is then fed into the wider School risk register.

The team noted from the business plan submitted that there is a decrease in the staff student ratio (SSR) combined with rising student numbers and explored how the provider would ensure that quality is maintained. The provider explained that the numbers were a result of the return to in person examinations, as a significant number of students had needed to take an intermission of studies to undertake examination resits only, which meant that there was a dip in the numbers recorded. The provider also noted that seconded staff from outside of the university did not feature in the staff expenditure section, but were listed under professional fees, so the business plan shows a gradual increase in the SSR. The department aimed to recruit 150 undergraduates per year, comprising of around 65 students on the MPharm with Preparatory year and around 90-100 students on the MPharm course.

The team asked about whether there was sufficient financial resource and capacity to deliver the expanded 18 weeks of placements on an ongoing basis. The provider explained that the business plan still included current expenditure for placements and that there were some additional funds that can be used to pay for things such as vaccinations. The provider also noted that most placements offered by the department would be eligible for money from the clinical tariff. The wider School may also be able to raise additional money from the clinical tariff from use of the new Clinical Simulation suite. The team agreed that **criterion 3.1** was **likely to be met** as the placement expansion and funding from NHS England were still to be confirmed, and that there might also be a need for resources for other areas such as patient actors for OSCEs. This will be revisited at the Part 2 event.

The MPharm and MPharm with Preparatory year are supported by 37 FTE of academic staff, 4FTE of technical staff and 5.3 FTE of support staff. There are 21 staff who are pharmacists, of which 7 are annotated as independent prescribers. The current SSR is 24:1, which is expected to decrease to 22:1 in 2023/24. The provider noted that the department had permission to recruit an additional 1.7 FTE of academic staff to support pharmacy practice teaching from September 2023. An additional 2 FTE will also be recruited in 2023/23 to support the Pharmacology and the Physicians Associate courses respectively. Recent recruitment had taken account of the changing curriculum and had sought to attract independent prescribers to help build additional capacity in the course team to support the embedding of prescribing into the new MPharm curriculum. It was noted that many of the pharmacists/independent prescribers also worked in clinical roles alongside their academic roles. There is a longstanding secondment agreement with Day Lewis plc, who are a large independent community pharmacy chain. Staff from medicinal chemistry, pharmaceutics, pharmacology and

therapeutics also contribute to the MPharm. Staff from non-pharmacist backgrounds undertake visits to clinical settings every three years so that they understand the role and responsibilities of the pharmacist in respective settings. Placement supervisors are also supported to supervise and assess students on placement, and placement quality assurance visits and feedback take place regularly.

The team asked how the make-up of the staffing team had changed in order to develop the clinical skills required to develop safe prescribers. The provider explained that when the new standards were published, the course team decided to increase the numbers of independent prescribing staff. This meant that some temporary staff were then able to become permanent, and a number of prescribers were seconded from general practice or hospital. The provider highlighted that all recent appointments were independent prescribers, which had been listed as an essential criterion in the recruitment process. Internally, staff were also encouraged to undertake training and development to become independent prescribers. The provider noted that whereas traditionally, undergraduate and postgraduate workforces worked separately, this was changing and the department were looking to bring these teams together. The provider also explained that they would also look to recruit other staff such as nurse prescribers and make more substantive appointments.

The MPharm and MPharm with Preparatory year are delivered on the Whiteknights campus which includes university lecture theatres and facilities alongside specific departmental and school facilities. University facilities have been upgraded to incorporate specialist lecture capture software. In terms of specialist facilities for pharmacy, the programmes are delivered in a range facilities such as the pharmacy practice laboratory, which includes computers and consulting rooms and space to simulate dispensing skills; a clinical skills suite which can be used for a variety of sessions such as groupwork and interprofessional learning activities. There are also a number of biomedical, chemistry and microbiology laboratories and facilities. The team was also taken on a tour of the new Clinical Simulation Training Suite which can accommodate 80 students and includes a four bed hospital ward, consultation and debriefing rooms, clinical examination equipment and a virtual dissection Anatomage table. This facility has been designed in partnership with the Royal Berkshire Hospital to help support the expansion of interprofessional learning opportunities. The provider also noted that the Health & Life Sciences building, which was built in 2021, has a number of modern teaching laboratory spaces for large numbers of students; the MPharm with Preparatory year students are taught Biology in these laboratories.

The team noted that the risk register indicated that there was a loss of access to laboratory space and equipment for research and supervision of students projects, and were interested in further updates on how this risk was being mitigated. The provider clarified that this was a minor risk, as laboratory spaces were in a number of buildings, but that some spaces were getting older, citing a rolling refurbishment process in the Chemistry building. The provider confirmed that the process is managed at school level, and activities that need to be delivered are duly prioritised. It was noted that there was a need to reconfigure space to manage as necessary; the University Estate plans identified investment in the school's spaces to make the space more flexible. The provider explained that there was also an annual equipment fund of around £2 million for the current year and that the risk was flagged in the risk register to that the university was aware of where resource may be needed. The provider also explained that there was a research planning group that looked at how to manage research demands; all researchers had to submit research plans to the head of research to look at in terms of needs, space and equipment. This then fed into the Pharmacy Management Board and the School Management Board.

Standard 4: Managing, developing and evaluating MPharm degrees

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

Criterion 4.1 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 4.2 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 4.3 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 4.4 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.6 is:	Met ✓	Likely to be met ☐	Not met ☐

The Reading School of Pharmacy has a number of key roles with responsibilities. These roles include the Head of department, Pharmacy Director of Teaching and Learning and the MPharm Programme Director, Module convenors and academic tutors. Other key roles for the course include the placement lead and the Interprofessional learning lead.

There are three levels to the university reporting structure – modular/programme level, school level and university level. Module convenors reflect on the effectiveness of their modules to the Board of Studies and Student Experience, which in turn helps to inform the School Teaching Enhancement Action Plan (STEAP) at programme level. This is reviewed on a termly basis and is fed back to school level, where responsibility sits with the School Management Board. The STEAP is reviewed by the School Directors of Academic Teaching on an annual basis, incorporating minutes from the board of studies and student experience, the National Student Survey (NSS) and external examiner reports. The action plan derived from this feedback is then discussed with the Pro Vice Chancellor for Education and student experience and annually reported to the University Board for Teaching, Learning and Student Experience.

The content of the MPharm and MPharm with Preparatory year are continually reviewed and evaluated to ensure that it is updated when there are significant changes in practice. The programme team includes clinical lecturers in hospital, community and general practice, who are able to ensure that new knowledge, skills and behaviours can be embedded.

The Head of School and Head of Department are responsible for ensuring that there are resources for the placements and that these are reflected in the business plan. The placement officer identifies new and continuing placement providers 6-9 months ahead of the placement weeks and maintains a database of approved placement sites. Placement allocations are carried out by the placements officer and placement lead. Students must inform the placements officer if they cannot attend a placement; supervisors are also asked to report any absence. Placement agreements include outlined responsibilities of the university and relevant stakeholder placement provider and are agreed by the placements team and university legal team to ensure that they agreements are robust and fit for purpose. The MPharm placement lead is responsible for overseeing and ensuring the quality assurance of placements and work based learning and , alongside the programme director, maintaining the placement strategy. The placement officer records the quality assurance of placement providers. Staff visit sites when they first become a placement provider to ensure they are suitable. The placement officer contacts students and supervisors after the placements to obtain feedback on performance and processes followed by the university. Feedback is then passed on to the relevant academic tutor to give to the student in the next meeting.

The team asked how the provider will mitigate the risks surrounding the placement capacity and quality as noted on the risk register. The provider noted that placement capacity had been identified as a risk because although the school has a high number of community placements available, the risk was with the number of placements available in the hospital and general practice environments. The provider highlighted that the minimum number of placements had already been met for the 2023/24 academic year, and that was before hearing from all providers, so more placements may well be available. The provider also noted that conversations were ongoing with stakeholders in general practice to increase capacity, with a focus on speaking to pharmacists in GP settings. It was noted that there was a new post within the wider school to help identify new placements for the MPharm programmes and the Physicians Associate course. The provider recognised that agreeing placements with GPs were challenging as there was financial competition for places from other healthcare professions, so there was an acknowledgement of the risk and consideration of placements in alternative primary care settings. The team agreed that **criteria 4.1 and 4.2** were likely to be met as not all placement providers are in place and plans for workplace-based assessment are also still being developed. This will be revisited in the Part 2 event.

The School engages with various stakeholders to ensure input into the development, design and delivery of the MPharm and MPharm with Preparatory year programmes. These stakeholders include pharmacists and clinicians from a range of sectors, external examiners, Health Education England and industrial partners. A number of stakeholder events have been completed with current students, as well as representatives of community, hospital and general practice. These events have been used to introduce the new GPhC standards and to seek feedback on assessments, placements, IPL and other key parts of the course. The course team plan to hold further meetings with stakeholders, with particular focus on obtaining the views of patients and the public.

The team was told that the provider planned to introduce a formal stakeholder board for the MPharm, in the style of a similar board that existed for the Physicians Associate course, which would include not only professionals from the respective sectors but also a patient member. The provider acknowledged that stakeholder engagement had been an ad-hoc process in the past and noted that the new stakeholder board would become active in Autumn 2023, chaired by the Head of Department. The provider also noted that the incorporation of views from patients and public had also been in an ad-hoc way in the past and needed to be formalised. The provider plans to reach out to local patient groups to recruit more patients and members of the public, but that recovery from the Covid-19 pandemic had made this difficult. It was noted that there was an intention to work more closely with healthcare courses within the university to make better use of patient/public groups in other areas. The provider also noted that there was some funding available as a result of the opening of the Clinical Simulation suite to be able to talk with patient groups at the Royal Berkshire hospital. The team agreed that **criterion 4.3** was **likely to be met** as plans for the development of the stakeholder board, as well as the meaningful input of public and patients in terms of course design and delivery are still being developed and will be revisited at the part 2 event.

Students have a wide number of opportunities to give feedback on the MPharm and MPharm with Preparatory year. These opportunities include the end of module evaluation where students can give feedback on their respective modules. Elected student representatives attend the Student-Staff partnership group (SSPG) and the Pharmacy Boards of Study and Student experience (BoSSE) meetings. The SSPG meetings are held three times per year. Issues raised within the meetings are fed into the board of study. Senior reps also meet with senior School staff at least once per term.

The team asked about issues that had been raised at the meetings between senior staff and students. Issues that have been raised included student requests for more placements, and for fewer 'K' elements in the course. Students have also fed back that they prefer to be assessed annually on calculations. The provider noted that the SSPG meetings had provided a useful forum to feedback and engage with students, citing the example of when plans for the new course were presented to the wider student cohort, some students indicated concern over how they would balance the increased placements with any part time work they might undertake. The provider also noted that the course team were upfront in explaining to the students that pharmacy is a full time course, but that students would be given advance notice of placements. The students reported that staff did take on feedback and would reply and that changes had been made to the course based on current student and graduate feedback. The students also noted that a course feedback e-mail was sent every term and that issues had been responded to such as where students had requested mock sessions, these had been delivered.

Module convenors review SSPG minutes and student evaluations and student performance data to identify any changes that are required to improve the module. BoSSE also considers feedback from placements and stakeholders, the National Student survey, and reports from the external examiner are also considered. Changes in response to feedback include more structured revision sessions and an increasing the number of mock/mini-mock assessments. The school also reflects on the performance of Reading graduates in the GPhC registration assessment each year.

The team asked for more information about the STEAP plan and how it relates to the MPharm. The provider explained that the plan is focussed on areas such as assessment and feedback and capturing the student voice and incorporates analysis of exam and progression data. There is discussion about the priorities for each year, such as decolonising the curriculum, and the plan is reviewed throughout the year. The provider highlighted that the Dean would meet with the Head of School and the Head of Department to look at the data and identify areas to work on. There is also student involvement in the STEAP process, such as the students creating videos to help students going through the exam process. The provider confirmed that the board of study meetings will look how things are progressing, and it is the responsibility of the Dean to ensure schools are on track.

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 is focused on supporting students to develop into safe, effective and resilient healthcare professionals of the future. Teaching methods used to deliver the course are varied and inclusive, with a focus on developing authentic assessment methods where students can demonstrate their proficiency in applying their skills and knowledge. The curriculum for the MPharm and MPharm with Preparatory year is spiral, which enables students to develop their skills and knowledge each year that they progress through the programme. The course has been reviewed and revised to take account of the 2021 GPhC Standards for the Initial Education and Training of Pharmacists (IETP).

In Part 0 of the MPharm with Preparatory year, students undertake foundation courses in pharmaceutical and health sciences, chemistry, biology and academic skills. In Part 1 of both courses, students then undertake modules that provide a solid foundation in the sciences that underpin pharmacy alongside a Professional practice module. In Part 2, students undertake modules in clinical therapeutics where the students' knowledge of the science of pharmacy is used to look at the underlying cause of diseases and then explore the diagnosis, treatment and prevention of the diseases. In Part 3, students continue with further modules in clinical therapeutics alongside their professional practice module. In Part 4, students undertake a module with particular focus on prescribing skills, such as Professional Practice 4, as well as undertaking a research skills module that develops their knowledge of research methods used in Pharmacy relevant research. Students also have the opportunity to select an optional module, which include Specialist Clinical Pharmacy, Pharmaceutical and Clinical Research, Pharmaceutical Industry and Pharmaceutical Innovation and Product Development. In Parts 1-3, students must pass all modules at 40% and also achieve a pass in various assessments within the professional practice modules (for example, calculations, OSCE's and portfolio); in Part 4, students must pass all modules at 50% and achieve a pass in the professional practice module, which includes the portfolio, portfolio viva, calculations assessment and OSCE assessment.

The team asked about how much of the prescribing content was already in place on the course and what still needed to be developed. The provider explained that some elements were already embedded in the course. It was noted that scenarios were being adapted and changed to consider the role of the prescriber, and in particular, with a shift towards getting the student to make a decision, as they would need to do in practice. The provider explained how they had made use of a 'four knows' model (Know the evidence, know the patient, know the environment, Know yourself) to consider how best to embed prescribing into the curriculum and helping encourage students to think like a prescriber. Other prescribing competency frameworks were considered such as the IETP framework and the RPS prescribing competency framework. The team was told that clinical skills had been developed to support prescribing in different practise settings such as through a prescribing in practice workshop, or responding to symptoms sessions. The provider also highlighted the need to students to consider factors such as private prescribing and the risks associated with distance selling pharmacies. The provider acknowledged that the assessment of these clinical skills was still being developed.

The team also questioned what opportunities are available for students to have contact with independent prescribers both within the university and the practice setting. The provider explained that there are a number of staff at Reading who are independent prescribers. It was noted that this would be covered in the placement briefings so that students understood how the role of the community pharmacist was developing, and helping them to identify opportunities where students could have contact with independent prescribers, but also recognising that each sector has its limitations.

In terms of experiential learning, in Part 1, students will undertake a two week placement in a community pharmacy followed by one day each week in the same pharmacy in the following semester. In Parts 2 and 3, students will undertake a two week placement in each term in one of the following four environments: Community Pharmacy, Hospital, GP surgery, or another specialist area. Students must attend a placement in community, hospital and GP during these placement blocks in Parts 2 and 3. In Part 4, students will then attend a six week placement block in one of the four environments.

The team asked for further detail on plans for expansion of placements. The provider explained that there was no problem in terms of the provision of hospital and community placements, but acknowledged that the school did not have enough GP placements currently. The provider explained that there were some barriers to arranging placements in general practice and that the course team planned to visit GP practice managers in the summer to give them more information and explain how the student could be managed without impacting on their time. Work was also ongoing with regards to what students might be able to do in the GP surgery; the provider noted that students will have had blood pressure training, and Well man/woman checks which can help provide a service – this would underline the benefit to the GP surgery of having the student on placement. The provider noted that the activities on each placement are broad so that the learning outcomes can be met through any of the sectors, and that there were clear links to OSCEs and written exams in terms of communication skills.

The team asked what changes had been made to the course to meet the new standards, in particular to accommodate the increased placement activity. The provider explained that an extensive review of the current programme had taken place which had resulted in changes such as the contact hours spent on dispensing being removed so that more is carried out on placement. Teaching on infections had also been adjusted so that it was taught more efficiently. The provider noted that in terms of fitting in the placements, week 6 in both terms, currently a reading week, had now been utilised for teaching. One of the planned assessment periods (in Part 4) would also be used by Pharmacy as no assessments would be scheduled in this period; some practice skills would be taught whilst students wait for results to be released. The team was concerned that it was not clear where content in the course was being rationalised and would therefore revisit the issue of student workload with students at the Part 2 event.

Students undertake a range of Interprofessional Learning activities throughout the course. These IPL sessions include interactions with nursing, speech and language therapy, physiotherapy, occupational therapy, paramedic, nutrition and physician associate students. Students from these respective disciplines are either based at the University of Reading, or at the School's IPL partners, the University of West London and Oxford Brookes University.

The team also asked for clarification with regards to the optional modules, both in terms of how they would be managed from a resource perspective, but also in terms of assurance that each student will

still be able to meet each GPhC learning outcomes. The provider explained that there would be no core learning outcomes delivered in the 20-credit optional module, and that required outcomes for level 7 would all be covered in the core 100 credit modules within the final year. The provider highlighted that students still needed to pass the optional module with a 50% pass mark. The development of the optional modules had partly been as a result of student feedback, where students had sought more optionality.   The provider also stressed that the optionality was a centralised process that already happened in the wider university, but was new to pharmacy. Students would select the modules in Part 3, so the course team would know exactly how many students had chosen each option before the start of Part 4. The provider considered that the optional modules were also easier to organise than trying to arrange 150 final year projects. The team had some concerns over this, in terms of the number of credits and the resource required, and wondered if some modules might be more advantageous for students to take than others. The provider explained that the Specialist Clinical module, for example, would not offer extra practice or advantage for OSCEs and was more focussed on skills such as leadership. The team also asked for clarification about how Part 4 is assessed at master's level for students not undertaking a research project. The provider confirmed that not all students had to undertake a research project as it was optional, but sought to reassure the team that students still undertook the core research skills module which was designed to empower students to think critically and to develop key research skills and learn to better understand the evidence base.

The team asked about the use of 'K' elements in assessments. The provider explained that 'K' elements were competency based assessments such as calculations or OSCEs and were essentially any element that the student must pass in order to progress. The provider explained that for Parts 0-3, the module pass mark was 40%, and 50% at Part 4. The pattern of assessment for a module tended to be 30% coursework, 70% examination. The provider confirmed that a student was required to pass the module, but they did not technically have to pass the exam component, for example, and acknowledged that there was no threshold in the exam mark the students needed to achieve.

The team probed this issue further in terms of how the 'K' elements fit with the relevant criterion. The provider explained that the university had concerns about there being too many barriers in the assessment strategy which might affect student experience, and that students had too many assessments to pass in order to progress. This issue had been raised and debated as part of the internal revalidation of the course, where the pharmacy team had been challenged on assessment thresholds, which were already above requirements for other programmes at the university. The provider explained that the university had some concern over the progression rate for the MPharm, so the focus of the assessment strategy was to make it more authentic, and not just focussed on students passing the exam.

The team asked how the process worked in terms of students meeting their learning outcomes and the possible use of compensation. The provider explained that If students were not hitting the 40% threshold (or 50% in Part 4) then the course team would review student performance to see where the gaps might be. A meeting between the student and tutor would then be arranged, and if necessary, with the exams officer. The provider reassured the team that lack of academic engagement or fitness to study could prevent progression and that poor performance could also be failed in the portfolio. The provider reiterated the importance of the academic tutor monitoring student engagement and that the integrated student management system allowed staff to capture signposting, student meetings and the overall student journey.

The team also had a key concern in relation to the current assessment regulations as it was not clear that students needed to achieve 480 credits to be awarded an MPharm degree because of possible compensation and condonement. Based on the submitted documentation and detailed discussions during the event, the team agreed that a number of criteria in Standard 5 and 6 were **not met** as the current assessment regulations enabled the possibility of a student being able to complete the programme without demonstrating achievement of the passing standard. Similarly, students must achieve 480 credits to be awarded an MPharm, including 120 credits in the final year at masters level.

The team therefore set **two conditions**. The first condition was that the provider should remove opportunities for compensation and condonement in assessments. This will require that students pass each summative assessment in the module in addition to achieving the overall pass mark for the module. This is because the current assessment regulations have the potential for a student to complete the programme whilst not demonstrating achievement of the passing standard for all assessments. This is to meet **criteria 5.8, 6.2, 6.3, 6.6** and **6.14.**

The second condition was that students must achieve 480 credits overall to be awarded an MPharm degree, with 120 credits in year 4 at level 7. This is to meet the minimum requirements for an integrated master's degree as set out in Quality Assurance Agency (QAA) Higher Education Credit Framework for England. This is to meet **criterion 5.8** and the requirements set out within the IETP standards.

The team asked how non-pharmacist members of the staff team are supported to understand the role of a pharmacist and to deliver an integrated programme. The provider explained that all non-pharmacist members of staff go on visits to clinical setting. The course team worked well together, and it was noted that therapeutic teaching was a team effort, with non-pharmacists being supported by a clinical lecturer. There are two regular pharmacy seminar series that ran in the school, one focused on teaching and learning and the other on research and scholarship. In terms of support for students on placement, the provider noted that this was being discussed as a team and will be addressed in forthcoming staff training. The provider explained that the team model used to deliver pharmacy interviews might well be adapted to help train staff to support students whilst on placement. In terms of marking the portfolio, it was noted that staff were already used to talking to students about their current portfolios, as well as discussing placement feedback with students. When the portfolios are marked, there will be a moderation process across academic tutors to ensure quality assurance. If additional training is required, this will be arranged.

The team was told that in terms of assessing professional behaviour, students would be asked to reflect on their behaviours when on placements. Comments and feedback would also be sought from the provider. There would be further opportunities to consider this in both pre- and post-placement briefings. The provider was keen for the portfolio to be seen as both a professional and academic exercise. Consistency would be achieved by ensuring supervisors have training, consistent across all providers, which would then be triangulated in terms of feedback from different placement supervisors and student performance in the OSCEs. The provider stressed that the approach would be to take an overview and not rely on one person, so that all professional attributes would be assessed both at university and on placement.

Students must complete annual declarations relating to fitness to practise in terms of health and good character. Initial fitness to practise investigations are carried out within the Reading School of Pharmacy with a hearing being conducted by a panel of senior academic staff, including registered pharmacists. If the school panel believes there may be a case suggesting impaired fitness to practise,

the case is referred to the university level committee for consideration. Fitness to practise cases relating to MPharm students are notified to the GPhC. The provider confirmed that fitness to practise outcomes are reported on an annual basis and had checked to ensure that all cases had been sent to the GPhC. Students cannot be awarded an MPharm degree if there are outstanding FTP concerns. The School is proactive in contacting the GPhC with regard to any matters affecting the MPharm programmes.

The team agreed that **criteria 5.1, 5.2, 5.3** and **5.6** relating to curriculum design and delivery and experiential learning were **likely to be met** as placements were still being confirmed, and plans for the content of the portfolio and how it will be marked are also still being developed. The content of the placement was also still being developed and it was not clear where content had been rationalised on the course. These criteria will be revisited at the part 2 event.

Standard 6: Assessment

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

	Met	Likely to be met	Not met
Criterion 6.1 is:	✓	☐	☐
Criterion 6.2 is:	☐	☐	✓
Criterion 6.3 is:	☐	☐	✓
Criterion 6.4 is:	☐	✓	☐
Criterion 6.5 is:	☐	✓	☐
Criterion 6.6 is:	☐	☐	✓
Criterion 6.7 is:	✓	☐	☐
Criterion 6.8 is:	☐	✓	☐
Criterion 6.9 is:	☐	✓	☐
Criterion 6.10 is:	☐	✓	☐
Criterion 6.11 is:	☐	✓	☐
Criterion 6.12 is:	✓	☐	☐
Criterion 6.13 is:	✓	☐	☐
Criterion 6.14 is:	☐	☐	✓

The Reading School of Pharmacy has developed an assessment strategy in line with university policy. The strategy is focussed on ensuring that assessments support the learning and student experience. A variety of assessment methods are used for the MPharm and MPharm with preparatory year programmes, including OSCEs, written examinations and oral presentations. The aim of the strategy is to promote learning through use of authentic, diagnostic, formative and summative assessments, designed to shift the emphasis from just passing exams to measuring the ability of students to apply the knowledge and skills. Students are also assessed so that they have the opportunity to demonstrate their skills and knowledge at the levels of competence in Miller's Triangle ('Knows',

'knows how,' 'Shows', 'Shows how', 'Does'). MPharm assessments are also mapped to ensure that the GPhC learning outcomes are met at the required level.

Assessments and examinations are written and set by teaching staff and then reviewed and amended where necessary by a scrutiny team. Exam papers are also made available to the external examiners for review and to ensure they are appropriate. Assessments are also moderated, with a representative sample of assessed scripts reviewed by a second assessor. This is also available for review by the external examiners. Some assessments such as dissertation projects are double marked. Diagnostic tests are used to assess maths and English ability early in Part 1 so that appropriate support and guidance can be given. Summative assessments at 'Knows' and 'Knows how' level are usually written examinations. OSCEs, practical assessments and presentations are at the 'Shows how' level, whilst workplace based assessments and the portfolio are at the 'Does' level.

The team asked how the provider was assured that the marking of OSCEs is rigorous if assessors are also involved in the role play. The provider explained that there had been recent changes to the running of the OSCES so that the whole process could be run in a day, noting that this meant that every student sat the same OSCE. The provider noted that stations are written and then scrutinised, and videos from previous OSCEs help with calibration. OSCEs are also recorded so that they can be checked and rewatched. The provider noted that in some stations the assessor may role play as the patient but that in some stations there will be two people. Staff involved in assessing and role playing are more likely to be experienced members of staff. Where possible, the course team would try to match gender in such scenarios. It was also noted that the pharmacy team could draw upon the Physicians Associates course team to help with OSCEs. The team had a concern about staff acting as both patient and assessor in the OSCEs and made the **recommendation** that the current practice of using academic staff to carry out the role of the simulated patient within the summative OSCEs is reviewed. This is to present a more authentic assessment experience for the student. This relates to **criterion 6.2.**

The team asked about which assessments will be used to ensure that students meet all of the learning outcomes in relation to prescribing at the 'shows how' level. The provider explained that there were a number of assessments that will be used such as diagnostics in Part 2 of the course, as it involved history taking, and then in Part 3, where there was further history taking as part of responding to symptoms. The OSCEs have also been designed to meet the relevant skills required for prescribing. It was also noted that as part of the standard setting process for OSCEs, criticality had been built into the stations. The 'Shows how' level would also be tested in case study presentations.

The team was told that the provider had developed some assessments for placements such as students using the medication related consultation framework (MRCF) in Part 1, whilst for Parts 2 and 3, there were a selection of activities that students could undertake, such as a case based discussions, MRCF tasks, mini-Clinical examinations (mini-Cex) and Directly observed procedures (DOPs). Activities might include dispensing, medication counselling or health promotion. In Part 4, students must undertake one of each of these activities. The provider clarified that in terms of a standard set for work based assessments, activities in Parts 1-3 were more formative, but in Part 4, the activities would be summative. Supervisors would receive training on assessing case based discussions; the supervisor would do the first attempt which would be reviewed by the university. It was noted that students could be given more than one opportunity to practice and that all students would be able to go on an additional placement over the summer if they failed the initial placement. The provider noted that a student performing poorly on a consistent basis would be a 'red flag.' The pharmacy practice team would decide if the student needed to resit the placement, though the provider also

recognised that there would be some instances where a problem on placement may not be the fault of the student which would require exceptional circumstances to be considered.

The MPharm and MPharm with Preparatory year programmes have a particular focus on safe practice and patient safety. As a result, a number of assessments are standard set such as calculations and OSCEs. Pharmaceutical calculations are standard set using the Angoff method.   OSCEs are standard set using the borderline regression method. If there are actions or errors within the OSCEs that would result in patient harm, the student will fail the assessment. Students can also fail other assessments such as workplace based assessment or case studies/care planning activities if inappropriate advice is given. On placement, supervisors must provide feedback on student performance as part of the portfolio; if any issues arise, these will be investigated by the placement lead. If the assessment includes 'red-flags', such as the OSCEs, these will be set and agreed in advance by the pharmacy practice staff. If the action performed by the student is considered to be a demonstration of unsafe practice but is not part of the list of red flags, then this will be reviewed by the OSCE assessment panel.

All assessments have clear marking criteria. There are a number of elements in the MPharm curriculum ('K' elements) that are exempted from the standard university thresholds and must be passed for the student to progress.   The team asked how students would be introduced to the standard setting processes. The provider explained that the resources for explaining this to students will likely be very similar to those used to explain to staff. As such, information would be disseminated to students early in the academic year to explain why certain assessments are being standard set.

Feedback is provided to students to help them to improve their performance. There are a number of formative assessments within the programme that students receive feedback on, such as verbal feedback intended to provide immediate support and guidance. All assessed work must be marked and retuned to students within 15 working days.   Feedback on electronic submissions is provided through Turnitin. A written feedback summary is provided to MPharm students following summer examinations. On placement, students will receive feedback from their placement supervisors in relation to their meeting of the required learning outcomes and assessments. Academic tutors will also provide feedback on academic and placement performance in regular meetings. The students reported that feedback was mostly received within the 15 working days and that they are told if there will be a delay. The students did note, however, that some tutors had difficulty accessing feedback due to some technical issues. The students also raised a concern about the consistency of individual student feedback, noting that whilst detailed feedback was provided in the event that an assessment was failed, detailed individual feedback was not always provided for students who passed the assessment but were keen to see where they could improve. The team agreed that this **criterion 6.9 was likely to be met** as it was noted that individual student feedback was inconsistent. This will be revisited at the part 2 event.

The team asked how feedback from others such as placement supervisors and/or patients inform assessment. The provider explained that students in Part 4 are required to get patient feedback which then goes into their portfolio. The feedback is then reviewed after every placement by the placement team and contributes to the annual placement audit. The team questioned further as to how the provider would ensure that all placement supervisors would be appropriately trained. The provider explained that this would be done by sending out the site approval form to the placement supervisor who would need to state if they had received the training. Placement supervisors would be able to attend an online event which would inform what is expected of them as well as enabling

them to express any concerns. If the supervisor had already done the training, this would be checked. Supervisors who do not complete the training would not be used. Placement supervisor events are held annually so that the expectations of supervisors and students could be outlined.

The team agreed that **criteria 6.4** and **6.5** and **6.8** are **likely to be met** as assessment plans for the placements are not yet developed. The team also agreed that **criteria 6.10** and **6.11** are **likely to be met** as it is not yet clear how patients and supervisors will be involved in experiential learning assessment. These criteria will be revisited at the part 2 event.

The team agreed that criteria **6.2, 6.3, 6.6** and **6.14** are **not met** as there is the potential in the current assessment regulations for a student to complete the programme whilst not demonstrating achievement of the passing standard for all assessments (see commentary under Standard 5).

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** ☐

There is a range of support for students taking the MPharm or MPharm with Preparatory year course. Students are encouraged to undertake a specially designed e-learning package called Study Smart before the start of the course. Upon arrival, there are a range of welcome activities for students at both university and school level. Students for both programmes meet with their academic tutor at the end of welcome week and complete a learning needs analysis for discussion during term to identify areas where they need support. This exercise is repeated at the start of every academic year. Students have termly meetings with their academic tutors.

The School operates student mentor and peer assisted learning schemes. The mentor scheme helps to support new students in their first term at the university. The peer assisted learning scheme is designed so that students on later years can offer support to students on earlier years. Extensive use is made of the Virtual learning Environment (VLE) Blackboard Learn, to ensure a variety of resources for modules such as lecture recordings, notes, handbooks, quizzes. There is a policy on exceptional circumstances which is designed to support students who may face personal difficulties which affect their performance or engagement in the course. At university level, there is a range of general

welfare support such as a counselling and wellbeing service, Disability advisory service and a Students Union Advice service. Staff can refer students requiring rapid intervention to a specified welfare officer. Students on placement will have a named placement supervisor who they can turn to for support and advice; they are also provided with the contact details of the placement officer and placement lead for urgent situations.

The University of Reading has a careers service providing support for students. At departmental level, there is a bespoke pharmacy career queries e-mail address, and a pharmacy careers page on Blackboard which lists adverts for voluntary placements and information about Oriel and non-Oriel employers. The department also organises a careers fair for students to meet a range of prospective employers. The students reported that they were well prepared for the Oriel process with lots of support given. It was noted that there were frequent Oriel deadline reminders, and there was also an Oriel handbook and Padlets available for queries. Some students reflected that there was not as much information about industry placements or opportunities. The students found the session where Part 4 students explained the Oriel preferencing system to Year 3 students very helpful.

The team asked about academic and career support available to students undertaking the MPharm with Preparatory year. The provider explained that students were encouraged to take a 'Study Smart' course before the start of university. During welcome week, students are signposted to academic support. The provider highlighted that an academic tutor from the pharmacy department was allocated to Part 0 students and that they would then retain this tutor when the students moved into Part 1. Students meet with their tutor at least once every term and complete a learning needs analysis. The provider also pointed to seminar groups on skills that run in Part 0. Students will be set targets in the tutor meeting that are linked to the progression requirements they need to move on to Part 1 of the MPharm. The team commented that the MPharm with Preparatory year at Reading was more integrated with the main MPharm course than was sometimes the case with other providers.

The team also asked about support for graduates in their foundation training year. In terms of support, the provider explained that alumni were welcome to contact their academic tutor if they wished, and highlighted that the department organised practices for the registration assessment. The provider commented that they were also able to support students who might need to delay or repeat their registration assessment; Reading Pharmacy graduates had their access to e-mail extended for a year (further if they have delayed the completion of foundation training). The provider noted that there was no fee for this. Students are also able to access the university career support for up to 18 months after graduation. The provider also explained that in person study days had been moved online to make them as accessible as possible. The team commented that the support offered by the Reading School of Pharmacy to its graduates was an example of good practice.

Students have access to a range of pharmacy academic and professional role models during their studies. As part of the staffing profile of the department, there are a number of registered pharmacists with experience in different sectors such as community pharmacy, hospital pharmacy, GP pharmacy, industry and academia. In addition, there is also a strong team of scientists and researchers who also contribute to the MPharm programmes. Students also have opportunities to work with a range of healthcare professional trainees as part of their interprofessional learning sessions.

Students are able to raise concerns in a number of ways. The University has a student complaints and a student disciplinary process. The pharmacy department has a formal raising concerns process designed to support students who may have observed unethical behaviour or conduct, academic

malpractice or behaviour that might lead to patient harm. Students are informed of the process at the start of the programme and at the start of each academic year in welcome back talks. At placement briefings, students are reminded of their responsibilities on placement, including the responsibility to report any concerns they witness or experience. A named placement supervisor is allocated for the duration of the placement and details of the pharmacy placements officer and placement lead are provided.

Staff involved in delivering the MPharm programmes can access a range of support to develop in their professional roles. All members of university staff grade 3 or above have mandatory performance and development reviews (PDRs) where developmental needs and required training activities are discussed and recorded. The School of Chemistry Food and Pharmacy's executive support oversees the PDR process to ensure they are completed. The Head of Department is able to see all PDRs which assists them in identifying priorities, requesting resources or following up on concerns. The University has online training available through an online platform, and training is also supported by the Centre for Quality Support and Development or People Development. All Academic members of staff within the department are members or fellow of the higher education Academy or are working towards this recognition. Staff new to teaching undertake the University's Academic Practice Programme as part of their probation, and are allocated a mentor from the department to support their development.

The team explored the opportunities with the school for staff to develop in their role. The provider explained that whenever there were any new leadership opportunities within the school there was an internal expression of interest process. There was active mentoring in the school and a community of practice in terms of research. The department also actively supports PhD students. The provider highlighted that there was a promotion cycle in which staff are actively encouraged to consider promotion.

The team also asked what support and training is provided to staff in relation to their role as a personal tutor. The provider explained that there was training at departmental level as there was an annual MPharm briefing meeting which took place before the start of the academic year. Any changes would be relayed in this meeting so that staff are kept up to date. There are also reminder e-mails to prompt academic tutor meetings, and a briefing for new tutors. There are departmental and school level Directors of Academic Tutoring to support the process. Student Support coordinators are available to help with reasonable adjustments and exceptional circumstances. The provider noted that there was a bespoke e-mail address for exam related queries where staff holding relevant roles were able to pick up and respond to these e-mails.

As part of the placement approval process, new placement providers are visited by the course team in person so that they are able to ask any questions about the process. They must also complete a placement site approval form outlining training they have received. Supervisor training from the department includes a training manual outlining the placement structure and links to training. On completion, supervisors are asked to e-mail the placement team with evidence of competing the training. Placement providers are also provided with a supervisor handbook, and the department offers a drop in session before each academic year where placement supervisors can ask questions about the planned activities. This is recorded. The team agreed that **criterion 7.6** was **likely to be met** as the training for assessment in practice had not yet been done. This will be revisited at the part 2 event.

The team questioned what mechanisms are in place to monitor staff workload to ensure it remains appropriate and realistic. The provider explained that there is a workload model in place and that

there was a change in approach to make it more progressive than retrospective. It was noted that there was an attempt to try and allocate time to staff so that some of their time can be protected for activities such as research or other roles. The provider also noted that they were looking at modules to see if there are interventions that can be made to make processes more efficient. It was noted that module convenors now complete a form to explain the workload attached to the module; this enables the module convenor to consider what is most needed and helps them to better evaluate expectations of the staff they work with on the module. This process helps with resourcing in terms of identifying where more staff may be needed. The team noted that it may wish to revisit the role of the academic tutor in relation to workplace based assessments at the Part 2 event.

There are clear processes and policies in place for staff and students to raise concerns. Staff can raise concerns about the programme through the annual module reviews undertaken by module convenors. These reports are then sent to the Programme Director for review. Staff can also report incidents or seek guidance through a network of harassment advisers, HR partners and advisers, staff forums and the UCU trade union. Students can raise concerns through the SSPG, monthly meetings with the Head of Department, programme Director and Director of Teaching and Learning and through module evaluations. Placement providers can raise concerns about students on placements via the placement team. Any concerns will be reviewed initially by the placement lead in discussion with the programme director who can then determine which university process may be best to follow (e.g. student discipline process, FTP). Placement providers can also raise concerns about the quality of the programme or organisation of the placements with the placement lead and or the programme director. Members of the public or patients can also raise concerns via the placement provider.

Teach out and transfer arrangements

The teach out of the MPharm and MPharm with preparatory Year programmes that were accredited to the 2011 standards will be completed by the end of September 2024 (this will account for any students who started on the MPharm with preparatory year in September 2019).

Students in the current programme have two attempts to pass written examinations and three attempts to pass specified clinical/competency based assessments. Formal examination periods are currently May/June and August/September. The provider plans to seek permission from the university to offer an additional opportunity for students to resit written examinations during the 2023/24 academic year.

In the event that students who do not complete the course in 2023/24 (due to exceptional circumstances) they will then need to retake examinations in 2025. Based on historical numbers, the provider anticipates 5-6 final year students may suspend their studies and retake at the next available opportunity; the additional resit opportunity in 2023/24 would help to minimise this number. Students suspending their studies in 2024 will be encouraged to resit with attendance in 2025; if they do not wish to do so, they will be required to complete an additional module that will include additional placement experience and skills training to ensure they are prepared to meet the new GPhC standards.

The department has developed a transition strategy to account for transferring students from the 2011 standards to the 2021 standards. This strategy accounts for students who enrolled on the

MPharm with preparatory year in 2020/21 or 2021/22, students who enrolled on the MPharm in 2021/22 and 2022/23 and any students who took a suspension of studies in early years of the course. The new learning outcomes have been mapped to the current MPharm curriculum which has led the course team to focus on experiential learning, diagnostic/clinical examination skills and clinical decision making.

The provider will organise a number of transition activities which will include workshops, simulation, online learning and additional placements. Additional lectures and workshops will be taught across the respective years in the 2023/24 session to ensure that students can meet the new learning outcomes upon graduation. The timing of assessment in the portfolio will be adjusted in terms of which learning outcomes are met. A bespoke 20 credit module in the final year will be developed for 2024/25 to support the development of clinical skills and diagnostic reasoning through case based learning and placements. This will be mandatory for any students who need to be transitioned from Part 3 or Part 4 of the 2011 curriculum to the 2021 standards.

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).