General Pharmaceutical Council

Robert Gordon University, Master of Pharmacy (MPharm) degree and MPharm degree with preparatory year reaccreditation part 1 event report, June 2022

Contents

Event summary and conclusions	
Provider	Robert Gordon University
Courses	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year
Event type	Reaccreditation (part 1)
Event date	15-16 June 2022
Approval period	2021/22 – 2029/30
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 offered by Robert Gordon University is reaccredited, and the MPharm degree with preparatory year is accredited, subject to a satisfactory part 2 event and two conditions. Reaccreditation of the MPharm and accreditation of the MPharm with preparatory year is recommended for a period of six years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserves the right to amend this accreditation period, if necessary, following the part 2 event. The part 2 reaccreditation event will take place in the 2023/24 academic year and is likely to be on-site.

Conditions	1. The University must formalise processes to ensure annual collection and analysis of admissions, progression, and awarding data by protected characteristics, and to take documented action to address issues identified. Data should also be considered according to programme type (MPharm and MPharm with Preparatory Year). The University must submit:
	    a. An analysis of applicants versus entrants by protected characteristics to identify whether the admissions process may be disadvantaging any applicants, along with documented action taken.
	    b. A clear and detailed action plan, including timeframes, to document how the University will address any differences in progression or awarding data for students by certain protected characteristics.

	This is because the team agrees that there is insufficient evidence of the analysis of the admissions data and that there has been insufficient progress since the last event to understand differences in performance and awards, and to take action to address them. This is to meet criteria 1.2 and 2.4.
	2. The University must develop clearly defined standard-setting processes which provide a robust mechanism for setting pass criteria for summative assessments. This is because the team agreed that the current processes do not present a rigorous approach for defining appropriate pass criteria for each assessment. This is to meet criteria 6.4 and 6.7.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	No recommendations were made.
Registrar decision	Following the event, the provider submitted evidence to address the conditions and the accreditation team was satisfied that these conditions had been addressed satisfactorily. The accreditation team agreed that the criteria related to these conditions have moved from 'not met' to 'likely to be met' and will be reviewed further at the part 2 event. The Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme subject to a satisfactory part 2 event.
Key contact (provider)	Dr Brian Addison, Academic Strategic Lead (Master of Pharmacy Course Leader)
Accreditation team	*Ahmed Aboo (Team Leader), Associate Professor in Pharmacy Practice, De Montfort University Daniel Grant (team member - academic), Associate Professor in Clinical Pharmacy and Pharmacy Education, University of Reading Dr Hamde Nazar (team member - academic), Senior Lecturer, School of Pharmacy, Newcastle University Mairead Conlon (team member - pharmacist), Foundation Training Year Lead at the Northern Ireland Centre for Pharmacy Learning and Development and part-time Community Pharmacist Alastair Paterson (team member - pharmacist, newly qualified), Clinical Pharmacist, Northumberland Tyne and Wear NHS Foundation Trust Susan Bradford (team member - lay), Lay Commissioner, Commission on Human Medicines
GPhC representative	*Philippa McSimpson, Quality Assurance Manager (Education), General Pharmaceutical Council

Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde
Observers	Marianne Rial (new accreditation panel member in training), Academic Quality Lead and principal lecturer, University of Hertfordshire Dr Tania Webb (new accreditation panel member in training), Associate Professor in Molecular Pharmacology, De Montfort University *Laura Fulton, Director for Scotland, General Pharmaceutical Council *Rakesh Bhundia, Quality Assurance Officer (Education) 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 course was reviewed against the GPhC's **January 2021 Standards for the initial education and training of pharmacists**.

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

Background

MPharm degree

The MPharm at Robert Gordon University (RGU) is delivered by the School of Pharmacy and Life Sciences (PaLS, henceforward referred as 'The School'), which is one of the largest schools in the University, with modern, purpose-build accommodation. The last GPhC accreditation event was in March 2013, when the MPharm degree was accredited for a full period of six years; this was followed by an interim visit in March 2016. The programme was thus scheduled for reaccreditation in 2019/20. However, in view of the Scottish Government plans for the initial education and training (IET) of pharmacists (https://www.nes.scot.nhs.uk/our-work/pharmacy/) and the impact on both Scottish Schools of Pharmacy, it was agreed that the GPhC would substitute a full reaccreditation visit with an additional interim visit; this took place in March 2020, again resulting in no conditions or recommendations. Accordingly, a full reaccreditation was scheduled for June 2022.

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 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.

Since 2012, Robert Gordon University has offered to EU and overseas students a direct entry (not via UCAS) pathway to the Master of Pharmacy (MPharm) through an additional year of study at the International College at Robert Gordon University (ICRGU). ICRGU is an affiliate college of RGU. Successful completion of this year, which is currently referred to as the Foundation Pathway, allows progression to Year 1 of the MPharm. The University is now applying for this programme to be accredited as an MPharm with Preparatory Year.

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 as a basis for discussion.

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 26 May 2022. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event and was told the learning outcomes that would be sampled.

The event

Due to the COVID-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference on 15 -16 June 2022 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm course, as well as a meeting with students.

Declarations of interest

Professor Furman is a member of staff of the University of Strathclyde and had advised that institution on its reaccreditation submission (11 April 2022). Considering the collaboration between the University of Strathclyde and Robert Gordon University, he withdrew from providing any further advice once the RGU submission documents became available. The team agreed that given his role as rapporteur, not involved in decision making, this did not constitute a conflict of interest.

The team leader, Ahmed Aboo, declared that Professor Susannah Walsh, Dean of Pharmacy & Life Sciences at Robert Gordon, had previously worked at De Montfort University. The team agreed that this did not constitute a conflict of interest.

Schedule

Day 1: 15 June 2022

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

Day 2: 16 June 2022

	09:00 – 09:30	Private meeting of the accreditation team
4.	**09:30 – 10:30**	**Student meeting**
	10:30 – 11:00	Break and private meeting of the accreditation team
5.	**11:00 – 12:00**	**Teaching, learning, support and assessment - part 2**

		• **Presentation** • **Questions and discussion**
	12:00 – 12:15	Break
6.	**12:15 – 13:30**	**Teaching, learning, support and assessment - part 3:** • A detailed look at the teaching, learning and assessment of a sample of learning outcomes
	13:30 – 14:00	Lunch break
	14:00 – 17:00	Private meeting of the accreditation team
7.	**17:00 – 17:15**	**Delivery of outcome to the University**

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Adams, Linda	Applications Supervisor
Addison, Dr Brian*	Academic Strategic Lead (Clinical Practice and Master of Pharmacy Course Leader
Bahmed, Dr Amina	Lecturer & Inclusion Officer
Baker, Alistair	ICRGU College Principal
Chairetaki, Menia	Teacher Practitioner
Coombes, Dr Janine	Lecturer
Cruickshank, Dr Stuart,	Academic Team Lead & Stage 1 Leader
Cunningham, Professor Scott	Professor of Pharmacy Practice and Education
Donat, Ina	Lecturer
Duthie, Professor Susan	Associate Head of School
Emmison, Dr Neil	Academic Strategic Lead (Biological Sciences)
Gray, Gwen	Lecturer
Hayes, Linsey	Lead Pharmacist – Education, Training and Development NHS Lanarkshire
Hector, Dr Emma	Lecturer
Kay, Dr Graeme	Academic Strategic Lead (Chemical Sciences)
Kerr, Dr Aisling	Lecturer & Stage 4 Leader
Macaskill, Jenny	Lecturer
Marson, Moira,	Lecturer
Matthews, Dr Kerr	Lecturer
McDonald, Craig	Lecturer & Admissions Tutor
McEwan, Dr Neil	Lecturer
McFadyen, Dr Morag	Lecturer

McFadzean, Steph	Principal Lead Additional Cost of Teaching at NES
McIntosh, Dr Trudi	Senior Lecturer
Neshat Mokadem, Leila,	Senior Lecturer
Officer, Dr Simon	Academic Team Lead
Petrie, Dr Bruce	Lecturer
Power, Dr Ailsa	Associate Postgraduate Dean at NES
Robertson, Gillian	Regional Tutor (East)
Scally, Gemma	Technical Services Officer
Smith, Dr Laurie	Lecturer
Storey, Dr Lynda	Lecturer
Taylor, Lindsey	Academic Team Lead & Stage 3 Leader
Thomson, Dr Colin	Research Degrees co-ordinator
Tonna, Dr Antonella	Senior Lecturer
Walsh, Professor Susannah*	Dean of Pharmacy & Life Sciences
Youngson, Elaine	Lecturer & Stage 4 Leader

* also attended the pre-event meeting

The accreditation team also met a group of seven MPharm students comprising two from year 1, one from year 2, two from year 4 and two from the preparatory year.

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 **six** learning outcomes during a separate meeting with the provider.

The following learning outcomes were explored further during the event: **Learning outcomes 6, 9, 24, 28, 40, and 49.** Additionally, the team asked specific questions relating to other learning outcomes, especially 14, 17, 32, 36, 46, and 52.

The team agreed that all 55 learning outcomes were met (or would be met at the point of delivery) or likely to be met by the part 2 event.
See the **decision descriptors** for an explanation of the 'Met' 'Likely to be met' and 'not met' decisions available to the accreditation team.

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

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

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 16 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 17 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 18 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 19 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 20 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 21 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 22 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 23 is	**Met** ☐	**Likely to be met** ✓	**Not met** ☐
Learning outcome 24 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐

Learning outcome 25 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 26 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 27 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 28 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 29 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 30 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 31 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 32 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 33 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 34 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 35 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 36 is	Met ☐	Likely to be met ✓	Not met ☐
Learning outcome 37 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 38 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 39 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 40 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 41 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 42 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 43 is	Met ✓	Likely to be met ☐	Not met ☐
Learning outcome 44 is	Met ✓	Likely to be met ☐	Not met ☐

The progress to date, and any plans that have been set out, provided the accreditation team with confidence that the following learning outcomes are likely to be met by the part 2 event. However, after reviewing the available evidence, the team did not have assurance that they were met currently.

23 - Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents

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

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

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

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

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

Learning outcome 51 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐
Learning outcome 52 is	**Met** ✓	**Likely to be met** ☐	**Not met** ☐

The progress to date, and any plans that have been set out, provide confidence that the following learning outcome is likely to be met by the part 2 event. However, after reviewing the available evidence, the accreditation team did not have assurance that it was met currently.

45 - Demonstrate effective leadership and management skills as part of the multi-disciplinary team.

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

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

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

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 degree is available on the RGU website, which also includes reference to the MPharm with Preparatory Year, currently referred to as 'Foundation Pathway in Pharmacy'; this includes an overview of the course, including learning and assessment, minimum entry requirements, and information about career prospects, as well as the requirement for graduates to pass the GPhC's registration assessment to be eligible to register as a pharmacist. Prospective applicants also receive information through open days and campus visits. Offer holders are invited to an Applicants' Day where they receive detailed course information, meet academic staff and students, and have a tour of the facilities. The University Admissions Team, which, as confirmed to the accreditation team, comprises trained staff, makes initial decisions on applications, consulting with the MPharm Admissions Tutor as required. The criteria used in the initial decision include academic performance, the candidate's personal statement and their academic references. Currently, applicants meeting the minimum academic requirements, which include numeracy and English language competence, are made a standard conditional offer without interview, unless a criminal conviction or disability has been declared. Responding to the team's wish to learn about the guidance given to applicants on the sort of health issues that may impact on their fitness to practise, the staff explained that applicants are made aware that health issues may impact but that support can be provided; no specific health conditions are identified. Applicants are made aware of the need to declare health issues, as this links to the GPhC standards for pharmacy professionals.

From 2023 the selection process for both the MPharm and the MPharm with Preparatory Year will include an interactive component. This will include discussion of ethical scenarios in an interview with a trained assessor; assessors may be academic staff members, representatives of NES, pharmacy professionals from the network of experiential learning facilitators, and senior students. Applicants will be assessed on their ability to communicate and justify their views and their willingness to accept or rationalise alternative views. If a red flag is raised about a student's answers, this will be discussed with another member of the team; if applicants are then deemed unsuitable, they will not receive an

offer. Because many applicants apply to both Schools of Pharmacy in Scotland, eventually a single interview will cover applicants across the schools; initially however, separate interviews will be conducted by each School. The School is working with the University of Strathclyde, NHS Education for Scotland (NES) and other stakeholders to develop and implement this interview process. The process will also ensure the suitability of applicants for progression to the Foundation Training Year. The staff acknowledged that the process may discourage some prospective applicants from applying; however, the School must balance this against professional needs. There will be outreach to schools and the School of Pharmacy will ensure that applicants know that it is a supported process. Responding to the team's wish for reassurance that the process will be equal and fair to all applicants, the staff described how the School is working with the University Admissions and Marketing team, who have extensive experience with other healthcare professions such as midwifery and nursing. The process will be objective, using a scoring matrix and there will be a post-interview review. Staff members conducting the interviews will receive training from the Equality, Diversity and Inclusion adviser from Human Resources; this will include training in unconscious bias. Interviews will be face-to-face, via Microsoft Teams, Zoom, or over the telephone; the staff explained that this flexibility is to maximise accessibility. However, the team was concerned at possible inconsistencies arising from the different interview approaches and agreed that all applicants should be offered a face-to-face interview.

The University's commitment to widening participation allows consideration of contextual indicators alongside qualifications and grades; contextual indicators include applicants coming from postcodes indicating deprivation, or their experience of being in care. Such applicants may receive offers two to three grades lower than the standard entry requirements. In response to the team's wish to learn the criteria used to decide whether to accept students who do not meet the academic entry requirements both through standard entry and through clearing, the staff explained that contextual offers are made only for students from SIMD20 and SIMD40 postcode areas or from SHEP (Schools for Higher Education Programme) schools. Unusual circumstances are considered on a case-by-case basis. The normal entry requirements are Scottish Highers AABB; at clearing, the School would consider a one or two grade reduction and would certainly go no lower than contextual offers which are two to three grades lower than normal. This is always done on a case-by-case basis, bearing in mind the probability of success on the course.

The documentation described how the University collects data each year on the profile of applicants against protected characteristics. The staff confirmed to the team that these data are reviewed as part of the Annual Course Appraisal undertaken by the Course Management Team. Any issues identified through this process are documented in an 'Action and Enhancement Plan' which allows actions to be monitored by the Course Management Team. Disparities were evident for males, BAME applicants, mature students, and applicants with disabilities. Other information identifies applicants with caring responsibilities. However, the team was concerned that an analysis of applicant versus admission data on protected characteristics was not being used to scrutinise the admissions process. The team therefore imposed a condition (condition 1, which also relates to criterion 2.4). This requires the School to formalise processes to ensure the annual collection and analysis of admissions, progression and awarding data by protected characteristics, and to take documented action to address issues identified. These data should also be considered according to the programme type (MPharm and MPharm with Preparatory Year). The condition also requires the School to submit an analysis of applicants versus entrants by protected characteristics to identify whether the admissions process may be disadvantaging any applicants and to document the action taken. The School must additionally submit a clear and detailed action plan including timeframes to document how the School

will address any differences in attainment of students by certain protected characteristics (see standard 2).

The team learned that the MPharm with Preparatory Year is available only for international students and that UK nationals are not accepted onto the programme. For those international students applying from within the UK the entry requirements comprise five GCSE passes at grade C or better, including mathematics and chemistry; applicants must also have an English language score in the IELTS of at least 5.5. To progress to year 1 of the MPharm, students must achieve a minimum mark of 65% in the Interactive Learning Skills and Communication module; this demonstrates a minimum IELTS equivalence of 6.5. The team was concerned at the low entry requirements for admission to the preparatory year, especially that no level 4 equivalent qualifications were required. One year seems a short time to move from GCSE equivalent to the required level for the MPharm. The team expects the School to track the progression of students entering the MPharm from the preparatory year; this will be considered by the team at the part 2 event.

In response to the team's wish to learn the point at which those students taking MPharm with Preparatory Year make their fitness to practise and health declarations, the staff explained that currently, the 2022 entry and those progressing from ICRGU to Stage 1 of the MPharm will be screened during the induction period. From 2023 onwards, it will be made clear that students entering the preparatory year must satisfy fitness to practise requirements and adhere to the GPhC's Standards for pharmacy professionals; from this time, all offers will be conditional upon a satisfactory 'Good Health and Good Character' declaration.

Standard 2: Equality, diversity and fairness

MPharm degrees must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and be delivered in such a way that the diverse needs of all students are met

Criterion 2.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.4 is:	Met ☐	Likely to be met ☐	Not met ✓
Criterion 2.5 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.6 is:	Met ✓	Likely to be met ☐	Not met ☐

The University's Equality and Diversity Sub-Committee informs strategic equality and diversity priorities and direction, based on robust evidence, data, involvement and consultation with the University's Equality and Diversity Forum and other appropriate stakeholders. In response to the team's wish to know more about the Equality and Diversity subcommittee and its outputs, the staff described how other bodies, including student and staff equality champions, feed into that committee. One output has been the establishment of women only sports in response to requests from Muslim students. In relation to teaching, learning and assessment, the School has introduced a new module on Global Citizenship in Healthcare which focuses on EDI, including an international perspective.

The University collects and monitors equality and diversity data annually. Data relating to student achievement feed into the Annual Course Appraisal process. This process requires the School and

course team to monitor student achievement rates and student survey data from an equality and diversity perspective; the data analysis can show significant changes or trends by population characteristics including age at entry, disability, gender, and ethnicity. The outcomes of the data analysis and the ensuing Action and Enhancement Plan are reported to the University's Quality Assurance and Enhancement Committee (QAEC) which monitors emerging trends, ensuring that appropriate action has been planned for and that actions are undertaken. The data have identified inequalities in student retention, qualification awards and student satisfaction among male students, those with declared disabilities, and black and Asian students. The documentation stated that a key priority of the School is to address these inequalities, which requires the involvement of Student School Officers, class representatives and other student leadership bodies to ensure that the MPharm is delivered in a way that meets the diverse needs of the cohort. The team noted that at the interim visit, the School had identified differential attainment of students by protected characteristics; this was being investigated further at that time. In response to the team's wish for an update on understanding the reasons for the differences and how these are being addressed, the staff described how lower satisfaction rates and poorer completion had been identified for BAME students. The University is currently looking at outcomes for different groups using focus groups and examining different ways of improving the sense of belonging to the profession, to the course and to the University. The staff described how the School is decolonising and diversifying the curriculum, with the involvement of students in its co-creation. The curriculum incorporates EDI issues in relation to race/ethnicity and addresses these issues across the four years; the School is identifying issues related to teaching in order to make appropriate modifications. However, notwithstanding the inclusion of EDI in the curriculum, the team agreed that there had been insufficient progress since the last event to understand the differential attainment by protected characteristics and to take action to address these differences. Therefore, the team imposed a condition (condition 1, which also relates to criterion 1.2). This requires the School to formalise processes to ensure annual collection and analysis of admissions, progression and awarding data by protected characteristics, and to take documented action to address any issues identified. These data should also be considered according to the programme type (MPharm and MPharm with Preparatory Year). The School must also submit a clear and detailed action plan including timeframes to document how the School will address any differences in attainment of students by certain protected characteristics (see standard 1).

The University's Inclusion Centre provides a Disability and Dyslexia Service which supports the School in delivering the MPharm course based on the principles of equality, diversity and fairness. The Inclusion Centre supports all students with dyslexia, specific learning difficulties, sensory impairment, mobility issues, health conditions, mental health issues and autistic spectrum disorders by assisting with adjustments such as the provision of lecture notes and handouts in an electronic format in advance of lectures or tutorials, allowing the recording of lectures, extension of assessment deadlines, provision of extra time in examinations and the provision of readers or scribes in examinations. The School has an Inclusion Officer who is a member of academic staff and who acts as a liaison between the School and the Inclusion Centre.

All new staff members undertake mandatory on-line equality and diversity training module via the University's Virtual Learning Environment. This covers legal obligations under the 2010 Equality Act and outlines staff responsibilities. Within the MPharm curriculum, the Global Citizenship Framework (GCF), an EDI teaching framework, supports the development of student pharmacists as 'culturally competent' practitioners. Its underlying rationale is to help module leaders embed EDI from an

academic and pastoral perspective. The framework encompasses inclusive curricula design, delivery, and bespoke support systems, and has been used to deliver interactive EDI seminars for current Stage 1 students. Further seminars are being designed for Stages 2 and 3 to ensure that this EDI strand will develop vertically through each stage of the course. Stage 4 EDI teaching will focus on ethical decision making and clinical reasoning as well as person-centred care. The students confirmed to the team that EDI is emphasised throughout the course. Responding to the team's wish to learn how the University's policies on equality, diversity and inclusion apply to courses offered by ICRGU, including the MPharm with Preparatory Year, the staff explained that the College's policies are informed by the University and are based on best practice; the College policies are equivalent to those of the University.

In response to the team's wish to learn how the School assures that the principles and legal requirements of equality, diversity and fairness are followed by facilitators and all experiential learning placement sites, the staff explained that the School is working in partnership with NES (NHS Education for Scotland). Experiential learning facilitators are required to undertake training via modules provided by NES; these include EDI. Adjustments to placements are made for students where necessary. Care is taken when allocating placements to consider any special requirements; for example, the timing of placements may need adjusting for students with caring responsibilities.

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 annual budget is calculated after the submission by the Head of School of projected student full time equivalents (FTEs) for all courses to the University Finance Department. Student numbers, teaching grants and tuition fees are fed into the University's Resource Allocation Model (RAM) to calculate the funds available to each School. The budget allocation to the School is based on these FTEs minus the contribution to the University to pay for central services; central service costs include student services, human resources, IT, estates, library, refurbishment, and a capital allocation for equipment. This estimated budget is then approved by the University Executive. The School Operations Manager monitors and reports monthly spending to the Head of School.

The MPharm is supported by 45 academic and nine professional and support staff. The School has been actively increasing the number of GPhC registrants with an independent prescriber (IP) annotation; currently 2.6 FTE staff members are Independent Prescribers. There is also a team of around 26 e-tutors (equivalent to 1.4 FTE, and eight of whom are pharmacist Independent Prescribers) who work on a sessional basis to support the School's portfolio of pharmacy courses including the MPharm. This gives a student/staff ratio of 14.7:1, which has been relatively stable over the cycle of the last re-accreditation. The team noted that in previous academic years the number of students enrolled has been above target and wished reassurance that the School has sufficient resource to support the increased cohort size as it moves through the programme. The staff explained that the School has delegated responsibility to appoint staff and also to redeploy members of staff when required. Moreover, the current physical and resource capacity can accommodate up to 140 students, as the laboratories can accommodate 70 and the School can run two sessions. The

student/staff ratio is in line with the sector and there are plans to improve this further.

Since 2018/19, the Scottish Government has provided 'Additional Cost of Teaching' (ACTp) funding to support the education and training of undergraduate student pharmacists in Scotland; this funding, made available through NHS Education for Scotland (NES), is shared between NHS partners and both Scottish Schools of Pharmacy and supports the costs of experiential learning within pharmacy practice in all care settings. The School individually receives approximately £125,000 per year from the ACTp funding to support infrastructure costs within the School in relation to experiential learning provisions. The funding has permitted the strategic appointment of a qualified pharmacy technician and part-time regional tutors to the School. The regional tutor posts help to build infrastructure for the development and improvement of experiential learning.

The School's laboratories accommodate the teaching of all relevant disciplines. Moreover, the Pharmacy Simulation Centre supports the development of practical and clinicals skills and complements the existing Clinical Skills Centre; the latter contains a six-bedded ward, a home setting, and a radiography suite. The team learned that while the School does not currently use the Clinical Skills Centre, discussions are in progress and access will increase as the course develops. Access to the Clinical Skills Centre is not needed for teaching clinical and diagnostic skills, which can be taught in other areas with equipment borrowed from the Centre. The Simulation Centre models primary care and community pharmacy settings. It incorporates a system of custom designed 'pods' which replicate the functions of a community pharmacy and a consulting room in a GP Practice. The fittings in the pods include a digital video recording system; this allows students to be recorded undertaking a task with subsequent review and feedback on their performance. The students told the team that they use the Centre regularly in timetabled sessions especially in years 1 and 2 for dispensing and labelling of prescriptions; they also use the online MyDispense system, which allows pharmacy students to develop confidence and skills in learning how to dispense medicines. In general, the students expressed satisfaction with their access to resources, including computers.

The provider reported that there is a well-stocked University Library which is open seven days per week throughout the year, with 24/7 provision during periods of student assessment. Support for learners and researchers is provided by professional staff with online and face-to-face support.

The International College at Robert Gordon University (ICRGU), which delivers the preparatory year, is located on the main University campus and is close to the School, the main library, the Student Union and catering facilities. As well as having its own teaching rooms, ICRGU works in partnership with the University and uses its modern, purpose-build laboratory facilities for teaching the practical elements of the MPharm with Preparatory Year programme. This was confirmed by the staff, who also told the team that the ICRGU timetable is compatible with that of the University, which, for example, allows Wednesday afternoons to be kept free of teaching. The College delivers four modules per semester and employs one lecturer per module. Members of the College academic staff are employed on rolling semesterly contracts. The students told the team that they have ready access to computers within the College. They also use the University library both physically and online.

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 Head of School is responsible for all aspects of the academic work and reports to the Vice-Principal for Academic Development and Student Experience. The School Executive Group, comprising Head of School, Associate Head of School, Academic Strategic Leads and the School Operations Manager is responsible, together with the Senior Team, for setting the strategic direction of the MPharm; the Senior Team includes the School Executive, the professoriate and LTE lead. 'Teaching and Learning' and 'Student Experience' activities are governed through several academic-based groupings; these include Student Partnership Meetings, Course and Programme Management Teams, Employer and Stakeholder Liaison Groups, the School Teaching Enhancement Group and Student Fitness-to-Practise Panels. The School Academic Board, which is responsible for the operation, management, quality assurance and development of all courses approves Annual Course Appraisal reports (see below). Regarding the MPharm with Preparatory Year, the Associate Head of School acts as Link Tutor, who works with colleagues across the School and ICRGU to ensure the integration with the University and optimum student experience for ICRGU students joining the MPharm. In response to the team's wish to learn more about the Link Tutor's role in bringing together the College and the School, the staff described how there is a Link Tutor for each School. The Link Tutors are University staff members who ensure liaison between RGU and the College. They oversee the quality of provision, approve examination papers, and look at double marking and moderation processes for assessments (see standard 6). All Link Tutors attend the College Academic Advisory Committee (AAC), which meets three times per year, including after every semester and produces a report on all programmes from the College.

The MPharm Course Management Team (CMT) is responsible for the development, delivery, and quality control of the MPharm. Academic Team Leads (ATLs) have School-wide roles in designated areas of strategic responsibility. Student Partnership meetings include the Course Leader, who represents the CMT, along with student representatives from each year. A report of the issues from the Student Partnership meetings, which take place at least once per term, is presented to the CMT and, where necessary, reported to the School Academic Board. Any issues are considered alongside other sources of evaluation including responses to student evaluation questionnaires, the National Student Survey (NSS) and external examiner reports. These data sources are used each year to monitor and review all aspects of course provision, resulting in the production of an Annual Course Appraisal Report, which contains an Action and Enhancement Plan, and which is discussed at the School Academic Board. The University's Quality Assurance and Enhancement Committee provides institutional oversight of the Annual Appraisal Process. As well as the Annual Appraisal Process, there is a six-yearly Institution-Led Subject Review (ILSR) of the School that considers all subject provision.

ACTp funding, provided via NHS Education for Scotland (NES), has enabled the development of rigorous systems and policies to manage the delivery of experiential learning. NES is responsible for the quality management of the use of this resource, while the School remains responsible for quality assurance of experiential learning overall. Information regarding systems and policies relating to MPharm experiential learning placements is provided to students and experiential learning facilitators via placement handbooks; these systems and policies are overseen by the Professional Experiences

Team. Providers nominate placements for the following academic year and NES ensures that educational agreements are in place with all experiential learning providers/organisations, which must complete a mandatory risk assessment relating to health and safety. The School then matches students to appropriate placements. Students complete a feedback form after each placement; this feedback is used by NES as part of the quality management of placements. Experiential learning facilitators also complete a feedback form once per term; this gathers information about the overall organisation of experiential learning placements by the School. The Professional Experiences Team meets weekly via MS Teams to discuss operational requirements and to review any governance issues. The School submits an annual governance report to NES; this report is the subject of a governance meeting between the School and NES. The team learned that NES oversees both the Foundation Year and the MPharm ACT money via the Pharmacy Initial Education (PIET) and Training Strategic Group; this committee reports to the NES Education and Quality Committee. In response to the team's wish to learn about the School's education agreement with NES, the staff explained that a contract is in place with NES for placements; this contract includes requirements for pharmacies and remuneration. NES organises the placements and holds the ACTp money.

Views of external stakeholders, students and patients are used to inform the MPharm. Stakeholder feedback was obtained, for example, on current subject provision, graduate attributes, and the future direction of the School; feedback was obtained using a questionnaire and online workshops, with representation from all subject areas. Feedback from students is gathered from questionnaires and from Student Partnership meetings; students are also represented on all review panels. At ICRGU student class representatives sit on the student forum and on the College enhancement team that meets each semester. The views of patients have been gathered through the evaluation of patient and carer involvement in a Stage 4 module where patients and carers share their experiences of living with various conditions such as stroke and epilepsy. Annual module reviews and Annual Course Appraisals ensure that the degree is revised and kept up to date when there are significant changes in practice. Members of staff are encouraged to maintain time in clinical practice alongside their academic role; this assists clinical practice staff to maintain an up-to-date and realistic context for their teaching and helps to keep the course relevant and up to date. Moreover, the input of external lecturers and e-tutors who are practising pharmacists helps ensure content is relevant to current practice. The staff told the team that future proofing of the course to accommodate changes in the profession is facilitated by intelligence from various new stakeholder groups. Moreover, students will experience a wide range of developing areas during their placements in a variety of settings.

In response to the team's wish to learn more about how student feedback and the views of patients have informed the design of the MPharm to the new standards, the staff explained that this has included results from the NSS as well as partnership meeting with students. Governance structures have been changed to increase student representation. The team learned that student societies from RGU and the University of Strathclyde will meet for cross-Scotland discussions during the next academic session. Preparatory year students will also be included in discussions. At ICRGU, student feedback is captured at the end of every semester with the feedback informing the annual monitoring report review process. Regarding patients, while they are involved in teaching, they do not feel that they can contribute to course design.

When asked if they have sufficient opportunity to provide feedback on the MPharm programme, the students told the team that there are University reviews once per semester; they regard it as a

professional responsibility to complete the surveys. There is a survey on teaching and learning for each module, where, in addition to rating various aspects on a five-point scale, there is also space for freehand comments. Feedback to the School is also undertaken via student representatives, who seek the views of their peers and meet the staff each semester. The School implements actions quickly to address issues raised by the students, and students receive frequent e-mails to inform them of actions being taken. Students from the preparatory year also completed surveys and the College acts quickly to address concerns and complaints.

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 course is delivered through modules which underpin science, clinical, therapeutic, and professional practice; these are broadly themed as 'The Patient', 'The Pharmacist' and 'The Medicine' in a programme that becomes increasingly integrated; thus, by Stage 4, students can utilise all their knowledge and skills in an integrated and applied approach to pharmacy practice, relating the patient, the medicine, and the profession. The Preparatory Year delivered at ICRGU comprises modules in biology, chemistry, and mathematics, along with a practical skills module and a module entitled 'Interactive Learning Skills and Communication'; the last module is designed to develop students' academic English, study skills, research, and critical reasoning skills. Students on the MPharm with Preparatory Year progress automatically to Stage 1 subject to passing the 'Interactive Learning Skills and Communication' module with a minimum mark of 65% and all other modules with a minimum mark of 60%.   During their induction, students at ICRGU are introduced to pharmacy as a healthcare profession, together with the implications and responsibilities of joining that profession. In changing the course to meet the 2021 standards, the School had rationalised the course structure, creating a more even distribution of workload across the year; this resulted in two modules per semester plus one year-long module. The School has also reintroduced a prescribing practice module into the final year and broadened the focus of the final year research and evaluation module to ensure that all

students cover quality improvement, audit and service evaluation. Professional practice modules are now included in stages 1 and 2. When asked how the course is progressive and how each year builds on previous learning, the staff described how Stage 1 addresses the underpinning science including physiology, biology, and pharmaceutical chemistry applied to drug design. The course then deals with clinical therapeutics applied to disease. By the final year, the modules are fully integrated. Ethics are considered from early stages of the course so that in later years students can work independently through ethical dilemmas taken from practice.

Throughout the course, students have practical experience of working with patients, carers, and other healthcare professionals via the 'Professional Experiences' programme. This programme is embedded within the modules and incorporates experiential learning placements, interprofessional learning and simulation activities; these change in type and increase in duration and complexity across the four years of the course. Students interact with simulated patients in on-campus classes and with real patients in a variety of sectors such as community pharmacy, hospital, primary care (GP practices), and sheltered housing. Simulation allows students to practise their skills in a controlled environment; simulated activities include role play to develop consultation skills, simulated case notes and scenarios to develop pharmaceutical care planning skills, and simulated patients to develop skills in areas such as cardiovascular risk assessment. ACTp funding (see standards 3 and 4) has allowed an increase in the quantity and quality of experiential learning placement provision across the whole course. There are plans to deliver 11 weeks of placements across the course by 2024/25; the team learned that there are currently seven weeks which will increase progressively. Specific learning outcomes have been identified for experiential learning placements at each stage of the course. The staff described how these outcomes will include 'entrustable professional activities/attributes' (EPAs) which will be assessed during the placements; currently, placement tasks are aligned to outcomes that are assessed at the University. The team wished to learn more about how the 11 weeks of placements will be delivered, including capacity issues, and how placements will be managed in relation to quality assurance, learning outcomes, and equity of student experience, as well as mechanisms of communication between the University and the placement hosts. The staff explained that both Scottish Schools present their requests for placements for the year, with the Schools working closely with stakeholders and NES, which consults the placement providers and ensures that all students gain the required experience. Future capacity will depend on the continued availability of the ACTp money, the amount of which is proportional to student numbers. Arrangements are in place for communication and accountability to ensure that the School maintains oversight of student learning on placements. All groups, including NES and placement providers, are represented on the Pharmacy Initial Education and Training (PIET) Strategic Group. Information on key issues and risks is collected regionally from placements and fed into the Group. Questionnaires are completed at the end of each placement and students obtain testimonials on their performance from the placement hosts. There are Regional Tutors who get to know the facilitators and are made aware of any issues, including fitness to practise matters, which are then discussed with students and facilitators and followed up at the University through the Placement Officer. An established NES communication pathway allows rapid contact between the appropriate people. To become a placement host, pharmacists must undertake appropriate preparation and training to act as facilitators and NES establishes the suitability of the premises. Students provide feedback on the pharmacy team and the premises. The students told the team of their experiences of week-long placements in hospital, community, and primary care. These had been well-organised in general and had allowed students to practise their consultation skills. However, some students' experiences had been poor; although they were required

to produce anonymous feedback within five days of the placement, they were unclear about whom to contact concerning specific problems.

Students participate in a well-established inter-professional learning programme (IPL Aberdeen) which is regularly reviewed and revised. IPL Aberdeen now integrates two Higher Education Institutions (RGU and the University of Aberdeen) and one further education college (North-East Scotland College). This programme comprises large-scale events for Stage 1 and 2 interprofessional student groups from 13 health and social care professions. As with experiential learning placements, specific learning outcomes have been identified for interprofessional learning at each stage of the MPharm programme. During Stage 4, one interprofessional learning event allows students to use their knowledge and skills in a simulated ward environment run in partnership with St Andrews Medical School; here pharmacy students work with students of medicine, nursing, and allied healthcare professions to manage the care of a patient with a range of acute and chronic medical conditions. The staff confirmed to the team that interprofessional learning (IPL) takes place in years 1, 2 and 4 but that currently there is no formal IPL in year 3, although students do work with other healthcare professionals on placements and communicate with members of the multidisciplinary team. Responding to the team's wish to learn where students will be assessed in making use of the skills and knowledge of other members of the multidisciplinary team to manage resources and priorities, the staff described how scenarios in case studies require students to decide which other healthcare professionals would be involved in the care of the patient. Students must reflect on the GPhC standards for pharmacy professionals in relation to teamworking and working in partnership; OSCE assessments require students to demonstrate referral to other healthcare professionals. The students confirmed to the team their experiences of IPL with students of many other healthcare professions, for example, through working in groups to manage a patient. They felt that more experience of IPL would be helpful, especially in year 3 where there is currently none. The students referred to the Aberdeen IPL Society, which holds four events per year, which are very popular and at which pharmacy was well represented. The team noted that while IPL was progressive, the School needed to have a clearer IPL strategy.

At the beginning of the programme students are introduced to the GPhC's 'Standards for Pharmacy Professionals' when it is emphasised that these standards apply both on and off campus; they are also informed about fitness to practise. Fitness to practise issues are discussed with students prior to any placement experiences and are revisited at each stage of the course, linked to actual scenarios in a variety of settings whenever possible. Any serious concerns regarding a potential risk to patients or the public resulting from health or behaviour issues would be addressed through fitness to practise procedures. Students who are the subject of outstanding fitness to practise concerns will not receive an accredited MPharm degree. The staff described how students learn to recognise their own limitations and always work within the limits of their knowledge and skills, becoming progressively more independent as they progress through the course; this includes knowing when and how to refer to other healthcare professionals clearly, concisely, and accurately. In response to the team's wish to learn about the School's fitness to practise process and the support made available to students during the period in which a case is being considered, the staff explained that the University has formalised fitness to practise, which is now included in the academic regulations. Training is provided across the different disciplines; all new staff members are made aware of the processes and undergo training, including how to advise students on fitness to practise matters. If a concern is raised, the student is referred to the personal tutor and to the Student Union. The team learned that fitness to practise will apply to all students taking the MPharm with preparatory year from September 2022. The team noted

the development of an online fitness to practise training module for staff and looks forward to seeing this at the part 2 event. The team would also like to see greater clarity in the processes for raising concerns.

The staff described how the curriculum now incorporates safe and effective prescribing to meet the GPhC's 2021 standards. This is built on the School's long experience of delivering postgraduate pharmacist prescribing training and includes the introduction of a prescribing practice module in the final year. This has been achieved without removing other material by increasing the efficiency of teaching and incorporating material from other parts of the course. Students will acquire the necessary knowledge and skills progressively across the four years of the programme; this includes learning consultation, physical examination, and diagnostic skills building from their knowledge of therapeutics and the underpinning science. The development of prescribing skills will continue into the Foundation Training Year, where trainees will maintain links with the University. The two Scottish Schools of Pharmacy are discussing how to move forward with training in the Foundation Year, considering the best place to teach various topics and avoiding unnecessary duplication.

Year 4 students told the team that they felt well prepared for starting the Foundation Training Year. Their knowledge had built over the years and their experience, for example, with care plans and the use of clinical guidelines had helped their preparation for clinical work. They had been well informed about the different sectors through a pharmacy careers fair attended by employers.

Standard 6: Assessment

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

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

Assessment is planned and designed by module teams and is then considered at the course level through the Course Management Team to ensure that all learning outcomes are assessed and that

assessments are appropriate for capturing the desired outcome. Assessments include written examinations, multiple choice questions, oral and poster presentations, laboratory reports, learning records, reflective essays, practical skills tests, oral defences, and objective structured clinical examinations (OSCEs). Assessments change across the course, with early stages concerned with assessment of knowledge and later stages addressing integrative competencies and practical skills. In response to the team's wish to know how the assessment plan allows students to demonstrate meeting each of the learning outcomes at the required level, the staff explained that a broad range of assessments are used to demonstrate 'shows how' and 'does', with an extensive use of OSCEs. Eventually EPAs will be assessed during placements.

The team learned that the University has changed its Academic Calendar, removing the final assessment period and introducing a 'pause and reflect' week between semesters, thus allowing more time for formative feedback and reflection. Grades had also replaced numbers in assessment, with a pass being grade D, which defines the minimal level of competence required. Criteria used for all assessments are explicit; unsafe practice automatically results in failure regardless of performance in other aspects of the assessment. Noting that a grade D defines a pass, the team queried how standards for assessments are set and how the staff determines what meets a grade D. The staff explained that for OSCEs, following the writing of the case, an expert panel decides on what would meet the minimum level of competence that describes a grade D and agrees on what constitutes safe practice; all members of this panel have clinical experience. The expert panel decides on red flags, which result in failure if missed by students. For calculations, achievement of 70% is required for minimum competence. The staff explained that 70% was based on the pass mark for the GPhC's registration assessment, which the team noted had not been used by the GPhC since 2015; no other standard setting process was used for this or any other assessment. The team agreed that the current processes do not present a rigorous approach for defining appropriate pass criteria for each assessment. Therefore, the team imposed a condition (see condition 2) that the School must develop clearly defined standard-setting processes which provide a robust mechanism for setting pass criteria for summative assessments; this is to meet criteria 6.4 and 6.7.

Noting that students cannot progress unless they can demonstrate safe practice, the team sought more detail on the processes used to identify and review incidences of potential patient harm demonstrated during assessments. The staff explained that an action causing 'severe harm' or 'death' results in a fail, not only of a particular station but of the whole assessment. Below that level of harm, the staff team would decide how it should be marked; here, the staff team would also consider what else the student had done to mitigate the outcome. If students do something potentially harmful that had not previously been considered, this would be identified by the person marking the station and reviewed after the assessment to determine the outcome. Differentiating between 'severe' and 'none-severe' harm will, in future, be undertaken using a decision tree currently used at postgraduate level; this covers aspects such as monitoring, underdosage, overdosage, worsening symptoms, and appropriate referral to other healthcare professionals.

Responding to the team's wish to learn how the MPharm is routinely monitored, quality assured and developed, the staff explained that quality assurance is undertaken annually (see standard 4); any changes to assessments must be approved at University level. Module teams review assessment plans for each module, and these are also reviewed by the external examiners whose comments are considered by the module team. Following marking, all assessments are moderated within the School,

with a sample comprising 10% of the cohort undergoing confirmatory marking; moderation is undertaken for all fails and for a sample of different grades. The outcome of this process is provided to the external examiners to ensure consistent and fair application of the assessment criteria. Following scrutiny by the external examiners, all marks are presented to the MPharm Assessment Board.

Detailed feedback is given to all students on their assessments; this is provided within 20 working days of the date of submission. The School issues assessment and feedback timetables and advises students of any anticipated delays in the provision of feedback. The students were aware of the 20-day policy and told the team that feedback was better than in previous years, although often being somewhat delayed. They stated that the quality of feedback is dependent on individual staff members, but they were able to approach members of staff for additional feedback.

Responding to the team's request for examples of how formative assessment is built into the overall assessment strategy, the staff stated that most assessments have formative components. For example, year 3 students write an essay on a health promotion intervention, first developing the intervention; they receive feedback on this before submitting the justification for the intervention. The external examiners advised the introduction of a new formative exercise comprising the submission of a reflective piece on which students receive feedback before the summative assessment; this led to an increased pass rate, with most students engaging well.

In response to the team's wish to learn about the systems for planning, monitoring, and recording the assessment of students in the practice setting, the staff explained that this will eventually employ the online portfolio, which is used currently in-house only. Discussions are underway with NES to integrate the portfolio into the NES online learning system. This will provide continuity across all years of training, including the Foundation Year. Students will be able to look back to review their reflections, learning and competence certificates linked to learning outcomes; placement facilitators, who already use the system for the Foundation Year, will also be able to view these. Currently, students upload the testimonials provided by their facilitators to the portfolios via the VLE. Students must submit a reflective piece of writing on their testimonials within five days of completing the placement. Noting that placement facilitators' testimonials currently only refer in general terms to the student's knowledge and skills and their integration with the placement team, the team wished to know how the School will receive feedback which specifically addresses the student's performance against the learning outcomes. The staff explained that this will be addressed when the EPAs have been developed; these will be different for each level of the course and the School will determine the required tools. Feedback from patients encountered on placements is not obtained currently but this may be achieved eventually using the NES online learning system; patients would only need an e-mail account to access this system. However, simulated patients do contribute in the academic setting, for example, during OSCEs.

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 extensive support to enable students to develop as learners and professionals. All students are assigned a personal tutor who offers academic and general welfare support; tutors may offer advice or refer the student to specialist advisors. Tutors meet their students at least twice per academic year to discuss their 'Student Pharmacist Development Plans' and support them to design and meet their developmental goals; students can arrange to see their tutors at any time when required. Students can also seek support from any member of staff, including Module Co-ordinators, and Stage Leads. When students are away from the University on placements, they are supervised and supported by Experiential Learning Facilitators as well as by the School's placement team.

At ICRGU, MPharm preparatory year students are supported by lecturers and the College services support staff. The College's support programme (the Compass Programme) aims to ensure the academic and pastoral wellbeing of all students; the programme closely tracks and monitors students who have been highlighted to the College as requiring extra support. In response to the team's wish to learn how personal tutors are made aware of students' poor academic performance and how this is managed, the staff explained that this is undertaken by end-of-year and interim mid-year Examination Boards. Module leads also make personal tutors aware of poor student engagement to determine if support is needed from early in the year.

Tutors meet their tutees at least once per semester; engagement and any problems can be discussed at these meetings and tutors can signpost students to a wide range of support services, for example for numeracy, academic writing, study skills, or library skills, as well as to other members of staff for specific help on course material. The Counselling and Wellbeing service, to which tutors can direct their students, provides a 24-hour service dealing with personal and emotional problems. The University's Department for the Enhancement of Learning, Teaching and Assessment (DELTA) provides training for tutors in the provision of pastoral care, including the management of common issues, signposting and managing boundaries.

Support is also available from student buddies; the University's 'Study Buddies' scheme enables students to meet weekly online with volunteer fellow students to provide study assistance. The students told the team that they were highly satisfied with the support that they received from the staff, who dealt with all problems. They confirmed that they met their personal tutors at least once per semester and that pastoral support was available from other members of staff whenever needed; this had been especially important during the Covid-19 pandemic. During the pandemic, course materials were all provided ahead of time and the lectures were all recorded. Material was presented using several different IT platforms, these being Teams, Moodle, Zoom, and Blackboard; all were easy to use, and this had built their confidence in using IT resources. The staff had supported their

wellbeing through frequent e-mail contact and all staff members were approachable. They had not yet been informed about the delivery of next year's teaching but told the team that they liked both online and on-campus formats. They preferred pre-recorded lectures, which could be paused for note taking, and online examinations were less stressful; however, they preferred in-person tutorials. Students on the MPharm with Preparatory Year also felt very well supported and told the team that they were well prepared to move into year 1 of the MPharm.

To support their development as professionals, students are exposed to a wide range of role models including clinical e-tutors, teacher practitioners, other health and social care professionals and academic staff, seventeen of whom are GPhC registrants. The team learned that around 50% of the personal tutors are pharmacists from across all three subject groups (Biological Sciences, Clinical Practice, and Chemical Sciences); while tutors provide mostly pastoral support, non-pharmacist tutors know their limitations and would refer students to the Year Lead or the Clinical Practice group. The staff described how the Link Tutor role (see standard 4) assists in providing opportunities for MPharm with Preparatory Year students at the College to access pharmacists who can provide professional support and advice and act as role models and mentors.

The School's Foundation Training Lead works with a colleague from the University's Careers and Employability Centre to disseminate information on the Foundation Training year and providing support for the application process, including support sessions for interview preparation. An annual Careers Fair for MPharm students provides opportunities to meet many different employers from all sectors. The students told the team that overall, they had been quite well prepared for the Oriel process for which the School had been very supportive, for example, with weekly calculations workshops. They were given an overview of the whole process and received constant e-mail reminders. The School had also helped those students who failed Oriel to obtain a training placement. The only problem had been that the Oriel assessment coincided with placements; this had caused stress and the students had given feedback on this to their year representatives.

The professional development and recognition of staff members in learning and teaching is supported by the University's Professional Teaching Framework (PTF), which is coordinated by the Department for the Enhancement of Learning, Teaching and Assessment (DELTA). The PTF, which is accredited by Advance HE, provides opportunities for both new and experienced colleagues to develop their knowledge and skills in teaching and learning, and to gain professional recognition as fellows of the Higher Education Academy (HEA). Beyond the Framework, DELTA also coordinates a programme of academic development opportunities to enable staff members to further develop their practice in relation to key aspects of learning, teaching, and assessment.

The University Human Resources Department provides induction material for new staff. New members of staff undergo induction against the 'New Employee Induction Checklist'. The Course Leader or the line manager briefs new staff members on the structure of the MPharm and the location and inter-relationships of the subject-specific teaching involved to ensure correct contextualisation and clear understanding of purpose. Peer review of teaching is a mandatory element of the 'Introduction to Teaching and Demonstrating' module to support personal development and quality enhancement. New staff members have a mentor; peer support, supervision and mentoring are embedded throughout the delivery of the MPharm. When asked how the School supports staff members from non-pharmacy backgrounds to understand the role of the pharmacist and how this relates to their teaching, the staff explained that non-pharmacist staff members have an induction with the Course Leader; this covers the course and how their teaching fits in. Staff members work closely across the School as a team and clinical colleagues contribute to all modules.

Traditionally, non-pharmacist staff members have visited pharmacies to gain an insight into the profession, but the Covid pandemic had interfered with this. The team wished to see these visits to pharmacies restored.

Members of staff undergo an annual Employee Performance Review (EPR), with their line managers; this reviews the past year's performance and sets objectives for the coming year. Workload is discussed as part of the EPR process. The reviewers discuss the outcomes of all reviews with the Head of School leading to the formulation of personal staff development action plans; review points are built into the cycle to ensure that progress is being made. Funding for staff development is available at both University and School levels. In response to the team's wish to learn if the teacher practitioners and placement facilitators participate in the annual review and training processes, the staff explained that facilitators are trained by NES, with training being reviewed every two to three years. Teacher practitioners undergo a similar process to the EPR that is undergone by other members of academic staff, although this is informal. However, they have their own appraisal process through their pharmacy employers.

Teach out and transfer arrangements

The revised course structure will be implemented in a phased manner from September 2022 onwards, starting with the revised Stage 1 and Stage 2. Thus, the School will be teaching out the 2011 standards only to those students who enter Stages 3 and 4 of the course in September 2022; the current course structure will continue to be taught out for the next two academic sessions 2022/2023 and 2023/2024. Students at Stages 1-3 are normally permitted one initial assessment and two subsequent re-assessments; Stage 4 students are permitted one initial assessment and one further re-assessment. The Assessment Board has discretion to permit exceptionally a student to have a further assessment opportunity within the same academic session to avoid the need for students to undertake a part-time year, whilst also being cognisant of student workload.

Minimal changes to the structure of Stage 1 of the course permit current Stage 1 students to transition seamlessly onto the new revised Stage 2 of the course in September 2022. The revised Stage 3 and the revised Stage 4 of the course will be introduced respectively in September 2023 and September 2024. Thus, the graduating class of 2025 will have covered all the 2021 learning outcomes.

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).