General
Pharmaceutical
Council

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

Contents

Event summary and conclusions

Provider	University of Strathclyde
Courses	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year
Event type	Reaccreditation (part 1)
Event date	29-30 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 the University of Strathclyde is reaccredited, and the MPharm degree with preparatory year accredited, subject to a satisfactory part 2 event, and three conditions. Two conditions relate to both MPharm variants and one specifically to the MPharm with preparatory year. Reaccreditation and accreditation are recommended for a period of 6 years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserve 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; it is likely to take place be on-site.
Conditions	1. A clearly articulated assessment plan must be submitted which sets out the assessment methods that will be used to assess achievement of each of the learning outcomes at the required level. This should include the processes in place to ensure that all summative assessments will be robust, valid and reliable. This relates to criteria 6.2, 6.3 and 6.4. 2. Clear standard-setting processes must be defined which provide a robust mechanism for setting clear and fair pass criteria for summative assessments. This is to meet criteria 6.4, 6.6 and 6.7 and Learning Outcome 32. 3. Feedback from students undertaking the MPharm with preparatory year must be built into monitoring, review and evaluation processes, so that the specific view of students undertaking this route can be addressed and used to inform the development of the programme. A plan must be submitted to set out how this will be

	achieved from the 2022/23 academic year onwards. This relates to criterion 4.4. Evidence of how the conditions have been addressed must be sent to the GPhC for approval by the accreditation team by 30 September 2022. The MPharm degree and MPharm degree with preparatory year accredited to the 2011 IETP standards that are being taught out, will continue to be accredited until 2023/24.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	1. To introduce a process at the beginning of the MPharm with preparatory year to include a formal reminder of the fitness to practise requirements and to provide opportunity for students on this route to make a formal declaration relating to their health or conduct. This would provide a set point where issues that may have the potential to prevent students from progressing to the remainder of the MPharm degree can be reviewed and discussed with them, in advance of the PVG checks undertaken during year 2. This relates to criteria 1.4 and 1.5. 2. To review the current naming system for each taught year of the MPharm degree to align it with the rest of the sector and to provide clarity to stakeholders, applicants and students.
Registrar decision	Following the event, the provider submitted evidence to address the conditions. The Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme, subject to a satisfactory part 2 event.
Key contact (provider)	Professor Anne Boyter, Director of Teaching and MPharm Programme Director
Accreditation team	Dr Mathew Smith (Team Leader) Director of Learning and Teaching, School of Pharmacy & Pharmaceutical Sciences, Cardiff University * Laura Doyle (team member - pharmacist) Head of Undergraduate and Foundation Pharmacy, Health Education and Improvement Wales Cristian Ioanas (team member - pharmacist, newly qualified) Specialist Pharmacist, Nottingham University Hospitals NHS Trust Dr Cathy O'Sullivan (team member - lay) Workforce Development Consultant Dr Gemma Quinn (team member - academic) Associate Professor of Clinical Pharmacy, University of Bradford Rav Savania (team member - academic) School of Pharmacy Director of Teaching and Learning, Lecturer in Pharmacy Practice, University of Reading

	* attended the pre-event meeting
GPhC representative	Philippa McSimpson, Quality Assurance Manager (Education) *
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research
Observers	Simmy Daniel (observer - new panel member in training) Education & training lead and Clinical lead pharmacist at East London NHS Foundation Trust
	Professor Steve Howard (observer - team leader in training) Independent Healthcare Consultant, Non- Executive Director, writer and presenter
	Laura Fulton (Observer) Director for Scotland, General Pharmaceutical Council *

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 degree at the University of Strathclyde is accredited by the GPhC. In February 2013, the MPharm degree was accredited for a full period of six years. This was followed by an interim visit three years later in February 2016. No conditions or recommendations were applied at either visit. In the light of the Scottish Government's plans to review the initial education and training of pharmacists, the GPhC substituted a full reaccreditation visit with an additional interim visit, which took place in March 2020. No conditions or recommendations were applied at that event. Following this extension of the current accreditation, a part 1 reaccreditation event was arranged 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 during 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. 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 the later taught years of the programme, 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.

Following review of information within the submission and further discussions at the pre-event the provider was advised that this route was considered to be an MPharm with preparatory year and as such both course variants were reviewed during the part 1 event.

The preparatory year of the University of Strathclyde's MPharm was introduced when the MPharm was redesigned and accredited in February 2014. At this time, the credit weighting of each year of the MPharm was normalised to 120 Scottish Credit & Qualifications Framework (SCQF) credits in each year. Students entering the MPharm by the normal route are awarded 120 credits of prior learning in recognition of their Advanced Higher qualifications which are the same SCQF level as year 1 of university study.

The University refers to the preparatory year as Year 1 and subsequent years of the standard MPharm degree as years 2 to 5. Therefore, the standard entry route to the MPharm for students who have achieved Scottish Highers is to enter directly into Year 2 (this being the first taught year of the standard MPharm). Admission to year 1 (preparatory year) is only available to applicants who have not been able to study the required Advanced Highers due to these qualifications not being offered at their particular school and/or who are from low progression schools or schools in the areas of highest deprivation. It is not a route of entry for applicants who do not meet a conditional offer for the MPharm; entry requirements are based on Higher results only and do not include Advanced Highers.

Students who are accepted into year 1 (preparatory year) must achieve a credit weighted average of 60 in their modules to progress to the MPharm.

The modules in this year are:

- Foundation and Biomolecular Sciences: Cells and their Molecules (20 Credits)
- Foundation Biomolecular Science 2: Organisms and Disease (20 credits)
- Bio-organic Chemistry (20 credits)
- Being a Biomolecular Scientist 1 (40 credits)

- Electives (20 credits)

Since 2014 the numbers of students applying for entry into year 1 (preparatory year) has grown gradually and in June 2022 the first cohort who have studied in this manner will graduate.

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 13 June 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 29-30 June 2022 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm course and a meeting with current students.

Declarations of interest

Laura Fulton, Director for Scotland, General Pharmaceutical Council, informed the team that she has been a student at the University of Strathclyde. The team was satisfied that there was no conflict as Laura was attending the event as an observer.

Schedule

Day 1: 29 June 2022

09:00 – 10:30	Private meeting of the accreditation team
10:30 – 11:15	**Welcome and introductions** **Management and oversight of the MPharm degree – part 1, including presentation from the provider**
11:15 – 12:00	Break and private meeting of accreditation team
12:00 – 13:30	**Management and oversight of the MPharm degree - part 2**
13:30 – 14:00	Lunch break

14:00 – 14:30	Private meeting of accreditation team
14:30 – 16:30	**Teaching, learning, support and assessment - part 1, including presentation from the provider**

Day 2: 30 June 2022

09:00 – 09:30	Private meeting of the accreditation team
09:30 – 10:30	**Student meeting**
10:30 – 11:00	Break and private meeting of the accreditation team
11:00 – 12:00	**Teaching, learning, support and assessment - part 2, including presentation from the provider**
12:00 – 12:15	Break
12:15 – 13:30	**Teaching, learning, support and assessment - part 3**
13:30 – 14:00	Lunch break
14:00 – 17:30	Private meeting of the accreditation team
17:30 – 17:45	**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
Dr Gazala Akram	Senior Teaching Fellow
Carol Barnett	MPharm Administrator & Selector
Professor Hannah Batchelor	Student Community, Engagement and Communications
Professor Anne Boyter *	Director of Teaching and MPharm Director
Dr David Breen	Teaching Fellow & Sustainability Champion
Dr Trevor Bushell	Reader, Deputy Head of Institute & Module Coordinator for Management of CNS conditions
Derna Campbell	Senior Teaching Fellow, Module coordinator for Being a Pharmacist 1 & 3, year 2 coordinator & IP Course Director
Dr Susan Chalmers	Senior Lecturer & Module Coordinator for Management of Cardiovascular Conditions
Professor Luke Chamberlain	Director of Research & module coordinator for Normal Function of the Nervous & Endocrine Systems

Dr Paul Coats	Lecturer & Module Coordinator for Management of Respiratory and Inflammatory Conditions
Dr Robert Drummond	Lecturer & Module coordinator for Management of GI and Endocrine Conditions
Dr Alan McCruden	Academic Selector
Morven McDonald	Teaching Associate & Experiential Learning coordinator
Annamarie McGregor	Teaching Associate and Module Coordinator for Management of Inflammation & Inflammatory Conditions
Professor Harry McQuillan	Chief Executive, Community Pharmacy Scotland
Professor Yvonne Perrie *	Head of Institute
Dr Ailsa Power	Associate Postgraduate Pharmacy Dean, NHS Education for Scotland
Dr Chris Prior	Senior Teaching Fellow, year 4 coordinator, PDA for all year 1 students
Dr Nicholas Rattray	Chancellor's Fellow & Module coordinator for Research Project
Dr Zahra Rattray	Senior Lecturer and Module Coordinator for New Medicines, Better Medicines, Better Use of Medicines
Dr Philipp Seib	Reader & Module coordinator for Being a Pharmacist 2 and year 3 coordinator
Dr Veronique Seidel	Senior Lecturer & Module coordinator for Management of Infection & Infectious Diseases
Dr Annette Sorensen	Teaching Fellow & Module coordinator for Management of malignancy & Inflammation
Pernille Sorensen	Teaching Fellow & Module coordinator for Advanced Clinical Practice
Ian Towle	Senior Teaching Fellow & module coordinator for Being a Pharmacist 4. Year coordinator for year 5. Deputy MPharm Director

The accreditation team also met a group of eight current MPharm students, one from year 2, two from year 3 and 5 from year 4. None of the students in the meeting had been admitted to the MPharm 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 4, 14, 17, 27, 28, 53**

The team agreed that 54 learning outcomes were met or likely to be met, but that one learning outcome was not met.

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 ☐

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

The team agreed that more details of the experiential learning programme and details of how this learning outcome will be assessed at the 'does' level were needed. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 2: Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing

The team agreed that more details of the OSCE were needed. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 3: Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person

The team agreed that more details of the OSCE and the methods of assessment of the experiential learning in the final year were needed. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 4: Understand the variety of settings and adapt their communication accordingly

This learning outcome was tested at the event. Communication skills are learned throughout the course, with increasingly complex scenarios, and practised in periods of experiential learning. In year 4, the challenges of remote consultations are addressed. The learning outcome is assessed via the OSCE and through reflective entries following placements. Further details of the OSCE and assessment of the periods of experiential learning were needed for this learning outcome to be met. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 5: Proactively support people to make safe and effective use of their medicines and devices

The team agreed that more details of the OSCE were needed. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 6: Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences

The team agreed that more details of the OSCE were needed. In addition, more evidence of how this learning outcome will be assessed at the does level is required. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 7: Obtain informed consent before providing care and pharmacy services

The team required more information on how the skills passport will be used to assess this learning outcome. This learning outcome will be reviewed again during the part 2 event.

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

The team noted that entrustable professional activities are still being developed for use as an assessment tool during periods experiential learning. This learning outcome will be reviewed again during the part 2 event.

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

As entrustable professional activities and the skills passport are introduced to the assessment of experiential learning, communication and consultation skills will be assessed through this method. This learning outcome will therefore be reviewed again during the part 2 event.

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

The team noted that more details of how prescribing will be taught and assessed are needed for this learning outcome to be met. This learning outcome will therefore 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

The team agreed that more details of the experiential learning programme and details of how this learning outcome will be assessed at the 'does' level were needed. This learning outcome will be reviewed again during the part 2 event.

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

This learning outcome was tested at the event. The provider explained that students learn to recognise when they need to refer a patient on, and who best to refer to in different scenarios and for

different therapeutic conditions. They are expected to apply this knowledge during periods of experiential learning. Facilitators are trained to identify students who are not in tune with their own competence. The provider is also keen to encourage students not to be too risk averse, and to be confident taking decisions rather than referring on, when appropriate to do so.

The learning outcome is assessed via reflective diary entries. The team agreed that more details of the experiential learning programme and details of how this learning outcome will be assessed at the 'does' level were needed. This learning outcome will be reviewed again during the part 2 event.

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

The team agreed that more details of the experiential learning programme and details of how this learning outcome will be assessed at the 'does' level were needed. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 20: Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so

The team noted that students learn about the professional standards required with respect to dealing with patients and public and to recognise unprofessional behaviour. Before any experiential learning, students are reminded of their responsibilities as pharmacy professionals and the need to raise any concerns about their experiential learning site to the provider as soon as possible. Before starting experiential learning in the hospital, students must complete the NHS Whistleblowing on-line training.

Through the personal development advisor system and the academic family, students are encouraged to discuss any concerns openly and seek advice and help. Following the meeting with students, the team noted that students did not always feel involved in this process. The provider should seek to close the feedback loop by involving students more closely.

The team agreed that more details of the experiential learning programme and details of how this learning outcome will be assessed at the 'does' level were needed. 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

This learning outcome was tested at the event. Students learn that the pharmacist is often the first port of call for a patient, so diagnostic skills are important. They are encouraged to take all available evidence, including using physical examinations skills where appropriate, to work through to a diagnosis. Early in the course, students are given more information and less complex scenarios. As the course progresses, they are presented with more challenging scenarios, such as patients with comorbidities. At all stages, students are required to order tests, carry out examinations, and decide how and when to follow up.

This learning outcome is tested via OSCEs in each year of study. The team agreed that more details of the OSCE were needed. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 32: Accurately perform calculations

The team needed more assurance about the assessment of calculations throughout the course. This learning outcome was therefore not met and it will therefore be a condition of reaccreditation for the MPharm, and of accreditation for the MPharm with Preparatory Year that clearly defined standard-

setting processes are defined which provide a robust mechanism for setting clear and fair pass criteria for summative assessments. This learning outcome will be reviewed again during the part 2 event.

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

The team agreed that more details of the OSCE were needed. In addition, more evidence of how this learning outcome will be assessed at the does level is required. This learning outcome 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

The team agreed that more details of the OSCE and of the prescribing assessment in the final year were needed. This learning outcome will be reviewed again during the part 2 event.

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

The team agreed that more details of the OSCE and of the prescribing assessment in the final year were needed. This learning outcome 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 learning outcome was tested at the event.

Following all experiential learning, students participate in a peer-learning workshop where they reflect on their experiences and review these in the light of other students' experiences. In the early years, these sessions are facilitated by members of staff or experiential learning facilitators to ensure that the discussion is focussed, and that students have guidance in the interpretation of what they have seen related to professionalism and the science of pharmacy. In the later years, students are encouraged to facilitate the sessions themselves with little input from staff unless requested.

In each year students are supported by their Personal Development Advisor through the process of review of their skills and exam performance to design a personal development plan to address areas where need is identified.

This learning outcome is assessed via reflective diary entries each year. Students have a formative attempt with feedback before the summative attempts. Students are informed, via the experiential learning handbook, which competencies the entries should cover.

Following the meeting with students, the team found that it was not clear that the reflective loop is closed; students reported that feedback was not always clear and constructive. The team also needed more detail of how the reflective diaries will be structured and assessed. This learning outcome will be reviewed again during the part 2 event.

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 ☐

Entry requirements and information about the admissions process are made available to prospective students through the prospectus and the University's website. The provider clarified that both Chemistry and Biology are required subjects for entry to the MPharm. Prospective students are informed through the website and in their offer letter of the requirements to comply with the GPhC Standards for Pharmacy Professionals and the University Fitness to Practise regulations, and of the need to complete a Health and Fitness to Practise Disclosure.

The team noted that a Protecting Vulnerable Groups (PVG) check is required at the start of the 4-year MPharm. Students on the MPharm with Preparatory Year are not required to undertake a PVG check until this point. It is a **recommendation** that the provider introduce a process at the beginning of the MPharm with Preparatory Year to include a formal reminder of the fitness to practise requirements and to provide opportunity for students on this route to make a formal declaration relating to their health or conduct. This would provide a set point where issues that may have the potential to prevent students from progressing to the remainder of the MPharm degree can be reviewed and discussed with them, in advance of the PVG checks undertaken during year 2. This relates to criteria 1.4 and 1.5.

All staff involved in admissions decisions have completed equality and diversity training. The provider monitors admissions against the protected characteristics of gender and ethnicity, and is proactive in recruiting students identified as being from the most deprived areas of Scotland.

Students for both degree variants are not currently interviewed, but interviews will be introduced for students applying for entry in October 2023. Interviews will be based on a written reflection on a scenario given to applicants in advance. The team noted that interviews will be undertaken by only one member of staff and asked how the provider will ensure that decisions will be fair and consistent. The provider stated that staff will be trained before interviewing. Some interviews will be recorded for

quality control purposes. The provider confirmed that the same process will be used for students applying to the MPharm with Preparatory Year, and for students applying to both degree variants through clearing. This process will be reviewed at the part 2 event.

The team noted plans, led by NHS Education for Scotland (NES), for a 'Once for Scotland' admissions process, working towards a shared admissions process for the two MPharm providers in Scotland and asked for an update on progress. The provider explained that plans are at an early stage. Eventually it is proposed that there will be a single interview process, but both universities will be able to work independently, to ensure they select the right student for their course.

The team noted the provider's terminology refers to years 1 to 5, with years 2 to 5 comprising the standard 4-year MPharm and year 1 representing the Preparatory Year. The team asked what consideration had been given to aligning the terminology with the rest of the sector and using Year 0/foundation year or similar for the Preparatory Year and years 1-4 for the MPharm. The provider explained that the year 1-5 terminology is in line with other integrated Master's programmes offered by the University and aligns with the SCQF levels as the Preparatory Year is at the same level as Advanced Highers in Scotland. Students with Advanced Highers are given credit for Year 1 and admitted to Year 2, or the first year of the 4-year MPharm. The provider also explained that students with Advanced Highers are not eligible for entry to the MPharm with Preparatory Year; this is an entry route for those students who have not been able to take Advanced Highers at school. Notwithstanding this, it is a **recommendation** that the provider reviews the current naming system for each taught year of the MPharm degree to align it with the rest of the sector and to provide clarity to stakeholders, applicants and students.

Criteria 1.1, 1.5, 1.6, and 1.7 will be reviewed again at the part 2 event, when the new admissions process has been implemented and the plans for Once for Scotland are further developed.

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

	Met	Likely to be met	Not 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 Institute within which both degree variants is housed has recently formed a dedicated equality, diversity and inclusion working team which meets monthly with the purpose of reviewing, delivering guidance and preparing standard operating procedures for embedding equality and diversity across all teaching programmes.

All staff and students are required to complete a series of equality, diversity and inclusion online training courses. The courses are regularly reviewed and updated.

Teaching and assessments are regularly reviewed to ensure equality and diversity is recognised in both content and delivery. From the current academic year, annual module review forms will include

a section on equality, diversity and inclusion for all MPharm modules. The team asked for examples of how the provider is working to decolonise the curriculum and was told that this will be an ongoing process. To date, all modules have had an initial review. The diversity of patients used as examples in case studies has been widened and best practice across sector is being reviewed. In the meeting with students, some concern was expressed about the lack of diversity of examples used in teaching. For example, sessions on skin conditions largely used images of white skin.

The team asked how data on the diversity of the student cohort is shared with staff and used to inform the development of the programme. The provider stated that this was made available electronically. An action plan for 2021-26 is set out in the Institute's Athena Swan submission. This recognises that 75% of MPharm applicants are female and 75% are white, so the aim is to encourage staff to be involved in outreach activities to inspire more male and non-white students.

The team noted that student attainment data shows an attainment gap in the degree classification awarded between male and female home students and asked what work has been undertaken to understand and address these differences. The provider had not carried out specific analysis in relation to this gap, but was clear that academic and pastoral support is available to all students. Improved attainment data from the University would be helpful in identifying and addressing needs of specific student groups. This will be reviewed again at the part 2 event.

Students are signposted to disability and well-being services in week 1 and reasonable adjustments are recommended and implemented where needed. Recommendations for adjustments are also passed to experiential learning providers.

Criteria 2.1, 2.2, 2.3 and 2.4 will be reviewed again at the part 2 event when work on equality and diversity in the curriculum and on analysis of student attainment is more developed.

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 ☐

Both degree variants are financially sustainable and have appropriate levels of staff, including independent prescribers, and other resources. Bids for additional resources are made to the University through an established process when needs are identified; the outcome for a refurbishment of the pharmacy practice suite was currently awaited.

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 four-year MPharm programme is overseen by an MPharm Management Committee, which has academic and non-academic staff members as well as students representatives. This reports to the Institute's Teaching, Learning and Assessment Committee. The roles and responsibilities of Committees and key staff are set out in an Institute handbook which is reviewed annually.

There is an Institute-wide patient and public involvement group whose role is to provide expertise, experience and knowledge to feed into the design and delivery of the professional degrees, including the MPharm. In addition, the Pharmacy Practice Support Network is a collaboration between NES, the two Scottish Schools of Pharmacy and experiential learning providers whose role is to oversee and review the implementation of the experiential learning strategy across Scotland.

Risks are identified at MPharm level and feed into an Institute risk management plan. The team asked about the risks associated with plans for a significant increase in the amount of experiential learning, and in particular with ensuring sufficient capacity and quality in partnerships with external bodies. The provider explained that experiential learning is managed internally through the MPharm Management Committee, and externally through relationships with NES. Both of the Schools of Pharmacy in Scotland are working with providers and NES to co-create and co-deliver experiential learning.

The team asked for examples of how the continual quality improvement process has supported the identification of and response to significant changes in practice or advances in treatment. The provider noted that the biggest change was identifying that there needed to be more clinical content end of the course. This was heavily influenced by feedback from students in their final year, and led to the redesign of this part of the course that was approved at the last reaccreditation event.

Students are asked to provide feedback on their placement providers to NES. This is reviewed alongside feedback from students on other courses and at other universities. Students can also raise concerns directly with their university and in these cases, the provider will intervene and ensure issues are addressed.

Feedback from students on the taught elements of the programme is gathered from module reviews, through the Student Staff Liaison Committee and through meetings with the Personal Development Advisor. The students' module reviews must be responded to by the Module Coordinator to address any immediate concerns and indicate where the feedback will be addressed. This information feeds into the formal module review. Data are also collected from the National Student Survey (NSS) and used to identify issues for further consideration.

The team noted that the specific views of students on the MPharm with Preparatory Year are not sought albeit their views are included in the module reviews of all modules in year 1 along with the students studying the Biomedical Sciences degrees. It is therefore a **condition** of accreditation of the MPharm with Preparatory Year that feedback from students undertaking that degree variant must be built into monitoring, review and evaluation processes, so that the specific view of students undertaking this route can be addressed and used to inform the development of the programme. A plan must be submitted to set out how this will be achieved from the 2022/23 academic year onwards. This relates to criterion 4.4.

The team also asked how the provider inputs into the review and development of the Preparatory Year and reassures itself it is fit for purpose. The provider stated that the programme sits within the Institute, so any changes are required to be considered by the Teaching, Learning and Assessment Committee. The Director of the MPharm is a member of this Committee (and is currently the Chair).

The marks of students registered on the MPharm with Preparatory Year are considered at the MPharm exam board.

The team asked for details of the arrangements for the provision of interprofessional learning and was told that there are unwritten, but nonetheless longstanding reliable, agreements with the University of Glasgow Medical and Dental Schools.

Criteria 4.1, 4.2 and 4.5 will be reviewed again at the part 2 event when experiential learning plans are more developed.

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

	Met	Likely to be met	Not met
Criterion 5.1 is:	☐	✓	☐
Criterion 5.2 is:	✓	☐	☐
Criterion 5.3 is:	✓	☐	☐
Criterion 5.4 is:	☐	✓	☐
Criterion 5.5 is:	✓	☐	☐
Criterion 5.6 is:	☐	✓	☐
Criterion 5.7 is:	☐	✓	☐
Criterion 5.8 is:	✓	☐	☐
Criterion 5.9 is:	☐	✓	☐
Criterion 5.10 is:	✓	☐	☐
Criterion 5.11 is:	✓	☐	☐
Criterion 5.12 is:	✓	☐	☐
Criterion 5.13 is:	✓	☐	☐

The team noted plans to increase experiential learning opportunities on the programme and asked for further details of the proposed additional content and assessments. The provider explained that a suite of entrustable professional activities (EPA) are being developed, building on the results of a survey of a group of early years pharmacists who were asked for their views on the key skills and activities to be included. EPAs will add to, rather than replace, the current system of assessing via reflective diaries and OSCEs. It is also not planned to remove any taught content from the programme, but to create time for the additional placement activity by taking out some of the clinical skills tasks, such as dispensing, that can be better learned on placement rather than on campus. However, simulation will still be important as a safe environment for preparing for practice.

The team asked what opportunities will be provided for students to work with a range of health care professionals, including independent prescribers (IPs), whilst undertaking placement activities and was told that in the final two years, students will undertake non-identical specialist placements in a range of settings, so they might work with an IP in a GP clinic, for example. As the number of IPs increases, students will have more opportunities, but, initially at least, not all students will be able to spend time with an IP.

The team noted that plans for experiential learning and for the assessment of EPAs via the skills passport were not yet finalised. Details of these, and the complete teaching and learning strategy, would therefore be reviewed at the part 2 event, including the agreement with NES in relation to the quality assurance of placements.

The team noted that pharmacists are increasingly taking leadership roles at earlier points in their career and asked how the provider is supporting its students to develop leadership skills during the programme. The provider explained that students are encouraged to take leadership roles through the focus on student-centred learning, which requires students to work in groups with minimal staff intervention, especially in the later years of the programme.

The team also asked for details of the teaching of physical examination skills and was told that in Year 1 students are taught to carry about blood pressure checks and to recognise normal and abnormal results. As the course progresses, they combine physical assessments with history-taking and prescribing decision-making. In the final year, nurse practitioners talk to students about physical assessment skills and an expert in mental health talks about mental health assessment. These skills are assessed in OSCEs each year.

The team asked what processes the provider has in place to capture and address unprofessional student behaviours, both in class and on placement. There is a formal feedback process from placements; facilitators are told that if there is an urgent issue, they should contact the provider immediately by telephone. This will be reviewed at the part 2 event. In class, the GPhC standards are introduced at the start of the four-year course, and students are reminded of these at the start of each academic year, as well as being informed about the fitness to practise policies and procedures and to sign a declaration akin to the one signed by all pharmacists annually.

Any fitness to practise concerns are referred to the Head of School. An investigator is appointed, and if there is deemed to be a case to answer, then a full panel is appointed, with academic and lay representation and external pharmacists. Students on the MPharm with Preparatory Year are subject to same processes, although the provider seeks to educate and support students in the early years of the courses and has increasingly higher expectations as they progress.

Criteria 5.1, 5.4, 5.6, 5.7 and 5.9 will be reviewed again at the part 2 event when the later years of the course and the experiential learning elements have been finalised.

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 ☐

There is an assessment plan for the programmes which is detailed in the MPharm Curriculum Handbook. The assessment of knowledge-based modules is primarily by multiple choice questions in the early years, with extended matching questions, short answer questions, seen and unseen essays, and reports/dissertations added in the later years. Assessment at the shows how and does levels is focused on a portfolio of evidence and objective structured clinical examination (OSCE) assessments. The portfolio of evidence includes reflective entries related to the experiential learning and skills acquired in laboratories and workshops. The OSCEs are used in a progressive manner to test skills, including decision-making and clinical reasoning. Key skills and competencies are red-flagged to indicate that they must be passed in order for the student to progress on the programme. Staff assessing OSCEs are given detailed instructions and marking guides, and can discuss any queries with colleagues before a pass/fail decision is made. The training of assessors will be reviewed at the part 2 event. A prescribing assessment has been introduced in the current academic year and will be developed in the coming years as the programme continues to evolve.

Formative assessment opportunities are provided throughout the programmes, and students are given feedback on formative and summative assessments. The provider has a policy of providing feedback on reports and reflective diaries within 10 working days. Students confirmed that they were satisfied with the timeliness of feedback, but they expressed concerns about the quality and detail. The provider is aware of concerns through the National Student Survey and has been working to improve feedback, particularly on the portfolios.

As experiential learning expands, the provider will introduce assessment of entrustable professional activities (EPAs). These will be piloted in the second semester of the 2022-23 academic year. This will involve a change in University regulations to allow the experiential learning facilitators to make assessment decisions. The EPAs are being co-produced by NES, the two Scottish Schools of Pharmacy and and the facilitators. When these are introduced, there will be additional support for the experiential learning facilitators and standard setting exercises to ensure consistency across sites and facilitators.

The team found that the assessment plan lacked clarity in terms of mapping to the GPhC learning outcomes. The plan must also be updated once the experiential learning activities are finalised. It is therefore a **condition** of reaccreditation that a clearly articulated assessment plan must be submitted which sets out the assessment methods that will be used to assess achievement of each of the learning outcomes at the required level. This should include the processes in place to ensure that all summative assessments will be robust, valid and reliable. This relates to criteria 6.2, 6.3 and 6.4.

There is a blueprint document which guides staff in the design of the question types and the proportion of each type to be included in final assessments. However, the team was not satisfied that the blue-printing was rigorous and also had concerns about the standard-setting process, especially for the OSCEs and the numeracy assessments. It is therefore a **condition** of reaccreditation that clear

standard-setting processes must be defined which provide a robust mechanism for setting clear and fair pass criteria for summative assessments. This is to meet criteria 6.4, 6.6 and 6.7 and Learning Outcome 32.

Criteria 6.5, 6.9, 6.10, 6.11 and 6.14 will be reviewed again at the part 2 event when work on improving feedback to students has been completed and when the later years of the course and the experiential learning elements have been finalised.

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

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

Support for student pharmacists

Criterion 7.1 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.2 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.3 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.4 is:	Met ☐	Likely to be met ✓	Not met ☐

Support for everyone involved in the delivery of the MPharm degree

Criterion 7.5 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.6 is:	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.7 is:	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.8 is:	Met ☐	Likely to be met ✓	Not met ☐

All students are allocated a Personal Development Advisor (PDA) who acts as a first point of contact for any queries or concerns. The student and PDA meet regularly from induction week onwards. Each academic member of staff has approximately 18 students across the four years of the MPharm in their 'academic family' and these families meet as a group so that students can share experiences. New staff are given a mentor and information on the role of the PDA, including its limitations and the need to signpost students to other services and support. Mentors are supported through a University-wide development programme. Students spoke positively of the PDA system.

The team noted that students undertaking the MPharm with Preparatory Year were likely to be under 18 and asked what consideration has been given to extra support for these students. The provider explained that many Scottish first year students are under 18. Staff are encouraged to meet students with doors open and to offer chaperones. All new staff are required to have a PVG check.

The team asked what support or preparation is provided to students taking the MPharm with Preparatory Year to ensure that they understand the role of a pharmacist and their professional responsibilities. The provider acknowledged that there is little pharmacy content in the year, but students are encouraged to do choose two pharmacy electives, Pharmaceutics and Drug Development and Use and Abuse of Drugs. They are also given information about the expectations of a pharmacy professional.

The team asked how students are informed about the process for raising concerns and was told that this is made clear in the Student Handbook and in person at the start of each academic year.

Following the meeting with students, the team noted that there is opportunity for students to be given feedback on how their concerns are considered and addressed. More information on the role of NES in receiving and sharing concerns about experiential learning is required. This will be reviewed at the part 2 event.

Criteria 7.4, 7.5, 7.6 and 7.8 will be reviewed again at the part 2 event when the later years of the course and the experiential learning elements have been finalised.

Teach out and transfer arrangements

The MPharm programme which students started in October 2021 is an evolution of the past programme and not a completely new course. Thus the provider stated that teach out of the past programme is not required. Subsequent cohorts will study a course based on the 2021 Initial Education & Training of Pharmacists (IETP) 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).