

Master of Pharmacy  
degree (MPharm)

University of Strathclyde  
Report of a pilot interim visit  
March 2020

## Event summary and conclusions

<b>Provider</b>	University of Strathclyde
<b>Course</b>	Master of Pharmacy degree (MPharm)
<b>Event type</b>	Pilot interim accreditation visit
<b>Step</b>	N/A
<b>Event date</b>	12 <sup>th</sup> March 2020
<b>Accreditation period</b>	The current accreditation period ending in 2020 is being extended to 2022 and this interim visit is taking the place of the 2020 full reaccreditation
<b>Conditions</b>	None
<b>Recommendations</b>	None
<b>Registrar decision</b>	The Registrar of the GPhC approved the continued accreditation of the programme for an extended period of two years. A full reaccreditation will be due in 2021/22.
<b>Key contact (provider)</b>	Dr Anne Boyter, Director of Teaching and Deputy Head of Institute, Strathclyde Institute of Pharmacy and Biomedical Sciences (SIPBS), University of Strathclyde
<b>Accreditation team</b>	Leonie Milliner (Accreditation team leader - lay) Dr Katie Maddock (Accreditation team member - Academic) Mike Pettit (Accreditation team member - Pharmacist) Farwah Bukhari (Accreditation team member - Recently registered pharmacist) Catherine Boyd (Accreditation team member - Lay member)
<b>GPhC representative and rapporteur</b>	Damian Day, Head of Education, General Pharmaceutical Council (GPhC)
<b>Observers</b>	Laura Fraser, Director for Scotland, GPhC Daniel Young, Pre-registration Training Lead, Pharmaceutical Society of Northern Ireland (PSNI)

<p><b>Strathclyde staff attendees</b></p>	<p>Mrs Lorraine Allan, Head of Technical Services  Ms Carol Barnett, MPharm Administrator  Dr Luis Bimbo, Class coordinator Management of Malignancy &amp; Inflammatory conditions  Dr Marie Boyd, Director of Research  Dr Anne Boyter, Director of Teaching &amp; Deputy Head of Institute  Dr Trevor Bushell, Class coordinator Management of Central Nervous System conditions  Ms Derna Campbell, Year 2 coordinator and Class coordinator BaP 1 &amp; BaP 3  Dr Susan Chalmers, Management of Cardiovascular Conditions  Professor Luke Chamberlain, Class coordinator, Normal function of the Nervous &amp; Endocrine Systems  Dr Paul Coats, Year 3 coordinator and class coordinator BaP 2  Dr Robert Drummond, Class coordinator Management of Gastrointestinal and Endocrine Conditions  Ms Louise Evans, Class coordinators Management of Patients with Comorbidities  Mr Paul Kearns, Experiential Learning coordinator  Mrs Lynne Kernweiss, Deputy Head of Technical Services  Dr Amanj Kurdi, Year 2 coordinator and Class coordinator BaP 1  Mrs Morven McDonald, experiential Learning coordinator  Professor Yvonne Perrie, NSS champion  Professor Robin Plevin, Head of Institute  Dr Christopher Prior, Year 5 coordinator and class coordinator Evidence Based Medicine  Dr Philipp Seib, Class coordinator, Normal Function of the renal &amp; Hepatic Systems  Dr Veronique Seidel, Class coordinator Management of Infection &amp; Infectious Diseases  Mr Ian Towle, Year 4 coordinator &amp; class coordinator Evidence Based Medicine  Professor Debra Willison, Vice Dean Academic</p> <p>Dr Steven Ford, Teaching Associate  Dr David Breen- Teaching Fellow</p> <p><i>External attendees</i></p> <p>Professor Harry McQuillan, Chief Executive Community Pharmacy Scotland  Ms Aileen Muir, Joint Chair of the NHS-University Board  Dr Ailsa Power, Associate Postgraduate Pharmacy Dean, NHS Education for Scotland</p>
<p><b>Student attendees</b></p>	<p>Students from years 2 - 5</p>

## Introduction

### Role of the GPhC

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

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

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

### Background

The MPharm degree at the University of Strathclyde (hereafter 'Strathclyde') is accredited by the GPhC. The last GPhC accreditation was in February 2013, when 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.

This event was to have been a full reaccreditation, but Scottish Government is sponsoring a review of the initial education and training (IET) of pharmacists, launched in 2017, which has yet to report in full to the Cabinet Secretary for Health and Sport. Once the report has been delivered and, if it is accepted, the two Scottish Schools of Pharmacy, NHS Education Scotland and other stakeholders will work on a new model of delivery for pharmacist IET based on closer integration of the five years of IET. This will then be submitted to the GPhC for accreditation. With this in mind, and with the agreement of the two Scottish Schools and the Chief Pharmaceutical Officer for Scotland, the GPhC has substituted a full reaccreditation visit with an additional interim visit in 2020<sup>1</sup>. The same approach was taken for the other accredited MPharm degree in Scotland.

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<sup>1</sup> The GPhC has taken this opportunity to pilot a new style interim visit, which it is doing at two other schools of pharmacy in the 2019-2020 academic year.

## Documentation

In advance of the checking visit, SIPBS submitted:

1. *Strathclyde interim visit submission 2020*

## Pre-visit

The pre-visit took place by phone on the 13<sup>th</sup> February 2020 between:

- Professor Robin Plevin
- Dr Anne Boyter
- Leonie Milliner
- Damian Day

## The event

The visit took place on the 12<sup>th</sup> March 2020 and comprised:

9.00-11.00 Progress meeting: attendees were the accreditation team plus Strathclyde staff

11.30-12.30 Student meeting: attendees were the accreditation team plus MPharm students from all four years of the course

13.30-14.15 Admission and progression meeting: attendees were the accreditation team plus Strathclyde staff

14.30-15.15 Significant pedagogical developments: attendees were the accreditation team plus Strathclyde staff

16.15 Feedback to course provider: attendees were the accreditation team plus Strathclyde staff

## Declarations of interest

Damian Day has been a member of the Scottish Government's Five Year Integrated Initial Education Programme for Pharmacists (5YIIEPP) in Scotland, Programme Development, Governance and Quality Management groups. Both groups are now disbanded.

Laura Fraser has been a member of the Scottish Government's Five Year Integrated Initial Education Programme for Pharmacists (5YIIEPP) in Scotland, Funding and Admissions groups. Both groups are now disbanded. Ms Fraser is also a Strathclyde alumnus.

## Key findings

### Standard 1: Patient and public safety

Not a focus of the interim visit.

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

The accreditation team was told that the course review discussed under Standard 5 had taken account of the views of the Staff-Student Liaison Committee, the MPharm Curriculum Group, the MPharm management Group and the NHS/University Board, which includes external stakeholders.

As part of the review SIPBS took account of feedback from the 2018 and 2019 National Student Survey as well. The accreditation team noted that students raised a substantial number of issues, namely:

- *That the staff-to-student ratio for workshops was not balanced and that there were too many students to a member of staff in workshops.* SIPBS response: SIPBS has moved over time to a more student-centred learning approach, which does require students to prepare for workshops. When they do not, they may have a sub-optional experience in workshops.
- *Students regularly reported feeling stressed and anxious.* SIPBS response: SIPBS acknowledges that students are stressed: the MPharm degree is a challenging course which places demands on students. Students can access personal development advisors and all staff have an open-door policy, both when in the office and also online.
- *There was poor communication in general regarding any changes to rooms, timetables, exam timetables.* SIPBS response: Room booking is a centralised function and beyond SIPBS's control. Via Strathclyde's app, students can access their personalised timetable, but it does have to be refreshed to check for changes.
- *Marking and feedback had not been timely:* SIPBS response: SIPBS is aware that there is further work to do here. Thus far 70% of coursework has been marked within SIPBS's 11-day target.
- *Assessment/exam feedback has been perceived as too generic and unhelpful and students are therefore unclear about what to improve on for the next assessment.* SIPBS response: SIPBS has been trialling the use of generic feedback where that is appropriate along with more targeted feedback. Additionally, students are able to ask staff for further feedback at any time.
- *That there are inconsistencies in marking between lecturing staff and students requested standardized marking across all areas of the institute.* SIPBS response: SIPBS does have mechanisms in place to standardize marking.
- *That there are conflicting deadlines or deadlines that are too close together.* SIPBS response: Assessments have been rebalanced.
- *That there should be a fairer balance of workload between the two semesters in the final year.* SIPBS response: See the previous answer.

- *That there is a lack of relevant past papers/example questions to help with revision.* SIPBS response: SIPBS made a strategic decision to not release past examination papers to encourage students to develop broader learning skills and not learning only to pass examinations. Example questions are including in teaching and learning.
- *Experiential Learning is perceived as counterproductive, especially for students who have part-time jobs in addition to studying.* SIPBS response: Some MPharm students feel that experiential learning is unnecessary if they have weekend or part-time pharmacy jobs. Strathclyde has explained that on-course EL is structured and linked to other course material, whereas part-time and weekend work is not.
- *There is a perception of a lack of variety of placements and not enough placement opportunities in general.* SIPBS response: SIPBS has noted these comments and intends to ensure that placements are meaningful for students
- *That the weighting of marks for difference types of assessment is not representative of the workload involved in each aspect and there is a lack of clinical work in the final year.* SIPBS response: SIPBS believes this relates to their *Bench to Bedside* element of the Evidence Based Medicine class, which has now been revised.
- *Low levels of class feedback:* A new web-based system for collecting student feedback has been introduced, which has resulted in participation rates rising considerably to c. 80%.

The accreditation team noted that some of the issues were significant but that SIPBS had begun to address them.

### Standard 3: Equality, diversity and fairness

The focus of the accreditation team's discussion of equality, diversity and fairness was the information provided in the appendices of Strathclyde's submission. MPharm students comprise two main groups: 'White – British' and 'Asian or Asian British – Pakistani'. Cohorts are strongly female, with ratios being in the range 2:1 – 3:1.

Progression rates between years are high: the lowest for the previous three years was 86.6% and the average is in the 92-98% range. There are no obvious trends in the withdrawal and suspension profiles other than students with overseas qualifications, included in the dataset provided.

There is no discernible difference in progression rates by sex, ethnicity, age or registered disability.

### Standard 4: Selection of students and trainees

In the last three years the number of applications to Strathclyde has remained roughly constant. The entry tariff is high and as part of Scottish Government's widening access initiative up to 40 applicants from areas of highest deprivation (using the Scottish Index of Multiple Deprivation) can be offered contextual offers. Due consideration is also given to 'first in family' applicants (applicants who would be the first person in their family to attend university).

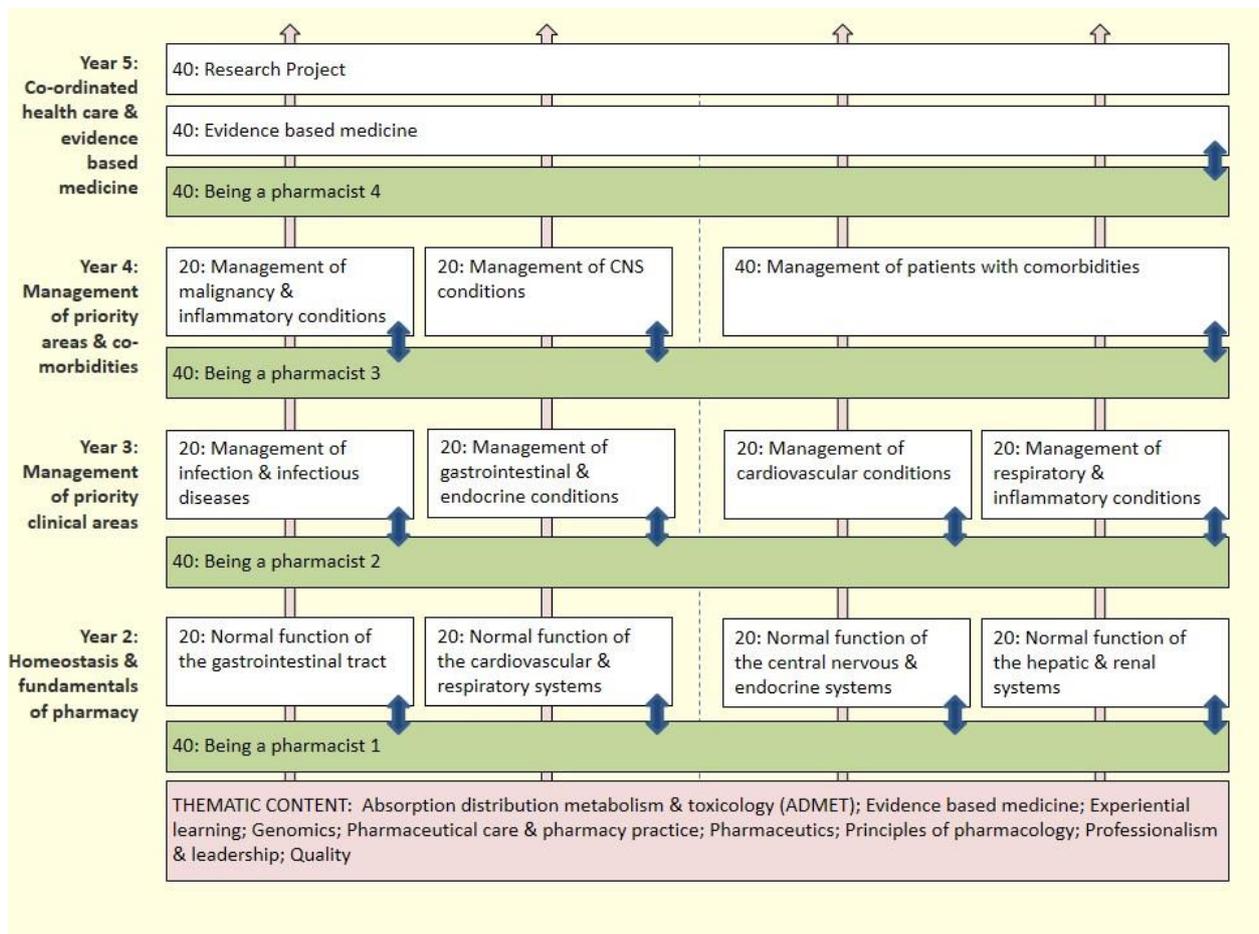
Strathclyde is engaging with the other Scottish school, Robert Gordon University, and NHS Education for Scotland to develop a 'Once for Scotland' approach to admissions which will be introduced as part of the wider reforms discussed above. While each institution will be free to

set its own academic requirements for entry, there may be common approaches to the more interactive elements proposed: multiple mini interviews and situational judgement tests. As neither schools have used these in the past for admissions purposes, this will be a significant change.

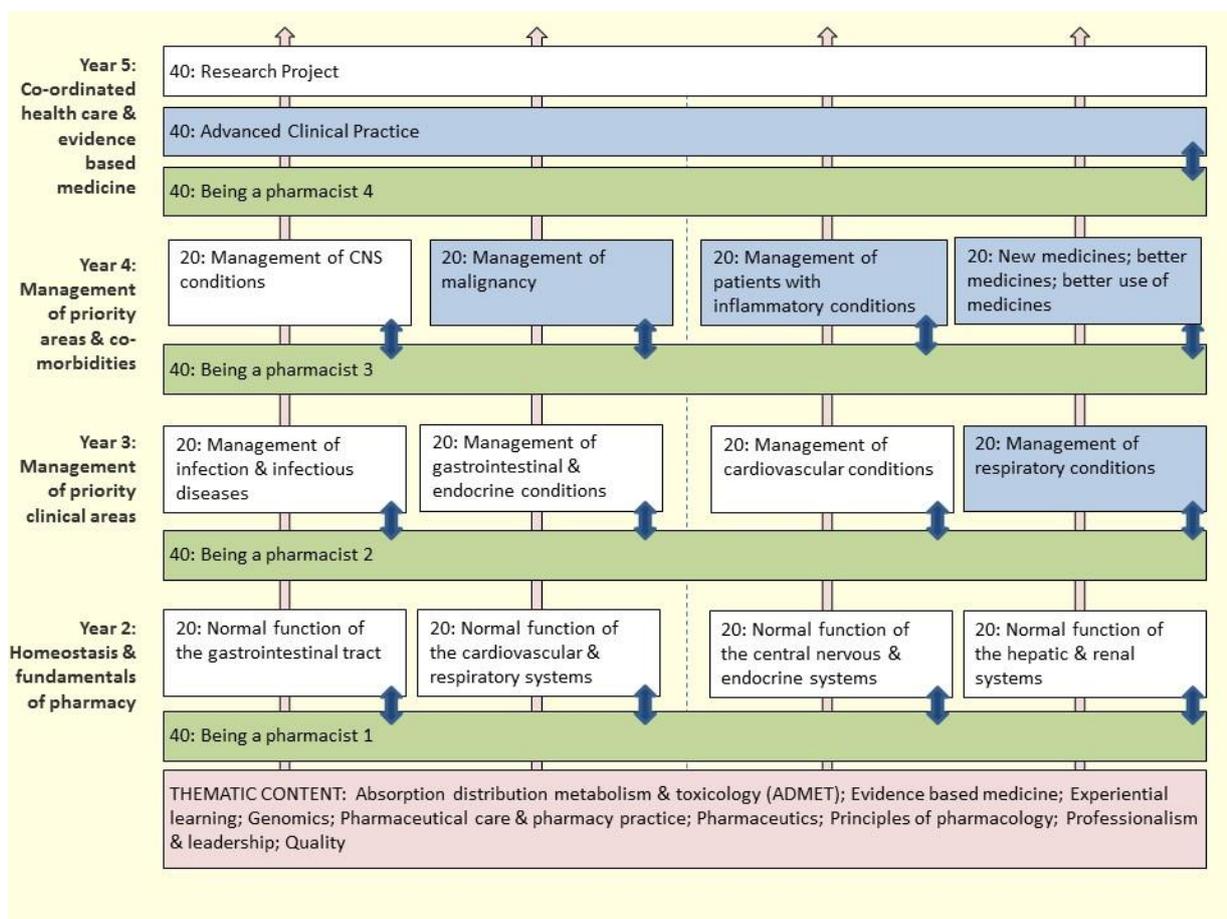
Note: The meeting took place before the covid-19 pandemic lockdown, which may affect admissions for 2020-2021.

### Standard 5: Curriculum delivery and student experience

During the 2013 reaccreditation, Strathclyde signalled its intention to revise the MPharm, which it did in 2014, resulting in this structure:



Having run and reviewed that version of the course, a new one has been developed and will be implemented in 2020-2021:



The rationale for the change is as follows:

‘Student and staff feedback indicated that the ‘Evidence Based Medicine’ class in year 5 did not engage the students, who felt that the final year lacked sufficient clinical focus; additionally, we identified that inflammation and inflammatory conditions had not been given the focus needed to fully equip future pharmacists. In the redesign of the final two years, we added a class to address this: ‘Management of patients with inflammatory conditions’. This will enable the introduction of more material on the management of patients with comorbidities into the other classes in year 3 and 4, allowing us to present more realistic scenarios for students to investigate.

We have also moved material related to the introduction of new medicines – previously known as ‘Bench to Bedside’ in final year – into a class in year 4 called “New Medicines: Better Medicines: Better use of Medicines” (NM:BM:BuOM) which reflects SIPBS’ research strapline. This class will incorporate seminars from staff to show how their research feeds into the drug development pipeline and clinical cases to illustrate how each step in drug development feeds into direct patient care. This class will also give students better information about staff research interests before they choose their Research Project for year 5.

Final year (Year 5) will be restructured with a new class of ‘Advanced Clinical Practice’ which will be a capstone class, in which students’ learning is challenged with cases where clinical guidelines give some part of the answer but the students need to look at empirical evidence to guide pharmaceutical care. This class will also build on the treatment of patients in clinical categories such as paediatrics and intensive care.’

The accreditation team noted the changes and the rationale for them.

One of the more significant changes to the MPharm curriculum has been driven by the release of ACTp funds by Scottish Government in 2018. ACTp is Additional Cost of Teaching Funds for Pharmacy. Its twin aims are to build on current experiential learning provision in Scottish MPharm degrees and also to aid the implementation of Scottish Government’s blueprint for pharmacy in Scotland, *Achieving Excellence in Pharmaceutical Care*.

Each school has been allocated funds, through NHS Education for Scotland, and they have chosen to use them in slightly different way. At Strathclyde, funds have allowed:

- an expansion of experiential learning activities across a wider range of practice setting and locations, including remote and rural ones, out-of-hours care and primary care;
- the development of entrustable professional activities as part of a student skills passport;
- support for the university to implement the expansion, including implementing a quality management system;
- facilitator training for people working in practice settings;
- payment for facilitators; and
- support for student travel and accommodation.

The current experiential learning offering is:

Year	Community	Hospital	Primary Care
2 (1 <sup>st</sup> taught year)	2 x ½ days	½ day	-
3 (2 <sup>nd</sup> taught year)	6 x ½ days	½ day	-
4 (3 <sup>rd</sup> taught year)	3 days	1 day	1 day
5 (4 <sup>th</sup> taught year)	2 weeks (Nov & Feb). All students will spend a week in hospital practice or in one of the Emerging Experiential Learning sites. All students will spend a week in community practice.		

This is a total of four weeks. ACTp will allow Strathclyde to increase this to a minimum of seven weeks by 2023-2024 with a stretch target of 11 weeks by 2024.

#### **Standard 6: Support and development for students *and* trainees**

Not a focus of the interim visit.

#### **Standard 7: Support and development for academic staff *and* pre-registration tutors**

Not a focus of the interim visit.

## Standard 8: Management of initial education and training

Not a focus of the interim visit.

## Standard 9: Resources and capacity

ACTp funding has been discussed above. More generally, resources were not a focus of the interim visit.

## Significant pedagogical developments

The significant pedagogic developments shared with the accreditation team were:

- Experiential Learning (EL) & Additional Cost of Teaching (ACTp) (Paul Kearns and Morven McDonald, Experiential Learning leads)
- Pharmacist's dilemma: an example of large scale, in-lecture gamification (Dr Steven J. Ford)
- Chemistry Teaching and Support (Dr David Breen)

## Outcome

As a result of the visit, the accreditation team agreed that the 2014 reaccreditation outcome should be reconfirmed, without any additional conditions or recommendations.

The accreditation team noted that the interim visit was a substitute for a full MPharm degree reaccreditation and while the accreditation team understood why the substitution was necessary (due to delays in implementing Scottish Government plans for education and training reforms), in order for the GPhC to exercise its statutory powers fully, a reaccreditation visit would be necessary in the not too distant future. This being the case, the accreditation team agreed to recommend to the Registrar that the situation should be kept under review and if, in a year's time, Scottish Government's plans for revising the initial education and training of pharmacists in Scotland were still not finalised, the GPhC should require a full reaccreditation in March 2022 regardless.

Of the topics discussed, the one which seemed to be the least developed was inter-professional learning. The accreditation team will be recommending to the 2022 reaccreditation team that this aspect of the MPharm degree is discussed in depth, placing particular emphasis on 1. the strategic intent behind Strathclyde's IPL offering from 2022, 2. the range of professions with which MPharm students will engage and 3. its relevance to contemporary pharmacy practice.

The accreditation team noted with interest the progress made with embedding experiential learning in the MPharm curriculum and the value of ACTp funding to Strathclyde. Further the accreditation team noted the collaborative approach taken to the use of ACTp by Strathclyde in collaboration with its Scottish higher education counterpart, Robert Gordon University, NHS Education for Scotland and other stakeholders in the Scottish health service. The accreditation team will be recommending to the 2022

reaccreditation team that the use of ACTp funding is discussed in 2022 once it had bedded in to the MPharm degree fully. The accreditation team noted that ACTp funding is for three years in the first instance and, while the GPhC has no funding remit, the accreditation team wanted to note that the funding uplift has had a clear and positive impact on the course and that its continuance would benefit the student experience.

### Postscript

Shortly after the accreditation visit, Great Britain was placed on lock-down as part of government efforts to address the COVID-19 pandemic. The GPhC understands that some of the positions adopted by Strathclyde documented in this report may need to be revised. This will be true of all universities offering MPharm degrees.

The GPhC has issued guidance for schools on admissions and experiential learning in 2020-2021. In addition, Universities UK (the representative body for the 137 universities in the UK) has issued *Principles and considerations: emerging from lockdown* (June 2020, <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/principles-considerations-emerging-lockdown-uk-universities-june-2020.aspx>). Scottish Government advice on the pandemic can be found at <https://www.gov.scot/coronavirus-covid-19/>.

## Appendix 1 - Standing conditions

The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the accreditation team, and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
  - a. the content, structure or delivery of the accredited programme;
  - b. ownership or management structure of the institution;
  - c. resources and/or funding;
  - d. student numbers and/or admissions policy;
  - e. any existing partnership, licensing or franchise agreement;
  - f. staff associated with the programme.
4. The provider must produce and submit to the GPhC on an annual basis:
  - a. requested data on student numbers and progression and degree awards;
  - b. requested information about the extent of human and physical resources it enjoys for the delivery and support of the degree course.
5. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of a placement for a pre-registration year or of future employment as a pharmacist.
6. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timetable for future accreditations.
7. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.