University of Sussex
Report of a step 6 accreditation event
May 2019
## Event summary and conclusions

<table>
<thead>
<tr>
<th>Provider</th>
<th>University of Sussex</th>
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<tbody>
<tr>
<td>Course</td>
<td>Master of Pharmacy degree (MPharm)</td>
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<tr>
<td>Event type</td>
<td>Accreditation</td>
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<td>Step</td>
<td>6</td>
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<td>Event date</td>
<td>15-16 May 2019</td>
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<td>Accreditation period</td>
<td>Working towards accreditation: next visit due 2019-2020</td>
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<tr>
<td>Outcome</td>
<td>Approval with conditions</td>
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</tbody>
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The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Sussex should be permitted to move from step 6 to step 7 of the accreditation process for new MPharm degrees, subject to two conditions.

### Conditions

1. The GPhC must receive a fully developed and agreed delivery plan for the 2019-2020 academic year, including the precise involvement of local delivery partners, and the agreed teach-out plan, by a date to be agreed with the GPhC urgently. The date can be no later than the 31st August 2019. This is to ensure that the GPhC has a clear understanding how the MPharm degree will be delivered in 2019-2020 and how the teach-out will operate. The plans must be supported by legally binding framework agreements or contracts where that is necessary. Once submitted, the GPhC will evaluate the plans and feed back to Sussex by an agreed date. The accreditation team wishes to make it clear that should the feedback be negative, Sussex will have only a limited time between then and the start of the 2019-2020 academic year to address concerns. This condition is because the accreditation team heard that Sussex has been developing a plan for the delivery of the MPharm in 2019-2020 and a plan for its teach-out, both of which will be finalised before the end of the 2018-2019 academic year. In normal circumstances, the GPhC would not set a condition related to agreed workstreams when they are underway. However, the circumstances at Sussex are unusual in that they are less prepared than is usual at a Step 6 visit for delivering Year 4 of an MPharm for the first time and, uniquely, are teaching-out a regulated degree.

A list of issues to be addressed in both documents will be sent to Sussex with the accreditation event’s record and report. The list will capture the accreditation team’s principal concerns and should not be regarded as exhaustive.

2. Some members of the accreditation team will return to Sussex (1) shortly after the 13th December 2019 to evaluate the delivery of the first term and (2) shortly after the 27th March 2020 to evaluate the delivery of the bulk of the teaching in the second term. The formal Step 7 visits will take place after that. During these visits the accreditation team will need to meet local...
delivery partners as well as Sussex staff. This condition is because of the current uncertainty around aspects of the teach-out and plan for delivery in 2019-2020.

An important caveat the accreditation team wishes to place on record is that if the Registrar decides that the MPharm is not being delivered as agreed, the decision to permit the MPharm to progress from Step 6 to Step 7 of the accreditation process for new courses may be revoked and students will not graduate with an accredited degree.

<table>
<thead>
<tr>
<th>Standing conditions</th>
<th>Please refer to Appendix 1</th>
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</thead>
<tbody>
<tr>
<td>Recommendations</td>
<td>No recommendations were made</td>
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<tr>
<td>Registrar decision</td>
<td>Following the event, the Registrar of the GPhC accepted the accreditation team’s recommendation and approved the progression of the programme from step 6 to step 7 of the GPhC’s accreditation process subject to meeting the two conditions described. Following receipt of documentation in response to the first condition the accreditation team have agreed this has been met satisfactorily. A checking visit took place on 4 December 2019 with a few members of the accreditation team. Appendix 4 provides the report of this visit</td>
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<tr>
<td>Key contact (provider)</td>
<td>Professor Bugewa Apampa, Director of Pharmacy</td>
</tr>
<tr>
<td>Accreditation team</td>
<td>Mr Peter Curphey (Team leader), Pharmacy consultant Professor Andy Husband (academic), Professor of Clinical Pharmacy and Head of School, Newcastle University Professor Larry Gifford (academic), Emeritus Professor, School of Pharmacy, Keele University Dr Adam Todd (academic), Reader in Pharmaceutical Public Health, School of Pharmacy, Newcastle University Ms Gail Fleming (pharmacist), Director of Education and Professional Development, Royal Pharmaceutical Society Mr Daniel Greenwood (pharmacist – recently qualified), 4th year PhD student, University of Manchester Mrs Catherine Boyd (lay), Chair of Tribunals for the Health and Care Professions Tribunal Service</td>
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<tr>
<td>GPhC representative</td>
<td>Mr Damian Day, Head of Education, GPhC</td>
</tr>
<tr>
<td>Rapporteur</td>
<td>Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldarvan Research (Educational and Writing Services)</td>
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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. The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The UK qualification required 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 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.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

Background

In 2013, the University of Sussex approached the General Pharmaceutical Council (GPhC) with a view to the University entering the process for accrediting a new MPharm degree. Consequently, a Step 1 meeting took place on 7 January 2014, during which the University was advised that as it intended to develop both a four-year and five-year degree, a robust business plan to support both courses would be required, since the funding, staffing strategies and placements would be significantly different for each course.

The Step 2 event took place on 20-21 November 2014 at the University at which the business case was examined in depth, and staff appointments made between step 1 and step 2, the philosophy of the integrated course, the learning, teaching and assessment strategy, plans for patient and public involvement in course design and delivery, the inter-professional learning strategy and the plan for practice activities were considered. The accreditation team agreed to recommend that the University be permitted to move from Step 2 to Step 3 of the accreditation process. While no conditions were initially set, the accreditation team made a recommendation that the School achieve the right balance of science and practice experience in the staffing profile when recruiting new staff members, in order to support the development of an integrated curriculum and its associated assessments, and asked that the GPhC be informed of the staffing profile and their expertise as new members of staff were recruited. In response, the University made a commitment to bring forward 3 staff appointments during the 2015-16 academic year, providing a total staff complement of 12 new posts for 2015-2016. In a post-visit development relating to the initial rejection of the campus masterplan and the potential impact on planned pharmacy accommodation, two new conditions were set. These were that the University was required to keep the GPhC fully informed of all planning decisions relevant to pharmacy accommodation, including the outcome of an on-going appeal against the rejection of the University’s masterplan for its campus redevelopment and any decisions relating to the accommodation for pharmacy in the short, medium or long term. Additionally the University was required to present the GPhC with a revised business case and risk analysis in which the Life
Sciences building, the planned permanent home of pharmacy, was delayed by one, two or more years or was not built at all. Subsequently, the objections by Brighton and Hove Council to the campus masterplan proposals were fully withdrawn and the University’s appeal was granted.

The Step 3 event took place 10-11 December 2015 at which the accreditation team examined the course in depth and deliberated on the development of the learning, teaching and assessment strategy; explored the plans for patient and public involvement in course design and delivery, the inter-professional learning strategy and the plan for practice activities. It also considered staff appointments made between Step 2 and Step 3. The team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree proposed by the University be permitted to move from Step 3 to Step 4 of the accreditation process, subject to one condition and one standing condition. The condition was that the University must have received approval of the fitness to practise procedures from the GPhC before the intake of the first cohort of students. Subsequently, the University received such formal approval and admitted its first pharmacy students in September 2016. The standing condition remained that imposed by the Registrar at Step 2 which stated that the University must keep the GPhC fully informed of all planning decisions relevant to pharmacy accommodation. Further to the standing condition, a letter outlining the submission of the planning application to Brighton & Hove City Council for the new building was sent to the GPhC.

The Step 4 event took place on 19/20 April 2017 at which event the accreditation team agreed to recommend that the University should be permitted to move from Step 4 to Step 5 of the accreditation process for new MPharm degrees, subject to one condition, one recommendation, and one standing condition. The condition was that the University must provide the GPhC with formal confirmation that the MPharm degree is covered by academic regulations approved by the University Senate in June. This was to meet standard 5.9. The standing condition was that set previously. The recommendation was that the University must submit a risk analysis against the business plan in its evidence at Step 5. Given that the estimated due date to move the MPharm degree into the new building had been delayed another year from the original proposal presented at Step 1, this was to provide the GPhC with assurance that the University had a satisfactory contingency plan in place as the MPharm degree develops. This related to standards 9.1a, 9.1g and 9.1h.

The Step 5 event took place on 28 February to 1 March 2018 at which event the accreditation team agreed to recommend that the University should be permitted to move from Step 5 to Step 6 of the accreditation process for new MPharm degrees subject to the standing condition that the University must keep the GPhC fully informed of all planning decisions relevant to pharmacy accommodation and the implications to the MPharm degree. The team acknowledged that although the GPhC had been kept informed about the progress of the planning permission by the Director of Pharmacy, it was agreed that the University senior executive team will keep the GPhC informed about University decisions related to pharmacy as promised by the Pro-Vice Chancellor for Planning. This condition has been imposed to ensure that the GPhC is in possession of all the facts relevant to the development of pharmacy at the University. This relates to standard 2.6, 2.7 and 2.8.

In 2018, the University Executive Group commissioned a review of the MPharm degree in order to assess its financial viability. While not challenging the quality of the provision, that review concluded that the degree was not financially viable and consulted affected staff and students about options for the future of the degree. During the consultation period, staff and students of the School of Life Sciences and other Schools in the wider University, parents and other stakeholders made submissions to the University Executive Group in support of keeping the degree open and many provided a variety of options for improving its viability. However, having considered the consultation responses, financial modelling and other evidence, it was concluded that the degree was not financially viable and had very little prospect of becoming so with the level of student recruitment seen since 2016. Consequently, it was recommended that the
MPharm degree be closed to new entrants from September 2019. On learning of the decision, the GPhC issued a letter from its Registrar to all Sussex MPharm degree students outlining the commitment of the GPhC to the them and the accreditation process.

As a result of the above, the purpose of this Step 6 event became twofold, to take decisions on:

1. the delivery of Sussex’s MPharm degree in this academic year and whether Sussex is ready to teach Year 4 for the first time in 2019-2020; and
2. Sussex’s plans for teaching out and then closing its MPharm degree.

Each section of this report concerning the key findings on meeting the GPhC Standards is divided into two parts where appropriate to reflect the above two separate decisions of the accreditation team.

### 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 and it was deemed to be satisfactory to provide a basis for discussion.

### Pre-visit

In advance of the main visit, a pre-visit meeting took place at the University on 12 April 2019. The purpose of the pre-visit meeting was to prepare for the event, allow the GPhC and the University to ask any questions or seek clarification, and to finalise arrangements for the visit.

### The event

The event began with a private meeting of the accreditation team and GPhC representatives on 15 May 2019. The remainder of the event took place onsite at the University on 16 May 2019, and comprised a series of meetings with staff and students of the University, including a second meeting with students on the subject of the closure of the degree programme.

### Declarations of interest

There were no declarations of interest.

### Key findings

#### Standard 1: Patient and public safety

The team was satisfied that all criteria relating to this standard will be met in relation to the continued provisional accreditation. (See Appendix 2 for criteria)

Systems have been put in place to ensure that students are aware of their individual and personal responsibility for assuring patient safety at all times. These include a culture of professionalism, fitness to practise, open days and other admissions and recruitment events, dissemination of information to applicants and students, teaching & assessments that ensure safe and effective practice, and experiential learning. Learning agreements reinforce the strict ethical standards expected of a pharmacy professional.
During recruitment interviews, the School Fitness to Practise (FTP) policy and the GPhC Standards for Pharmacy Professionals is highlighted to applicants. Regular briefings are held on patient and public safety issues. There are numerous formative practice opportunities focused on patient and public safety throughout the curriculum, including patient encounters from the first term of the first year, to enable students to learn from volunteer ‘expert’ patients, under supervision by appropriately qualified teaching staff. Students interviewed considered the patient encounters to be amongst the best and most memorable aspects of the programme. Students are not permitted to undertake any experiential learning before satisfactory enhanced Disclosure and Barring Service Checks and health screenings are completed and received. There are mandatory briefings before practice experiences, during which students are reminded of the GPhC Standards for Pharmacy Professionals, the Fitness to Practise policy and what to do if they find that patient/public safety is being compromised. A safeguarding expert introduces students to the concept of safeguarding of children and young people. A cultural competency scheme, centred on small group workshops and off-campus community service is included in the 1st year curriculum; students spoke highly of this aspect of the programme. The requirement for pharmacy students to only work within the limits of their competence is emphasised. All laboratory sessions are conducted under the supervision of technical staff and teaching staff. Students who do not attend the health and safety briefing provided at the start of term and in advance of each practical session are not allowed to attend the session. Students are required to complete an annual declaration of fitness to practise confirming that they remain of good character and health. Where issues relating to student conduct or health are notified to the School, they are immediately dealt with in accordance with the School Fitness to Practise procedures. Students told the team that they encountered issues of errors during interprofessional learning sessions with nursing students.

The teach-out

The team noted from the submission that one of the major community pharmacy placement providers had taken the decision to cease providing placement opportunities for Sussex MPharm students. In addition, the team became aware from the meetings that the Year 4 placements, including those at general medical practices, were not yet fully organised. In this respect the team was told that plans were being developed to change the funding mechanisms for clinical preceptors, with the possibility that the University would employ the preceptors and release them back to their normal employers free of charge for a proportion of their time. The team was told that this approach would be fully funded by the University and that the initial indications were that the employers would consider positively this approach.

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

The team was satisfied that all criteria relating to this standard will be met in relation to the continued provisional accreditation.

The pharmacy provision sits within the School of Life Sciences. The Head of School is the line manager and responsible budget holder for the School, supported by a small executive team comprising the Deputy Head of School, School Manager, and Head of Technical Services which meets weekly to consider management matters of urgency, and by a School Management Team which advises the Head of School on development and implementation of policy. Chaired by the Head of School it consists of senior officers in the school, including the Directors, Subject chairs, and senior professional services staff. School meetings are held termly and enable staff and faculty to keep up to date with and to discuss School and University developments. These meetings exist to disseminate information, encourage discussion on issues of common interest and take soundings on proposed University policies. All members of the School, and student representatives, are invited to attend. The day-to-day management of the Sussex MPharm course is under the responsibility of the MPharm Management Committee, led by the Director of Pharmacy. Membership includes the Director of Pharmacy, Director of Postgraduate Pharmacy Education, Admissions Tutor, Senior Academic Advisor, Module Leaders, Practice Lead, Preregistration Training Lead, Inter-Professional Learning Lead, Research representative, MPharm Course
Coordinator, and Practice Experience Officer. The University assures the quality of its teaching, learning and assessment processes, manages its academic standards and monitors the effective discharge of its degree-awarding powers using policies and procedures adopted through collective agreement between staff and representatives from the student body and are externally referenced using the QAA Quality Code and subject benchmark statements, Professional, Statutory and Regulatory Body (PSRB) requirements and European standards where relevant. The University had a successful QAA institutional review in 2013.

The teach-out

Governance arrangements for oversight of the closure of the Sussex MPharm course and associated responsibilities have been established and include a Governance Group comprising the Pro-Vice Chancellor (Education and Students), Head of School of Life Sciences, a Project Manager, External Advisor and representatives from University Professional Departments, with responsibility for the process of course closure, the student experience, Professional Department engagement, delivery of resourcing, including staffing strategy, overview of closure project and risk management. A School Management Group reports to the Governance Group and is responsible for co-ordination of School and Professional Department support, management of School resources to support the Pharmacy course team, consideration and representation of course/project needs, risk management at resourcing level, and ensuring that milestones are met. The Director of Pharmacy leads a Course Planning Group that is responsible for all aspects of the accreditation and delivery of the MPharm course; key strands of activity include concluding course development, accreditation steps, and teach-out arrangements. A Project Manager works with key academics to establish the key phases associated with the teach-out plan, including arrangements for phased meetings with staff and students, summer revision schools, liaison and delivery points with Schools of Pharmacy, GPhC milestones, and reports to the University Executive Group/Senate. They liaise with professional departments in relation to their input to the teach-out plan, and work with the Governance Group and more local operational groups.

Standard 3: Equality, diversity and fairness

The team was satisfied that all criteria relating to this standard will be met in relation to the continued provisional accreditation.

The documentation submitted indicated that the University is committed to ensuring that its Equality and Diversity policy is enacted throughout the institution. The University promotes equality and diversity, providing an inclusive and supportive environment for all and has robust systems in place to support this commitment. Statistics relating to the protected characteristics of the University’s staff and students are prepared and used to monitor the progress of the University against its equality objectives. The policy is implemented through the Equality and Diversity Committee and an Equality and Diversity Forum. The Committee reports directly to both Senate and Council. Two joint deputy Pro Vice Chancellors for Equality and Diversity were appointed in 2016. The School of Life Sciences follows the University Equality and Diversity Policy. The School applied for and was granted Athena SWAN Bronze award in September 2014 and the Silver award in April 2016. An action plan of work to improve the retention of women across the sciences is under way. As a result of the Equality Act 2010, the University has taken steps to implement Green Flag provision into the way that reasonable adjustments for students with specific learning difficulties are actively implemented into teaching and assessment. As part of its on-going commitments to equality and diversity and the Athena SWAN Charter, the University has entered into partnership with the Daphne Jackson Trust, an independent charity dedicated to helping STEM researchers return to careers after career breaks, and sponsors four Daphne Jackson Fellowships. All staff members associated with the MPharm are required to complete training on Equality & Diversity. Certificates of completion are automatically recorded and stored on ‘Sussex Direct’. A significant number of staff members who teach on the MPharm course have undertaken an Equalities Training; Putting Equality Law into Practice workshop. The first cohort of pharmacy students attended a workshop on Equality Law in Practice; the second cohort was required to complete the University’s
online Equality and Diversity training package ‘Diversity in the Workplace’ and upload their completion certificates to their respective portfolios. Students are also trained to appreciate equality and diversity issues throughout the curriculum. Students’ learning in this area is supported by off-campus cultural competency scheme with agencies that provide care to the underserved population, raising students’ awareness of the impact of diversity on health and social welfare.

The teach-out
Although not discussed in detail during this Step 6 event, the team was made aware of concerns that were raised during the consultation process on the potential impact on women and BAME staff and students who are more prominently represented in Pharmacy than in Life Sciences and the University as a whole. Also, the impact of the closure on the mental health of staff and students is a concern.

Standard 4: Selection of students and trainees

As the MPharm programme will be closed to new entrants from September 2019, the team did not consider this criterion. However, the team noted the correspondence concerning foundation degree students that had been accepted initially to enter the MPharm in September 2019 and whose offer of places has now been withdrawn.

Standard 5: Curriculum delivery and student experience

The team was satisfied that all criteria relating to this standard will be met in relation to the continued provisional accreditation.

The MPharm curriculum is integrated around selected body systems, and underpinned by core clinical conditions and core medicines lists. These are designed to facilitate the horizontal & vertical integration of student learning across the disciplinary tracks that contribute to pharmacy practice and patient care. The themes provide connections across contributing disciplines, when covering minor ailments to major diseases, from conception through to the end of life and act as a focus for students’ learning of the relevant basic and applied sciences. There is one 60-credit module per term with integration sessions held every two weeks designed to bring together the scientific and practice elements of the teaching, although student feedback indicated that integration was not always apparent. Clinical cases facilitate the integration of biological, chemical, pharmaceutical, social, behavioural and clinical sciences. Each year builds on the preceding year to ensure a spiral progression of learning; students confirmed that the teaching always refers back to previous years’ material. The approach employs both team- & case-based learning techniques. The model of integration moves from multidisciplinary to inter-disciplinary, with students taking more responsibility for the integration of their knowledge and skills to solve clinical problems. The teaching staff provides oversight and scrutiny of the curriculum to ensure a consistent integration of learning. A variety of assessment methods is used, including short answer questions (SAQ), single best answer questions (SBA), extended matching questions (EMQ), essays and OSCEs. Although the multiple modes of assessment are designed to ensure that assessments are valid and reliable, the team noted that it did not employ negative marking to prevent the possibility of passing MCQs by guesswork. The team was told that in Year 4 there will be a formative OSCE in the autumn term and a summative OSCE in the spring term, both with stations testing safety, problem-solving, responding to symptoms, and decision-making. The team was told that only pharmacists mark student portfolios based on assessment criteria. Students are required to successfully complete each stage of the MPharm course, achieving at least the pass mark of 40% at years 1-3 and 50% at year 4, and are required to pass all the competency Pass/Fail assessments, in order to progress to the next year of their study or graduate. Students told the team that feedback on their performance was variable, with feedback being described as generic and occasionally difficult to find. However, the teaching staff told the team that student feedback is always taken on board, but that any responses to such feedback will not compromise academic standards. Year 3 students told the team that they had been well-informed about the plans for their research project in term 1 of Year 4, with a plethora of choices available for both
laboratory and literature-based projects, and the ability to discuss with supervisors the tailoring of projects to students’ wishes.

Year 1 students have been involved in an intra-professional day involving meeting and learning about the key roles of pharmacy support staff. To facilitate inter-professional education with the Brighton and Sussex Medical School (BSMS), the body systems curriculum has been aligned with the pattern of the phases 1 & 2 studies on the medical degree. There are also sessions with nursing students at London South Bank University. Students valued learning about the roles of other healthcare professionals. Following St John’s Ambulance (SJA)-led Homelessness Awareness training and First Aid Training, pharmacy students are enabled to serve in the community in Brighton & Hastings alongside the SJA professionals. Year 1 students also visit the Chailey Heritage Foundation, a charity providing education, care and transition services for children and young people with complex physical disabilities and health needs. Students interviewed described this experience as shocking initially, but grew to appreciate its value. Students are provided with formative practice opportunities focused on patient and public safety throughout the curriculum; patient encounters are embedded into the programme from the first term of the first year, to enable students learn from volunteer ‘expert’ patients, under supervision by appropriately qualified teaching staff. Students must attend mandatory briefings before they go out on practice experiences; during these briefings they are reminded of the GPhC Standards for Pharmacy Professionals, the FTP policy and what to do if they find that patient/public safety is being compromised. Students undertake placements, of up to 5 days in duration, in hospital pharmacy in each year of the programme, in community pharmacy in Years 1-3, in industrial pharmacy in Year 2, although this did not take place in the current session, and in hospital/general practice/primary care in final year, all under the supervision of pharmacists. Two members of staff have visited all the community placement providers, and organised a 1-day orientation session for placement supervisors. The team was told that two pharmacists practising in medical general practices will assist with the GP placements that are planned to take place in Weeks 3 and 4 of the final year. The team was told that the practice placement handbook for Year 4 had not yet been finalised but students would be expected to develop a pharmaceutical care plan that would be reviewed by a pharmacist working in the practice location and by the student’s academic advisor. The team commented that the planning for the final year appeared to be somewhat late. Students described their experience on placements as being valuable, being briefed at the University before the sessions, and with pharmacists being well-informed of the requirements of the placement.

The teach-out

The team was told by staff members that despite the shock of the news that the MPharm degree was to be terminated, teaching had carried on as close to normally as possible. As a result of staff resignations, the University made new appointments and some teaching sessions had to be rescheduled but all necessary material had been delivered. Students told the team that Year 1 teaching had been of a high standard although the lectures planned to be delivered by a staff member that had resigned had been delivered by a lecturer from another institution who had subsequently not been easy to contact. Year 2 students had encountered a similar problem with lectures having to be delivered by an inexperienced postgraduate student, and having had the industrial placement postponed. Year 3 students told the team that psychiatry and neurology lectures had not been delivered by pharmacists with a resultant overload of material, although they reported that an oncology pharmacist’s lectures had been of excellent quality. The team was told that plans were well-advanced for the final year projects with the first two weeks of term 1 being devoted to research methods and statistics, and with one thousand pounds allocated for each project. As only 27 students are likely to be in the final year, staff members considered that project supervision would not pose a problem with weekly 1:1 meetings between student and supervisor and submission of the project after the Christmas vacation. The team was told that pharmacy practice projects will be driven by what practice partners suggest and will likely involve preceptors and other practising pharmacists. The term 2 module in final year was said to be in an advanced stage of planning. The team was concerned to know if responsibility for organising and supervising elements of the teach-out could be covered in the event of potential staff resignations, and was told that one established
member of staff, at least, had promised to remain until 2022-23. The team was told that currently three lectures in pharmaceutics are delivered by non-Sussex staff along with oncology teaching from other areas of the School of Life Sciences, although no such teaching is anticipated for the final year in 2019-20. In Year 2 some virology and medical microbiology teaching is shared with Biomedical Science students in the School. The team noted that in recognition of the disruption caused by the pharmacy consultation, Year 1 students who failed examinations in term 1 in January 2019 have been allowed another attempt without capping outside the formal assessment period. In this respect, the team was told that this minor change in the regulations had applied to three students and that Pharmacy regarded this approach appropriate for young students that had just entered university.

Standard 6: Support and development for students and trainees

The team was satisfied that all criteria relating to this standard will be met in relation to the continued provisional accreditation.

Students are allocated an Academic Advisor whom they meet during induction and regularly throughout the programme. The availability of Academic Advisors for individual student guidance and support is published on the student personal page on Sussex Direct, and students are able to book themselves into available slots on-line. Academic Advisors are required to timetable at least two hours per week for their assigned tutees. Students told the team that academic advisors have an open agenda, and although there are variable arrangements for meetings, they do check students’ progress and are available for advice when required. In addition, professional mentors, part of a community of practice model comprising professional mentors, clinical preceptors and pharmacy students, created to support the development of students’ professional capabilities, engage with students, regarding them as developing colleagues. Pharmacy students are reminded that they are undertaking a professional course of study and thus they are expected to attend all teaching sessions and no fewer than 80% of all monitored teaching events for their modules. Student Life Advisors provide one-to-one advice and support on a wide range of issues and where expert help is needed, and can signpost to other services quickly. For Peer Assisted Learning, trained student peers are undergraduate and postgraduate students, trained to help students succeed in their studies and to make the most of their time at the University. A Student Reps scheme ensures that student concerns, views and opinions are heard and acted upon, offering students the chance to have an impact within the University. The scheme is co-run by the University and the Students’ Union. The Reps are undergraduate and postgraduate students elected by students and to find out about issues impacting on student’s studies and experiences, and bring these to termly student-chaired Student Experience Meetings at School level, which are attended by the Head of School, Director of Student Experience, School Manager and a designated member of the administration staff. A Sussex Abroad scheme previously offered undergraduate students the opportunity to spend one full academic year studying at a partner institution in countries all around the world. Pharmacy students that met published academic requirements were provided with the opportunity to learn in overseas institutions for one full year after their second year. Students were required to follow a full course load at the host university and were expected to pass the modules taken. On their return, students would recommence their studies in Year 3 of the MPharm course. This opportunity is now in abeyance, although there is the possibility of students undertaking a summer placement abroad with the University possibly funding places on the BPSA study abroad scheme. Students described the role of the academic advisor as providing personal as well as academic advice, and were said to be highly approachable and helpful, with some having an open-door policy, and being prepared to advise students either individually or in groups.

The teach-out

The Pro-Vice Chancellor for Education and Students admitted to the team that the decision to close the MPharm degree had caused significant disruption among the students despite the University’s assurance that the degree would be taught out and that the University would continue to seek accreditation. The Head of School indicated that she had, and continued to, listen to students’ concerns and grievances on a regular basis and was determined that the student experience would be delivered at the highest possible
The team was told that students had received a substantial amount of support from both the Pharmacy team and the Head of the School of Life Sciences, and all students had been issued with a copy of the University Student Protection Plan. The students were described as having been distraught at the news of the closure, with students being clearly distressed about the closure of their degree and the plans for the future. The team was particularly concerned at the attitude of a University senior officer who considered course closure to be a normal and regular part of university business, and by the students telling the team that a University senior officer had neither appreciated that the MPharm was a four-year degree nor that it was regulated by the GPhC.

It was notable and regrettable that a formal student complaint had been submitted to the University some eight months ago and had still not been resolved. The team was told that the University was following its usual process of dealing with complaints but that the time line of this complaint was outside the normal deadlines.

Turning to another matter, students considered that, despite the best efforts of the Pharmacy team, the quality of the teaching and learning was changing. Several students indicated that they were seeking transfers to other schools of pharmacy, although it was clear that Year 3 students and those students that had entered the programme with relatively low entrance qualifications or via the Sussex Foundation programme would find it difficult to arrange a transfer. Some other schools of pharmacy had been approached by staff members and Pharmacy staff had undertaken a mapping exercise to identify any potential gaps in students’ learning that would require remediation to facilitate a transfer.

It was stressed that the Pharmacy team had an absolute commitment to the students and, as a result, the performance of the more junior years had been equal to or better than that of their predecessors, that is, the teach-out process was having no impact on performance. The Head of School told the team that the University needed to take great care in how it presented information on its plans for the teach-out to students before the precise arrangements had been finalised, although it was distilling the essence of the planning to students.

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

The team was satisfied that all criteria relating to this standard will be met in relation to the continued provisional accreditation.

The Head of the School of Life Sciences is responsible for all staff involved in the delivery of the MPharm. Training is provided to all academic staff members, clinical preceptors and technicians to enable them to undertake an accredited Postgraduate Certificate in Higher Education qualification (PGCertHE) and secure Membership/Fellowship of the HEA, under the auspices of the Academic Development and Quality Enhancement Office, either through direct application or via successful completion of an accredited course. From now on newly appointed staff members will be employed on fixed-term contracts. Non-pharmacist staff members are introduced to the GPhC standards for the initial education and training of pharmacists, to the School Fitness to Practise policy and procedures, and the GPhC Standards for Pharmacy Professionals. The School operates an appraisal scheme that involves an ongoing process of review, support and development. Annual appraisals are the responsibility of the Head of the School of Life Sciences who delegates this role to the Subject Chairs.

The teach-out

Members of teaching staff told the team that the news of the closure of the MPharm programme had been shocking and potentially demotivating, but considered that they had continued to deliver the programme to a good standard, a statement with which students agreed. The team was told that the decision to consult had been delivered only a few weeks into the teaching term and that staff had had to make a lot of extra time for the students who had gradually returned to a form of normality although there had been a concern for their mental health. The Director of Pharmacy had made herself available to students and had supported staff with issues. Some members of staff will be reallocated to other posts in the School or University, but eight staff members have been designated as being “at risk”, these
being mainly pharmacy practice lecturers. These staff members were offered initially a retention payment to encourage them to remain in post until the teach-out period terminated, along with an enhanced redundancy package. This offer was rejected as insufficient and the retention payment has recently been increased with staff members having to accept the offer by 23 May 2019. The team was told that three senior staff members had shouldered the responsibility for organising the degree closure and teach-out arrangements at the local level, hence protecting the majority of the staff.

Standard 8: Management of initial education and training

The team was satisfied that all criteria relating to this standard will be met in relation to the continued provisional accreditation.

The MPharm programme is delivered from within the School of Life Sciences, with the day-to-day management of the programme under the responsibility of the MPharm Management Committee, led by the Director of Pharmacy, and including the Director of Postgraduate Pharmacy Education, the Admissions Tutor, a research representative, Year Tutors, Module Convenors, Disciplinary Leads, the Preregistration Training Lead, the IPE Lead, and an Administrator (Secretary). Modules are managed by convenors in accordance with guidelines developed by the Director of Teaching & Learning and the Deputy Head of School. Year Leads, supported by the examinations lead, have responsibility in terms of oversight and scrutiny for all teaching, learning and assessments on the course, ensuring that the integration and contextualisation of learning is focused on enhancing the student experience. The School Teaching and Learning Committee also oversees and scrutinises the MPharm course. The School Director of Student Experience is responsible for pharmacy student experience and is supported in this role by Year and Practice Experience Tutors. The School Director of Student Experience works to implement the University Policy on Student Attendance. This requires students to notify the Director of Student Experience, through the School Office, of any absence of six days or more. The clinical preceptors are registered pharmacists who have received training on the skills and knowledge required to support trainees in the workplace, and are usually accredited Educational Supervisors. During practice/work experiences, students are allocated to trained clinical preceptors who are responsible for their support and guidance.

The teach-out

The team was told that in order to manage the teach-out process staff retention was crucial. If it becomes necessary to use service teaching, then there will be a need for induction of such teachers by experienced Pharmacy staff.

Standard 9: Resources and capacity

The team was satisfied that all criteria relating to this standard will be met in relation to the continued provisional accreditation. There are two conditions relating to the teach-out plan

The pharmacy provision remains housed mainly in the John Maynard Smith (JMS) Building, part of which had been renovated to good standards to provide a mock pharmacy, a medicines information centre, a simulation suite and consultation rooms for the initial intake of MPharm students in 2016. At the time of the Step 5 accreditation visit in 2018 the University Council decided that the construction of a new building that would have housed the pharmacy provision be postponed until the political and economic conditions relating to the future funding of higher education became clearer. As a result, the MPharm intake was restricted to 50 entrants per cohort for the foreseeable future. The Step 5 team was given a pledge by the Pro-Vice Chancellor for Planning that the University would continue to give full support for the MPharm degree regardless of the future accommodation plans at the University. The plans were for 50% of the core teaching team to be GPhC-registered pharmacists. Induction of non-pharmacists and regular team meetings were to ensure that staff expertise was continually being related to pharmacy and the professional context, and that content was made relevant to pharmacy.
The teach-out

The team was told that 82 students are currently registered on the MPharm programme and that it is not possible to predict precise numbers for the future due to students considering transferring to other schools of pharmacy. The team learned that four students from Year 1 and eight from Year 2 have asked to be allowed to transfer, all apart from one to a London school of pharmacy. All transfers must be agreed by both Sussex and receiving institutions.

The minimum viable number for the programme to continue was said to be 10 students in each year still being delivered; it was anticipated that should this figure not be reached, then teaching arrangements could be made with a nearby university, which could include some shared and/or service teaching. In this respect, the team was told of a memorandum of understanding (MOU) with the nearby university, but pointed out that this was not a form of legal contract. The teach-out advisor told the team that the MOU with the other university was part of a wider staffing contingency plan and had two elements; defining the extent to which the other university can contribute to the Sussex MPharm, along with detailed current discussions of the activities, and associated costs, that could be helped with. He stressed the strong partnership between the two universities and the absolute commitment of the Sussex Vice Chancellor to deliver a successful teach-out, and gave the team an assurance that the arrangements outlined in the MOU will be finalised by the end of the current academic year. The staff vacancies created by staff resigning were described as being mission critical but 13 applications had been received for the vacant post in pharmaceutics, with four candidates being interviewed in the near future. In addition, there is a proposed plan to replace preceptors necessary for the experiential learning; thus, the University would plan to employ preceptors and then release them back for part of their time, free of charge, to the relevant trust or community pharmacy. Alternatively, the University would reimburse the employers of preceptors on a payment per student per day basis. The team was told that the University had agreed to this approach and that several chief pharmacists and employers were positive about the possibility. An oncology pharmacist is leaving shortly but will return to deliver her lectures; she will not participate in workshops but a possible replacement oncology pharmacist has been identified. The team was told that the University had a significant contingency fund, including funding for the potential plan for new preceptors, although it was admitted that as the degree had never reached its target of 50 entrants per year, the teach-out process will be expensive. The financial plan has been designed to support the current academic staff complement and to ameliorate the impact of staff leaving. The extra financial needs are under the control of the Pro-Vice Chancellor and the Governance Group and it was stressed that the University is a small institution that can act quickly if funds are required. The team was told that the MOU with the nearby university will be important in the case of Sussex MPharm staff becoming unable to withstand the inevitable pressure of the teach-out process, with the likelihood of further staff resignations and temporary gaps in staffing arising. Two senior staff members are managing the group of at risk staff, while other staff designated as not at risk may have to take on extra responsibility in relation to pastoral care of students. Human Resources staff is also meeting with Pharmacy staff to provide support.

There will be conditions of continued provisional accreditation that: 1. the GPhC must receive a fully developed and agreed delivery plan for the 2019-2020 academic year, including the precise involvement of local delivery partners, and the agreed teach-out plan, by a date to be agreed with the GPhC urgently. The date can be no later than the 31st August 2019. This is to ensure that the GPhC has a clear understanding how the MPharm degree will be delivered in 2019-2020 and how the teach-out will operate. The plans must be supported by legally binding framework agreements or contracts where that is necessary. Once submitted, the GPhC will evaluate the plans and feed back to Sussex by an agreed date. The accreditation team wishes to make it clear that should the feedback be negative, Sussex will have only a limited time between then and the start of the 2019-2020 academic year to address concerns. This condition is because the accreditation team heard that Sussex has been developing a plan for the delivery of the MPharm in 2019-2020 and a plan for its teach-out, both of which will be finalised before the end of the 2018-2019 academic year. In normal circumstances, the GPhC would not set a condition related to agreed workstreams when they are underway. However, the circumstances at
Sussex are unusual in that they are less prepared than is usual at a Step 6 visit for delivering Year 4 of an MPharm for the first time and, uniquely, are teaching-out a regulated degree.

A list of issues to be addressed in both documents will be sent to Sussex with the accreditation event’s record and report. The list will capture the accreditation team’s principal concerns and should not be regarded as exhaustive.

2. Some members of the accreditation team will return to Sussex (1) shortly after the 13th December 2019 to evaluate the delivery of the first term and (2) shortly after the 27th March 2020 to evaluate the delivery of the bulk of the teaching in the second term. The formal Step 7 visits will take place after that. During these visits the accreditation team will need to meet local delivery partners as well as Sussex staff. This condition is because of the current uncertainty around aspects of the teach-out and plan for delivery in 2019-2020,

An important caveat the accreditation team wishes to place on record is that if the Registrar decides that the MPharm is not being delivered as agreed, the decision to permit the MPharm to progress from Step 6 to Step 7 of the accreditation process for new courses may be revoked and students will not graduate with an accredited degree.

**Standard 10: Outcomes**

The team was satisfied that all 58 outcomes relating to Standard 10 will be delivered at the appropriate level.

Based on an interrogation of a sample of the GPhC outcomes at the Step 5 visit in 2018, the team agreed that the outcomes are likely to be met and did not further test the meeting of the outcomes at this Step 6 visit. Nevertheless, the team did make it clear that as the teach-out progressed and staff left Sussex, there was a heightened possibility that learning outcomes might not be met.

**Indicative syllabus**

The team was satisfied with the School’s use of the Indicative Syllabus to inform its curriculum.

The team agreed that the MPharm degree met the requirements of Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications for the initial education and training of pharmacists.
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 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 record and 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.

Appendix 2 – Standards

GPhC standards for the initial education and training of pharmacists

NB. Information that is shaded grey or shown in grey italics is only applicable to those wishing to offer a 5-year MPharm degree with intercalated periods of pre-registration training.

Standard 1: Patient and public safety

1. There must be clear procedures to address concerns about patient safety arising from pharmacy education and training. Concerns must be addressed immediately.

1.1 There must be effective systems in place to ensure that students and trainees:
   1.1.a do not jeopardise patient safety;
   1.1.b only do tasks for which they are competent, sometimes under supervision;
   1.1.c are monitored and assessed to ensure they always practise safely. Causes for concern should be addressed immediately;
1.1.d have access to support for health, conduct and academic issues;
1.1.e must not be awarded an accredited degree or pass pre-registration training if they might pose a risk to patients or the public;
1.1.f understand what is and what is not professional behaviour and are familiar with the GPhC’s standards for pharmacy professionals (2017);
1.1.g understand what fitness to practise mechanisms apply to them. All schools of pharmacy must have fitness to practise procedures to deal with student causes for concern;
1.1.h undergo required health and good character checks;
1.1.i understand that it is an offence to impersonate a pharmacist. Pharmacists are registrants of the GPhC.

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

2. The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic and developmental way.

2.1 There must be systems and policies in place covering:
2.1.a information about roles and responsibilities and lines of accountability;
2.1.b university information on:
   2.1.b.i entry requirements;
   2.1.b.ii the quality of teaching, learning and assessment;
   2.1.b.iii the quality of placements and other practice learning opportunities;
   2.1.b.iv appraisal and feedback systems for students and trainees;
   2.1.b.v supervision requirements;
   2.1.b.vi educational resources and capacity;
   These must be monitored, reviewed and evaluated systematically. When an issue is identified it must be documented and dealt with promptly.
2.1.c pre-registration tutors evaluating trainees. To do this, tutors must have access to reliable evidence about a trainee’s performance. Tutors must be competent to assess the performance of trainees;
2.1.d the quality and development of pre-registration tutors

Standard 3: Equality, diversity and fairness

3. Initial pharmacy education and training must be based on principles of equality, diversity and fairness. It must meet the requirements of all relevant legislation.

3.1 Systems and policies for capturing equality and diversity data. Concerns should be documented, addressed and disseminated;
3.2 Strategies for staff training in equality and diversity

Standard 4: Selection of students and trainees

4. Selection processes must be open, fair and comply with relevant legislation. Processes must ensure students and trainees are fit to practise at the point of selection. Selection includes recruitment and admissions.

4.1 Selection process must give applicants the information they need to make an informed application.
4.2 Selection criteria must be explicit. They should include:
   4.2.a meeting academic and professional entry requirements;
   4.2.b meeting English language requirements appropriate to MPharm degree study.
Guidelines issued by English language testing bodies should be followed to ensure that admissions language requirements are appropriate;

4.2.c meeting numeracy requirements;
4.2.d taking account of good character checks, such as Criminal Records Bureau (CRB)/Disclosure Scotland checks;
4.2.e passing health checks (subject to reasonable adjustments being made). Health checks could include self-evaluations and/or evaluations by healthcare professionals;
4.2.f recognising prior learning, where that is appropriate.

4.3 Selectors should apply selection criteria fairly. They should be trained to do this. Training should include equality and diversity matters.

**Standard 5: Curriculum delivery and the student experience**

5. The curriculum for MPharm degrees and the pre-registration scheme must deliver the outcomes in Standard 10. Most importantly, curricula must ensure students and trainees practise safely and effectively. To ensure this, pass criteria must describe safe and effective practice.

5.1 Curricula must be integrated.
5.2 Curricula must be progressive, dealing with issues in an increasing more complex way until the right level of understanding is reached.
5.3 An MPharm must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally. Pre-registration training must be delivered in a professional environment which requires trainees to conduct themselves professionally.
5.4 An MPharm must be delivered in an environment informed by research. This means that whether or not all staff are engaged in research, their teaching must be informed by research.
5.5 An MPharm degree teaching and learning strategy must set out how students will achieve the outcomes in Standard 10. Learning opportunities must be structured to provide:
  5.5.a an integrated experience of relevant science and pharmacy practice;
  5.5.b a balance of theory and practice;
  5.5.c independent learning skills.
5.6 The MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals. Practical experience should increase year on year.
5.7 There must be a clear assessment strategy for the MPharm degree. Assessment methods must measure the outcomes in Standard 10.
5.8 The MPharm degree assessment strategy should include:
  5.8.a diagnostic assessments;
  5.8.b formative assessments;
  5.8.c summative assessments;
  5.8.d timely feedback.
5.9 Academic regulations must be appropriate for a degree that is both academic and professional and may lead to further professional training. As a general principle, all assessments must be passed. This means that condonation, compensation, trailing, extended re-sit opportunities and other remedial measures should be extremely limited, if they are permitted at all. MPharm degree academic regulations may be more stringent than university norms. This may include higher than usual pass marks for assessments demonstrating knowledge and skills essential to safe and effective pharmacy practice.
5.10 Marking criteria must be used for all assessments and all pass criteria must reflect safe and effective practice.
5.11 Patient safety must be paramount in assessments: any evidence of an assessment demonstrating unsafe practise must result in failure.
5.12 A pre-registration training plan must describe how the learning outcomes for pre-registration will be delivered.

5.13 A pre-registration training plan must describe all assessments, including tutor evaluations and tutor sign-offs.

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

6. Students and trainees must be supported to develop as learners and professionals during their initial education and training.

6.1 A range of mechanisms must be in place to support students and trainees to develop as learners and professionals.

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

7. Anyone delivering initial education and training should be supported to develop in their professional roles.

7.1 There must be a range of mechanisms in place to support anyone delivering initial education and training to develop in their role.

7.2 Induction programmes are provided for and university staff as appropriate. This should include induction programmes for non-pharmacists working on MPharm degrees.

7.3 Everyone involved in delivering the curriculum should have:

- 7.3.a effective supervision;
- 7.3.b an appropriate and realistic workload;
- 7.3.c effective personal support;
- 7.3.d mentoring;
- 7.3.e time to learn;
- 7.3.f continuing professional development opportunities.

7.4 Tutors should have an identified source of peer support.

**Standard 8: Management of initial education and training**

8. Initial pharmacist education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage.

8.1 All education and training will be supported by a defined management plan with:

- 8.1.a a schedule of responsibilities
- 8.1.b defined structures and processes to manage the delivery of education and training

**Standard 9: Resources and capacity**

9. Resources and capacity are sufficient to deliver outcomes.

9.1 There must be:

- 9.1.a robust and transparent mechanisms for securing an appropriate level of resource for delivering an accreditable MPharm degree;
- 9.1.b sufficient staff from relevant disciplines to deliver the curriculum to students and trainees. Staff must be appropriately qualified and experienced. The staffing profile must include:
  - 9.1.b.i sufficient numbers of pharmacists – registrants of the GPhC – with experience of teaching in higher education to ensure that an MPharm
degree can produce students equipped to enter pharmacist pre-registration training in Great Britain.

9.1.b.ii sufficient numbers of pharmacists to act as tutors and professional mentors at university and in pre-registration. Not all personal tutors must be pharmacists.

9.1.b.iii pharmacists who are leaders in the profession and in their university, who can influence university policy relevant to pharmacy

9.1.b.iv non-pharmacist academics who can influence school and university policy relevant to pharmacy

9.1.b.v staff who are sufficiently experienced to supervise research. It would be unusual for anyone to supervise research at a particular level unless they had researched to that level or beyond. New research supervisors must be mentored and signed off as being fit to supervise after a period of mentoring

9.1.b.vi science academics who understand the relevance of their discipline to pharmacy and deliver their area of expertise in a pharmaceutical context

9.1.b.vii academic pharmacists and other experienced MPharm degree staff who are able to act as mentors to non-pharmacist colleagues

9.1.c pre-registration tutors who meet the GPhC’s standards for pre-registration tutors;

9.1.d career pathways in universities for all staff teaching on MPharm degrees, including pathways for practice staff

9.1.e clear lines of authority and responsibility for the strategic organisation and day-to-day management of placements

9.1.f training and ongoing support for all non-pharmacists involved in the delivery of MPharm degrees which must help them understand:

9.1.f.i help and understand the relevance of their work to pharmacy

9.1.f.ii how to deliver their area of expertise in a pharmaceutical context

9.1.g appropriate learning resources

9.1.h accommodation and learning resources that are fit for purpose

9.1.i pre-registration premises which meet the GPhC’s standards for pre-registration premises

Standard 10: Outcomes

10.1 Expectations of a pharmacy professional

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
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<tbody>
<tr>
<td>10.1.a</td>
<td>Recognise ethical dilemmas &amp; respond in accordance with relevant codes of conduct and behaviour</td>
<td>Shows how</td>
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<tr>
<td>10.1.b</td>
<td>Recognise the duty to take action if a colleague’s health, performance or conduct is putting patients or public at risk</td>
<td>Knows how</td>
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<tr>
<td>10.1.c</td>
<td>Recognise personal health needs, consult and follow the advice of a suitably qualified professional, and protect patients or public from any risk posed by personal health</td>
<td>Does</td>
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<tr>
<td>10.1.d</td>
<td>Apply the principles of clinical governance in practice</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.1.e</td>
<td>Demonstrate how the science of pharmacy is applied in the design and development of medicines and devices</td>
<td>Shows how</td>
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<tr>
<td>10.1.f</td>
<td>Contribute to the education and training of other members of the team, including peer review and assessment</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.1.g</td>
<td>Contribute to the development of other members of the team through coaching and feedback</td>
<td>Knows how</td>
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<tr>
<td>10.1.h</td>
<td>Engage in multidisciplinary team working</td>
<td>Knows how</td>
</tr>
</tbody>
</table>
10.1.i Respond appropriately to medical emergencies, including provision of first aid

10.2 The skills required in practice

10.2.1 Implementing health policy

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
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<tbody>
<tr>
<td>10.2.1.a Promote healthy lifestyles by facilitating access to and understanding of health promotion information</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.1.b Access &amp; critically evaluate evidence to support safe, rational &amp; cost effective use of medicines</td>
<td>Shows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.1.c Use the evidence base to review current practice</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.1.d Apply knowledge of current pharmacy-related policy to improve health outcomes</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.1.e Collaborate with patients, the public and other healthcare professionals to improve patient outcomes</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.1.f Play an active role with public and professional groups to promote improved health outcomes</td>
<td>Knows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.1.g Contribute to research &amp; development activities to improve health outcomes</td>
<td>Knows how</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.1.h Provide evidence-based medicines information</td>
<td>Shows how</td>
<td>Does</td>
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</tbody>
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10.2.2 Validating therapeutic approaches and supplies prescribed and over-the-counter medicines

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<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
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<tbody>
<tr>
<td>10.2.2.a Identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health</td>
<td>Knows how</td>
<td>Shows how</td>
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<tr>
<td>10.2.2.b Identify inappropriate health behaviours and recommend suitable approaches to interventions</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.2.c Instruct patients in the safe and effective use of their medicines and devices</td>
<td>Shows how</td>
<td>Does</td>
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<tr>
<td>10.2.2.d Analyse prescriptions for validity and clarity</td>
<td>Shows how</td>
<td>Does</td>
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<tr>
<td>10.2.2.e Clinically evaluate the appropriateness of prescribed medicines</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.2.f Provide, monitor and modify prescribed treatment to maximise health outcomes</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.2.g Communicate with patients about their prescribed treatment</td>
<td>Shows how</td>
<td>Does</td>
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<tr>
<td>10.2.2.h Optimise treatment for individual patient needs in collaboration with the prescriber</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.2.i Record, maintain and store patient data</td>
<td>Shows how</td>
<td>Does</td>
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<tr>
<td>10.2.2.j Supply medicines safely and efficiently, consistently within legal requirements and best professional practice. NB This should be demonstrated in relation to both human and veterinary medicines.</td>
<td>Shows how</td>
<td>Does</td>
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10.2.3 Ensuring safe and effective systems are in place to manage risk inherent in the practice of pharmacy and the delivery of pharmaceutical services

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
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</table>
10.2.3.a Ensure quality of ingredients to produce medicines and products Knows how Shows how
10.2.3.b Apply pharmaceutical principles to the formulation, preparation and packaging of products Shows how Shows how
10.2.3.c Verify safety and accuracy utilising pharmaceutical calculations Does Does
10.2.3.d Develop quality management systems including maintaining appropriate records Shows how Shows how
10.2.3.e Manage and maintain quality management systems including maintaining appropriate records Shows how Does
10.2.3.f Procure and store medicines and other pharmaceutical products working within a quality assurance framework Knows how Does
10.2.3.g Distribute medicines safely, legally and effectively Knows how Does
10.2.3.h Dispose of medicines safely, legally and effectively Knows how Does
10.2.3.i Manage resources in order to ensure work flow and minimise risk in the workplace Knows how Shows how
10.2.3.j Take personal responsibility for health and safety Does Does
10.2.3.k Work effectively within teams to ensure safe and effective systems are being followed Knows how Does
10.2.3.l Ensure the application of appropriate infection control measures Shows how Does
10.2.3.m Supervise others involved in service delivery Knows how Does
10.2.3.n Identify, report and prevent errors and unsafe practice Shows how Does
10.2.3.o Procure, store and dispense and supply veterinary medicines safely and legally Knows how Knows how

10.2.4 Working with patients and the public

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2.4.a Establish and maintain patient relationships while identifying patients’ desired health outcomes and priorities</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.4.b Obtain and record relevant patient medical, social and family history</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.4.c Identify and employ the appropriate diagnostic or physiological testing techniques to inform clinical decision making</td>
<td>Knows how</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.4.d Communicate information about available options in a way which promotes understanding</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.4.e Support the patient in choosing an option by listening and responding to their concerns and respecting their decisions</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.4.f Conclude consultation to ensure a satisfactory outcome</td>
<td>Shows how</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.4.g Maintain accurate and comprehensive consultation records</td>
<td>Shows Does</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.4.h Provide accurate written or oral information appropriate to the needs of patients, the public or other healthcare professionals</td>
<td>Shows how</td>
<td>Does</td>
</tr>
</tbody>
</table>

10.2.5 Maintaining and improving professional performance

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
<th>Pre-reg</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2.5.a Demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.5.b Reflect on personal and professional approaches to practice</td>
<td>Does</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.5.c</td>
<td>Create and implement a personal development plan</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.5.d</td>
<td>Review and reflect on evidence to monitor performance and revise professional development plan</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.5.e</td>
<td>Participate in audit and in implementing recommendations</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.5.f</td>
<td>Contribute to identifying learning and development needs of team members</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.5.g</td>
<td>Contribute to the development and support of individuals and teams</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.5.h</td>
<td>Anticipate and lead change</td>
<td>Knows how</td>
</tr>
</tbody>
</table>

**Appendix 3 – Indicative syllabus**

It is expected that education providers will use the indicative syllabus to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

**A1.1 How medicines work**

**Therapeutics**
- Routes of administration
- New therapeutic advances
- Infection control
- Complementary therapies
- Clinical therapeutic uses of drugs

**Applied Physical, Chemical and Biological sciences**
- Sources and purification of medicinal substances
- Physicochemical characteristics of drugs and biological systems
- Thermodynamics and chemical kinetics
- (Bio)Analytical principles and methods
- Drug design and discovery
- Cell and molecular biology
- Biochemistry
- Genetics
- Microbiology
- Immunology
- Pharmaceutical chemistry
- Drug identification
- Drug synthesis

**Pharmacology, pharmacokinetics & pharmacodynamics**
- Contraindications, adverse reactions and drug interactions
- ADME
- Prediction of drug properties
- Pharmacogenetics and pharmacogenomics
- Drug and substance misuse
- Clinical toxicology and drug-over-exposure
- Molecular basis of drug action
- Metabolism

**Pharmaceutical technology including manufacturing & engineering science**
- Biotechnology
- Manufacturing methods
- Quality assurance processes
- Sterilisation and asepsis
- Environmental control in manufacturing

**Formulation and material science**
- Materials used in formulations and devices
- Biopharmaceutics, developmental pharmaceutics, pre-formulation and formulation studies
- Design and standardization of medicines
- Microbiological contamination
- Contamination control
- Product stability
- Medical devices

**A1.2 How people work**

**Normal & abnormal structure & function**
- Nutrition
- Physiology
- Pathology
- Infective processes

**Sociology**
- Social and behavioural science

**Health psychology**
- Health promotion
- Disease prevention
- Behavioural medicine

**Objective diagnosis**
- Differential diagnosis
- Symptom recognition
- Diagnostic tests

**Epidemiology**
- Aetiology and epidemiology of (major) diseases

**A1.3 How systems work**

**Healthcare management**
- Public health
- Organisations: NHS, DH, govt priorities
- Other professionals
- Health care systems

**Evidence-based practice**
- Health information systems/ resources
- Health policy and (pharmaco)economics

**Professional regulation**
- Legislation
• Professional ethics and fitness to practise
• Sale and supply of medicines
• CPD
• Political and legal framework

**Medicines regulation**
• Evaluation and regulation of new drugs and medicines
• Pharmacopoeial specifications and biological standards
• Medicines licensing
• Product quality, safety and efficacy
• The supply chain
• Packaging, labelling and patient information

**Clinical governance**
• SOPs
• Research methodology / research ethics
• Risk & quality management
• Good manufacturing/dispensing practice
• Good clinical practice
• Health policy, clinical and science research methods

**Clinical management**
• Disease management
• Chronic medicines management
• Medicines use review
• Care planning

**Workplace Regulation**
• Health & Safety
• Sexual boundaries
• Independent Safeguarding Authority
• Data protection
• FOIA
• Consumer protection incl. complaints procedures

**A1.4 Core and transferable skills**

**Professionalism**

**Research and research methods**

**Critical appraisal**
• Audit and learning from errors

**Problem solving**
• Study skills
• Team-working skills

**Clinical decision making**
• Leadership skills

**Accurate record keeping**
Reflective practice (incl. continuing professional development)

Effective communication
- Interpersonal skills
- Medical terminology

Interpret & interrogate clinical data

Analyse & use numerical data

Pharmaceutical numeracy

Technological literacy

A1.5 Attitudes and values

See the GPhC Code of Conduct for pharmacy students (2010) and Standards of conduct, ethics and performance (2010)
APPENDIX 4

Master of Pharmacy degree (MPharm)

University of Sussex
Report of a post-step 6 accreditation checking visit

December 2019
## Event summary and conclusions

<table>
<thead>
<tr>
<th>Provider</th>
<th>University of Sussex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course</td>
<td>Master of Pharmacy degree (MPharm)</td>
</tr>
<tr>
<td>Event type</td>
<td>Accreditation checking visit</td>
</tr>
<tr>
<td>Step</td>
<td>Post-Step 6</td>
</tr>
<tr>
<td>Event date</td>
<td>4 December 2019</td>
</tr>
<tr>
<td>Accreditation period</td>
<td>Accredited provisionally until the end of the 2019-2020 academic year</td>
</tr>
<tr>
<td>Outcome</td>
<td>The outcome of the step 6 accreditation visit is confirmed</td>
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<tr>
<td>Conditions</td>
<td>No additional conditions</td>
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<td>Standing conditions</td>
<td>Please refer to Appendix 1</td>
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<td>Recommendations</td>
<td>None</td>
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<tr>
<td>Registrar decision</td>
<td>To note that the outcome of the step 6 accreditation visit has been confirmed</td>
</tr>
<tr>
<td>Key contact (provider)</td>
<td>Professor Jane Portlock, Director of Pharmacy</td>
</tr>
</tbody>
</table>
| Accreditation team | Mr Peter Curphey (team leader), Pharmacy consultant  
Professor Andy Husband (academic), Professor of Clinical Pharmacy and Head of School, Newcastle University  
Professor Barrie Kellam (team leader), Professor of Medicinal Chemistry, University of Nottingham  
Mrs Catherine Boyd (lay), Chair of Tribunals for the Health and Care Professions Tribunal Service |
| GPhC representative and rapporteur | Mr Damian Day, Head of Education, GPhC |
| Sussex staff attendees | Professor Kelly Coate, Pro-Vice Chancellor Education and Students  
|                       | Professor Sarah Guthrie, Head of School of Life Sciences  
|                       | Professor Jane Portlock, Director of Pharmacy  
|                       | Professor Stephen Denyer, Advisor  
|                       | Mr Allan Spencer, Director of Finance  
|                       | Mr John Hallam, Assistant Director of Human Resources  
|                       | Mrs Beth Phillips, Teaching Fellow in Pharmacy Practice  
|                       | Mrs Jill Merewood, Lecturer, Pharmacy Practice  
|                       | Miss Jane Major, Project Manager  
| supported by          |  
|                       | Dr Alex Ralston, Pharmacy Practice Experience Officer  
| Student attendees     | 31 students from years 2-4 (the teach-out cohorts)  

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. The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The UK qualification required 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 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.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit: http://www.legislation.gov.uk/uksi/2010/231/contents/made

Background

In 2013, the University of Sussex approached the General Pharmaceutical Council (GPhC) with a view to the University entering the process for accrediting a new MPharm degree. Consequently, a Step 1 meeting took place on 7 January 2014, during which the University was advised that as it intended to develop both a four-year and five-year degree, a robust business plan to support both courses would be required, since the funding, staffing strategies and placements would be significantly different for each course.

The Step 2 event took place on 20-21 November 2014 at the University at which the business case was examined in depth, and staff appointments made between step 1 and step 2, the philosophy of the integrated course, the learning, teaching and assessment strategy, plans for patient and public involvement in course design and delivery, the inter-professional learning strategy and the plan for practice activities were considered. The accreditation team agreed to recommend that the University be permitted to move from Step 2 to Step 3 of the accreditation process. While no conditions were initially set, the accreditation team made a recommendation that the School achieve the right balance of science and practice experience in the staffing profile when recruiting new staff members, in order to support the development of an integrated curriculum and its associated assessments, and asked that the GPhC be informed of the staffing profile and their expertise as new members of staff were recruited. In response, the University made a commitment to bring forward 3 staff appointments during the 2015-16 academic year, providing a total staff complement of 12 new posts for 2015-2016. In a post-visit development relating to the initial rejection of the campus masterplan and the potential impact on planned pharmacy accommodation, two new conditions were set. These were that the University was required to keep the GPhC fully informed of all planning decisions relevant to pharmacy accommodation, including the outcome of an on-going appeal against the rejection of the University’s masterplan for its campus redevelopment and any decisions relating to the accommodation for pharmacy in the short, medium or long term. Additionally, the University was required to present the GPhC with a revised business case and risk analysis in which the Life Sciences building, the planned permanent home of pharmacy, was delayed by one, two or more years or was not built at all. Subsequently, the objections by Brighton and Hove Council to the
campus masterplan proposals were fully withdrawn and the University’s appeal was granted.

The Step 3 event took place 10-11 December 2015 at which the accreditation team examined the course in depth and deliberated on the development of the learning, teaching and assessment strategy; explored the plans for patient and public involvement in course design and delivery, the inter-professional learning strategy and the plan for practice activities. It also considered staff appointments made between Step 2 and Step 3. The team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree proposed by the University be permitted to move from Step 3 to Step 4 of the accreditation process, subject to one condition and one standing condition. The condition was that the University must have received approval of the fitness to practise procedures from the GPhC before the intake of the first cohort of students. Subsequently, the University received such formal approval and admitted its first pharmacy students in September 2016. The standing condition remained that imposed by the Registrar at Step 2 which stated that the University must keep the GPhC fully informed of all planning decisions relevant to pharmacy accommodation. Further to the standing condition, a letter outlining the submission of the planning application to Brighton & Hove City Council for the new building was sent to the GPhC.

The Step 4 event took place on 19/20 April 2017 at which event the accreditation team agreed to recommend that the University should be permitted to move from Step 4 to Step 5 of the accreditation process for new MPharm degrees, subject to one condition, one recommendation, and one standing condition. The condition was that the University must provide the GPhC with formal confirmation that the MPharm degree is covered by academic regulations approved by the University Senate in June. This was to meet standard 5.9. The standing condition was that set previously. The recommendation was that the University must submit a risk analysis against the business plan in its evidence at Step 5. Given that the estimated due date to move the MPharm degree into the new building had been delayed another year from the original proposal presented at Step 1, this was to provide the GPhC with assurance that the University had a satisfactory contingency plan in place as the MPharm degree develops. This related to standards 9.1a, 9.1g and 9.1h.

The Step 5 event took place on 28 February to 1 March 2018 at which event the accreditation team agreed to recommend that the University should be permitted to move from Step 5 to Step 6 of the accreditation process for new MPharm degrees subject to the standing condition that the University must keep the GPhC fully informed of all planning decisions relevant to pharmacy accommodation and the implications to the MPharm degree. The team acknowledged that although the GPhC had been kept informed about the progress of the planning permission by the Director of Pharmacy, it was agreed that the University senior executive team will keep the GPhC informed about University decisions related to pharmacy as promised by the Pro-Vice Chancellor for Planning. This condition has been imposed to ensure that the GPhC is in possession of all the facts relevant to the development of pharmacy at the University. This relates to standard 2.6, 2.7 and 2.8.

In 2018, the University Executive Group commissioned a review of the MPharm degree in order to assess its financial viability. While not challenging the quality of the provision, that review concluded that the degree was not financially viable and consulted affected staff and students about options for the future of the degree. During the consultation period, staff and students of the School of Life Sciences and other Schools in the wider University, parents and other stakeholders made submissions to the University Executive Group in support of keeping the degree open and many provided a variety of options for improving its viability. However, having considered the consultation responses, financial modelling and other evidence, it was concluded that the degree was not financially viable and had very little prospect of becoming so with the level of student recruitment seen since 2016. Consequently, it was recommended that the MPharm degree be closed to new entrants from September 2019. On learning of the decision,
the GPhC issued a letter from its Registrar to all Sussex MPharm degree students outlining the commitment of the GPhC to the them and the accreditation process.

As a result of the above, the purpose of the Step 6 event was twofold - to take decisions on:

1. the delivery of Sussex’s MPharm degree in the 2018-2019 academic year and whether Sussex would be ready to teach Year 4 for the first time in 2019-2020; and
2. Sussex’s plans for teaching out and then closing its MPharm degree.

As a result of the Step 6 event, two conditions were imposed:

1. the GPhC must receive a fully developed and agreed delivery plan for the 2019-2020 academic year, including the precise involvement of local delivery partners, and the agreed teach-out plan, by a date to be agreed with the GPhC urgently. The date can be no later than the 31st August 2019. This is to ensure that the GPhC has a clear understanding how the MPharm degree will be delivered in 2019-2020 and how the teach-out will operate. The plans must be supported by legally binding framework agreements or contracts where that is necessary. Once submitted, the GPhC will evaluate the plans and feed back to Sussex by an agreed date. The accreditation team wishes to make it clear that should the feedback be negative, Sussex will have only a limited time between then and the start of the 2019-2020 academic year to address concerns. This condition is because the accreditation team heard that Sussex has been developing a plan for the delivery of the MPharm in 2019-2020 and a plan for its teach-out, both of which will be finalised before the end of the 2018-2019 academic year. In normal circumstances, the GPhC would not set a condition related to agreed workstreams when they are underway. However, the circumstances at Sussex are unusual in that they are less prepared than is usual at a Step 6 visit for delivering Year 4 of an MPharm for the first time and, uniquely, are teaching-out a regulated degree.

A list of issues to be addressed in both documents will be sent to Sussex with the accreditation event’s record and report. The list will capture the accreditation team’s principal concerns and should not be regarded as exhaustive.

2. some members of the accreditation team will return to Sussex (1) shortly after the 13th December 2019 to evaluate the delivery of the first term and (2) shortly after the 27th March 2020 to evaluate the delivery of the bulk of the teaching in the second term. The formal Step 7 visits will take place after that.

The accreditation team and Registrar agreed that the submitted delivery plan for the 2019-2020 academic year and the longer term teach-out plan were appropriate and, therefore, Sussex could deliver its MPharm degree in 2019-2020.

This checking visit is to fulfil condition 2. (1) (and is slightly earlier than planned).
Documentation

In advance of the checking visit, Sussex submitted:

1. an updated financial plan;
2. an update on the status of MPharm staffing;
3. a risk register for the teach out;
4. draft timetable for delivery of the MPharm in the Spring Term 2019-2020;
5. student handbook for PHA204 Pharmacotherapy of Disease 2;
6. student handbook for PHA306 Pharmaceutical Care Practice – Oncology;
7. student handbook for PHA408 Advanced Pharmaceutical Care; and
8. framework agreement between the University of Sussex and the University of Brighton.

Pre-visit

Other than email correspondence there was no pre-visit.

The event

The event began with a private meeting of the accreditation team and GPhC representative on 4 December 2019. The remainder of the event comprised two meetings - one with staff and one with students followed by a private accreditation team meeting and feedback session with Sussex staff.

Declarations of interest

There were no declarations of interest from members of the team or the GPhC representative.

Findings

Standard 1: Patient and public safety

No comments relating to this checking visit.

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

No comments relating to this checking visit.

Standard 3: Equality, diversity and fairness

No comments relating to this checking visit.

Standard 4: Selection of students and trainees

Not relevant now that students are no longer being recruited.
Standard 5: Curriculum delivery and student experience

The accreditation team (hereafter the ‘team’) discussed the delivery of the first term in the 2019-202 academic year in depth and was told that all modules had been delivered as planned. There had been some last-minute changes, due to the departure of staff, which had been addressed by co-opting staff from within Sussex to stand in or by sourcing staff elsewhere.

The team learnt that one issue had been supervisory support for students undertaking their project. In particular, the Director of Pharmacy had had no option but to take on a large number of tutees, meaning that other work had to be rescheduled. The team was reassured that this would not be repeated in subsequent years.

The Director of Pharmacy told the team that she is considering making lecture attendance compulsory. Students were not particularly concerned about this, rather their concern was that some tests were close to linked lectures which meant they had limited time to revise. The students noted that lectures might be timetabled in the early evening due to space constraints but took the view that it was preferable for lectures to take place, even if they were at less convenient times.

At the step 6 visit, students had been concerned that a consequence of the course being closed was that they would not be able to study abroad for a year. In response, Sussex has extended opportunities for summer placements and is setting in place a reciprocal study arrangement with the University of Kentucky.

The team heard that there had been problems with recording lectures, which had now been resolved. This was corroborated by students.

The Director of Studies told the team that the previous regime in which students had a study day every week had been rescinded and teaching was now being scheduled across the teaching week. The Director of Pharmacy justified this decision by pointing out that some students had seen the study days as free days and had not used them wisely.

Students asked the team what the GPhC’s involvement would be with the MPharm in 2020-2021 and 2021-22. The team told students that if the MPharm degree was granted full accreditation in May 2020, GPhC teams would still visit Sussex to check on course delivery until the final cohort graduated in 2022. This would include checking resit arrangements for students in the final cohort who had failed finals (see the Standard 6 commentary).

Standard 6: Support and development for students and trainees

For the first time, Sussex students had applied for pharmacist pre-registration training places through the national Oriel system. They were particularly appreciative of the help given to them by the Pharmacy Practice Experience Officer in this regard. Sussex told the team that of 27 pre-registration applicants, 25 had been allocated their 1st or 2nd choice and of the 25, nine posts were in hospitals. Sussex noted further that their students had performed well in Oriel’s national rankings.

The Director of Pharmacy acknowledged that there was a degree of uncertainty among students about what would happen if they failed assessments or were unable to complete modules/take
assessments for any reason. The Director of Pharmacy told the team that students would have pathways through the course explained to them in January 2020.

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

All new staff are inducted as explained in Standard 9 below.

The team was told that support was in place for research staff at risk due to the MPharm course closure to enable them to continue to apply for grants, supervise doctoral students and attract post-doctoral researchers.

**Standard 8: Management of initial education and training**

Since the Step 6 visit, there have been some changes in staffing and a new course management structure is in place:

1. a Governance Group – comprising members of the University Executive Group, Head of School, the pharmacy advisor and the Director of Pharmacy (who was not on this group previously). This group meets monthly, with email meetings in between if necessary;
2. a rejuvenated School Leadership Group (including the Pharmacy Executive), which meets fortnightly;
3. a Pharmacy Executive – members are Professor Jane Portlock (Director of Pharmacy), Mrs Beth Philips (Deputy Director, with responsibility for planning and logistics) and Mrs Jill Merewood (Senior Academic Advisor, with responsibility for the student experience);
4. fortnightly whole Pharmacy team meetings.

The team noted that a variety of management structures had been used in the last few years and hoped that this iteration would stabilise and be the final one.

The team asked whether the external advisory group had met and was told that it had not, although the Director of Pharmacy hoped it would do so in the future.

On another matter, the Director of Pharmacy told the team that one of her priorities was communication with students. The team agreed that this should be a priority, particularly in light of what the students thought had been inadequate communication in the past. There were now regular meetings with students and they had been asked for mid-term feedback, which would be acted on once analysed.

**Standard 9: Resources and capacity**

**Staffing**

During the Step 6 visit, the team had been concerned that Sussex might not be able to attract replacement staff for those who had decided to leave as a result of its decision to close its MPharm course. Since then staff have been recruited successfully. The summary, provided by Sussex, is:
Sussex update on staffing (modified and anonymised)

The September report identified a total of 4.5 FTE staff departures since the Step 6 visit, with a change of programme leadership. This commentary summarises the staff recruitment since that report.

Three new Senior Lecturers have been appointed to start in January 2020. CVs will be supplied as part of the Step 7 accreditation submission. [The expertise of one new appointment] is evidence-based medicine, medicines information and therapeutics, they are currently making the final amendments to their PhD in medicines information, which is also their NHS background. [A second new appointment] brings expertise in pharmacy practice, clinical pharmacy and professionalism, they are currently a Principal Lecturer at [a nearby school of pharmacy]. [The third new appointment’s] areas of expertise include calculations, consultation skills and pharmacy practice, they come from a Teaching Fellow role at [another school]. In addition, another Clinical Preceptor is joining the team in January 2020, based at [nearby] hospitals to support placement provision.

The appointment process is just about to start to replace [two people] who have stepped down from their Clinical Preceptor roles at [a nearby trust]; in addition, a Clinical Preceptor in Oncology is being sought, to be based in [a local trust] and who will support the teaching in PHA306. [An] appointment as Senior Teaching Fellow at [a local trust] means that a replacement Clinical Preceptor will be appointed in early 2020.

Other recent appointments are in [pharmaceutics, clinical assessment skills and therapeutics, mental health and specialist neurological pharmacy]. In addition, Sussex has appointed a range of Associate Tutors on a temporary basis to assist with lectures and workshops this term, in their areas of experience (e.g. research methods, research statistics, pharmacy practice). These subjects will be taught in-house next year, now that Sussex is returning to a full complement.

All new colleagues are supported by an induction process which includes insight into the ethos and teaching/learning and assessment strategies for the MPharm as well as the nature of integration in these. Any future departures will trigger a further round of appointments; there was an overwhelming interest in the last round of recruitment advertising from a range of individuals across all disciplines, some of whom are happy to be held in reserve to apply if vacancies come up in their specific areas.

....

The team was told that three members of pharmacy staff were at risk and might be made redundant and that all new appointments were on fixed-term contracts until 31st July 2022. The accreditation team was reassured that staff in the pharmacy team understood the current situation and were supportive of one another, even though their contractual situations were different.
The team was told that the appointment of new preceptors had been slower than anticipated but that progress was now being made. If there were still shortfalls in this area later in the year, preceptors would be hired on a ‘pay as you go’ basis, to ensure that off-campus practice work was delivered.

As had been the case during the step 6 accreditation visit, the accreditation team was told that Sussex would maintain staffing levels until the MPharm course closed finally, which meant that staff-student ratios might become more favourable as cohorts graduated. The Director of Pharmacy told the team that it might be the case that staff could be released from their MPharm duties if it became clear they were not needed in one or both of the final two years of the teach-out. The Director of Pharmacy told the team that she was exploring ways in which staff could redeployed once the MPharm course closed.

Relationship with the University of Brighton

During the step 6 visit, the team had been told that Sussex might draw on resources at the University of Brighton, if modules could not be taught by Sussex. A framework agreement is now in place to facilitate this. However, the Director of Pharmacy told the team that because Sussex had been successful in recruiting staff she felt it was unlikely that the framework agreement would be needed. This was in contrast to the step 6 visit, when collaboration between Sussex and Brighton had seemed to be a distinct possibility.

Outcome of the checking visit

The team heard from staff and students that modules had been delivered satisfactorily, with some unplanned changes (mainly to accommodate staff departures). Further, the team heard that plans were in place 1. for the delivery of the second semester in 2019-2020 and 2. for teaching out subsequent years. While acknowledging that plans were subject to change, the team agreed they were appropriate.

On that basis, the accreditation team agreed to recommend to the Registrar that the outcome of the step 6 accreditation visit should stand and that no further conditions need be applied.

Sussex was reminded that it must inform the GPhC of significant changes to either plan.

The team reminded Sussex how important regular communication with students was and that MPharm students still felt vulnerable, despite the reassurances they have received about the future of the course thus far.

Sussex was told that, as planned, a GPhC accreditation team would return to Sussex three further times in 2019-2020:

1. to discuss the delivery of the second semester;
2. for the step 7 accreditation event. Sussex were reminded that it is successful completion of the step 7 event which will grant full accreditation to the MPharm course; and finally
3. to attend the first finals examination board for 2019-2020 MPharm students in Year 4. Sussex were reminded that if the external examiners confirm the marks at that meeting, the GPhC will accept Sussex MPharm student pass lists as eligibility to enter pharmacist pre-registration training.

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 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 record and 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.