



Master of Pharmacy
degree (MPharm)

University of Central Lancashire

Report of an interim event

April 2019

Event summary and conclusions

Provider	University of Central Lancashire
Course	Masters of Pharmacy degree (MPharm)
Event type	Interim event
Event date	3-4 April 2019
Accreditation period	2015/16 - 2021/22
Outcome	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree provided by the University of Central Lancashire should continue to be accredited for the remainder of the accreditation period, subject to the continuing condition imposed following the 2016 reaccreditation event and arising from the action plan agreed in 2015. Additionally, because of the Faculty restructuring (standard 8) and the outstanding appointment of the Professor of Pharmacy Practice (standard 9), the team will return around Easter 2020 to discuss how the structural changes to pharmacy provision have affected the delivery of the MPharm.
Conditions	The condition imposed following the 2016 reaccreditation event and arising from the action plan agreed in 2015 remains extant; that is the School must continue to submit an annual report to the GPhC that charts progress against the stated admissions strategy; this is in accord with pre-requisite 2.7 in meeting standard 2.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made.
Registrar decision	The Registrar of the GPhC accepted the accreditation team's recommendation and approved the continued accreditation of the programme for the remainder of the accreditation period, subject to the continuing condition imposed following the 2016 reaccreditation.
Key contact (provider)	Professor Colin Davidson, Professor of Neuropharmacology and Interim Head of School
Accreditation team	Mr Peter Curphey, (Team Leader), Pharmacy consultant Dr Adam Todd, (Academic), Reader in Pharmaceutical Public Health, School of Pharmacy, Newcastle University Professor Chris Langley, (Academic), Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University, and Associate Dean, Taught Programmes, School of Life and Health Sciences Professor Andrew Husband, (Academic) Professor of Clinical Pharmacy and Head of School, Newcastle University Professor Anne Watson, (Pharmacist) Postgraduate Pharmacy Dean, NHS Education for Scotland

	Miss Raminder Sihota, (Pharmacist) Senior Manager, Professional Standards, Boots UK Miss Christine Walker, (Pharmacist – recently registered), Pharmacist, Ulster Hospital, Belfast
GPhC representative	Mr Damian Day, Head of Education
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

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 interim 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>

Purpose of this event

Interim events take place three years after a main successful accreditation or reaccreditation visit and the report of the event forms an appendix to the main accreditation report. The purpose of an interim event is to allow an accreditation team to:

- Monitor progress of delivery of the accredited MPharm degree since the accreditation or reaccreditation to the *GPhC Standards for initial education and training of pharmacists*.
- Evaluate a selection of the educational activities on the accredited course in conjunction with information provided at the main accreditation visit. The accreditation team will wish to satisfy itself of the quality, particularly of the practice opportunities available, and to ensure that they continue to meet the *GPhC Standards for initial education and training of pharmacists*. In particular, the accreditation team will be evaluating how well the accredited MPharm degree meets standard 5.6, which states:

The MPharm/OSPAP curriculum must include practical experience of working with patients, carers and other healthcare professionals. We are not suggesting that off-site placement visits are the only way to achieve this. Schools should articulate their strategy for meeting this criterion, which may include off-site placement visits, using patients, carers and other healthcare professionals' in-class, and simulation.

- Evaluate these practice activities in relation to the student's ability to demonstrate the relevant outcomes in Standard 10.

The interim event

The interim event is divided into four components:

- the submission of documentation
- a pre-visit meeting
- satellite visits
- a main visit to the university

Background

Although reaccreditation of the UCLan MPharm programme had not been due until 2016, the University had developed a new degree programme and wished reaccreditation in 2015. Accordingly, a reaccreditation event was scheduled for March/April 2015, during which the new programme was considered. However, on that occasion, the accreditation team concluded that there were important failings in the provision at the University of Central Lancashire. These related to the staffing situation (9.1.iii.b), staff roles and responsibilities in relation to the delivery of the MPharm (standards 2 and 8), integration and progression within the curriculum (criteria 5.1, 5.2 and 5.5), the assessment strategy (criteria 5.7, 5.8), marking criteria (criteria 5.10 and 5.11), academic regulations (criterion 5.9) and meeting the standard 10 learning outcomes. In light of these serious concerns, the team leader and the GPhC's Quality Assurance Manager (Education) met with the new Head of Pharmacy, who, after consulting his senior management, agreed to withdraw from the reaccreditation process, acknowledging that the provision at the University of Central Lancashire was accredited until the end of the 2015/16 academic year. In a subsequent meeting with the Head of Pharmacy, the team emphasised the need for a detailed action plan to address the shortcomings of the proposed new MPharm programme. The team was anxious to note that its concerns about the UCLan provision, especially those relating to standards 2, 8 and 9, in no way reflected on members of the academic staff of the School, who had all shown enthusiasm and dedication, as well as support for their students; however, standards 5 and 10 needed significant work, which would be addressed in the required action plan, which was subsequently agreed.

Since March/April 2015, the restructuring of the University had been completed, with the establishment of a School of Pharmacy and Biomedical Sciences within the then College of Clinical and Biomedical Sciences, alongside the School of Medicine and the School of Dentistry. Moreover, the MPharm programme had undergone complete revision and, accordingly, a reaccreditation event took place on May 4-6 2016. On that occasion, the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council that the University of Central Lancashire should be reaccredited to provide an MPharm degree for a further period of six years, with an interim practice visit in 2019. However, as a continuation of the action plan agreed between the University and the GPhC in 2015, the team imposed a condition that the School must continue to submit an annual report to the GPhC that charts progress against the stated admissions strategy; this is in accord with pre-requisite 2.7 in meeting standard 2. The agreed interim event took place on 3-4 April 2019, and the following is a report of that event.

Summary of key findings

The accreditation team advised the School that the team's conclusions from this event were based on what team members had been told, what they had observed, and documents that they had read over the course of the visit and the satellite visits. The purpose of this interim event was to monitor the progress made with

delivering the MPharm degree since the 2016 reaccreditation, and to observe a range of educational activities that related to practice and the standard 10 outcomes. Interim events cover selected topics and not all standards are discussed.

A presentation by senior members of staff built on the information provided in the submission and gave an update on progress since the last visit in 2016. Points raised in the presentation, as well as other matters, were discussed with the staff and with students, and the following narrative incorporates a summary of those discussions.

Progress since last event

Standard 1: Patient and public safety

The team was satisfied that all criteria relating to this standard continue to be met.

Issues concerning professionalism among the students had arisen since the 2016 reaccreditation; these related to attendance and engagement, and attendance is now monitored, with poor attendance being addressed. The School is considering the introduction of a compulsory minimum attendance rate of 80%. Professionalism guidelines have been produced for implementation across the School from 2019/20; these provide clear guidance on the expectations for professional behaviour, as well as describing the consequences of such behaviour falling below the required level. A professionalism contract is to be introduced, requiring students to sign up to professional standards, with actions being taken following breaches of this contract. Robust fitness to practise (FtP) procedures are in place, with professionalism being discussed with the students from the beginning of the programme, these discussions being illustrated with examples of FtP cases; FtP procedures are compatible with those of all professional bodies across the disciplines represented within the Faculty. Unprofessional behaviour can result in students failing the course.

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

The team was satisfied that all criteria relating to this standard continue to be met.

The National Student Survey (NSS) had highlighted three areas where significant improvement was required, these relating to the quality of teaching, the provision of feedback and the learning resources. Quality of teaching is being addressed through peer review of teaching by experienced staff members, and a review of all modules, including mid-module review, to identify those modules that are being delivered well and those with scope for improvement. An important factor contributing to the poor NSS results had been dissatisfaction with one double module in the final year; this has now been modified and has greatly improved. Additional feedback is now provided to students both on good performance and aspects in need of improvement, with feedforward on how to improve in future assessments (See standard 5). In relation to resources, the teaching facilities have been upgraded to include the newly refurbished clinical suite; this includes a broad range of equipment such as stethoscopes, otoscopes, ear and eye mannequins, and sphygmomanometers. It has nine beds as well as three consultation rooms, where students can practise communication skills and mimic real-life settings to prepare them for future practice; it is also used for clinical inter-professional education sessions. The clinical suite facilitates elements of the course in which students are exposed to different clinical skills such as respiratory and manual blood pressure examinations. The student support network is now more obvious, with numerous opportunities for students to feed back, and there appear to be no major issues, with the students seeming happier. Feedback to the School from the students is achieved through their course representatives, who have monthly meeting with the course leaders; questionnaires were also used.

Standard 3: Equality, diversity and fairness

The team was satisfied that both criteria relating to this standard continue to be met.

This standard was not addressed during the interim visit, although one of the observed activities (activity 10 – see Appendix) comprised a seminar on equality and diversity with a focus on protected characteristics. Observation of this activity contributed to the team’s view that this standard continues to be met.

Standard 4: Selection of students

The team was satisfied that all criteria relating to this standard continue to be met.

Student recruitment was good, with an increase in the calibre of the applicants. Numbers have risen over the last three years without dropping entry grades. The specified entry qualifications have been revised to require ABB at A-level including either Chemistry or Biology. Interview days now offer applicants the opportunity to meet a large number of members of academic staff, current students, and patient representatives from the University’s patient group (Comensus), as well as providing a laboratory ‘taster’ session concerned with making a medicine. Interviews are conducted using two members of staff for each applicant to increase robustness and reduce subjectivity. Interviews are based on standard questions covering, for example, applicants’ experience of pharmacy and their reasons for choosing the course, as well as their values and attributes and how these can be demonstrated; applicants also take tests on calculations and written English. The School admits students from a wide range of backgrounds, without relying on any one type of qualification, and thus a large number of applicants have BTEC qualifications, rather than A-levels; additionally, students are admitted through the ‘Medical Sciences Foundation Entry’ course, which is one route to joining the MBBS programme, with Pharmacy being another exit route from this course, and students entering the MPharm with good grades. A new (GPhC registered) Principal Lecturer has been appointed in ‘Recruitment & Retention’ and there is ongoing scrutiny of the relationship between entry qualifications and performance.

Standard 5: Curriculum delivery and student experience

The team was satisfied that all criteria relating to this standard continue to be met.

The programme comprises six modules that enable delivery of teaching and learning to support students in achieving the required level. There are three modules, each of 40 credits in year 1, which is a foundation year, these being ‘Journey of a Medicine’, ‘Health and Disease’ and ‘Foundations in Pharmacy Practice’; this is followed by single, 120 credit modules in each of years 2, 3, and 4 with a progressive increase in the degree of integration of material in successive years. After the first year, the course is integrated through body systems in years 2 and 3 (‘Systems-based patient care’), while year 4 uses a more holistic and real-world approach to patient management, but concentrating on those people with complex healthcare needs, which often involve multiple body systems. The year 4 module ‘Preparation for Professional Practice’ will be delivered for the first time in 2019/20; this deals with complex patients, including pregnant and/or breastfeeding women, those with impaired hepatic or renal function, immunocompromised or immunosuppressed patients, young and elderly patients, and patients with cancer. This module also addresses matters such as screening, health intervention services, pharmacoconomics, commissioning and ethical decision-making. The programme and its delivery are built around six attributes, these being ‘scholar’, ‘communicator’, ‘collaborator’, ‘health advocate’, ‘pharmacy expert’ and ‘professional’; throughout, the programme is matched to the GPhC’s ‘Standards for Pharmacy Professionals’ to which the students sign up each year. A blended learning approach is employed for course delivery using lectures, seminars, tutorials, practical classes, presentations, peer teaching, teamwork, placements, simulations, and portfolio building. There has been a move to a new teaching style, with reduced contact time; this approach, intended to foster independent learning, uses team teaching and a ‘flipped classroom’ approach based on learning packs. Teaching in later years is more case-based. The School uses diagnostic, formative, and summative assessments, employing a wide range of assessment modalities. Extensive use is made of formative assessments, associated with feedback, which may be generic or individual, as well as feed-forward for subsequent assessments. *Maxinity* software is being used to ensure that assessments are standard set and valid. There are inter-professional education (IPE) activities in each year, with MPharm students working with a wide range of health profession students including Adult and Mental Health

Nursing students, Healthcare Science, Social Care and Social Work students, Physiotherapy students, and medical students. Throughout the MPharm programme, students have extensive opportunities to work with patients, including those from UCLan's well-established patient group, Comensus (Community Engagement and Service User Support), with which the School has worked since 2012. Patients are fully integrated within the course and are involved in student recruitment, teaching, including the design, delivery and review of sessions, and feedback on clinical consultations. Patient involvement begins in year 1, where the focus is on communication and consultation, and students learning how patients use and store medicines at home. Patient involvement increases across the years; in year 2, each of the five body systems involves patients in looking at diagnosis and factors such as lifestyle, while in year 3, which considers comorbidities, patient involvement includes history taking and services such as medicines reconciliation, MUR and the NMS. Patients are involved in year 4 when the students counsel them on the use of medical devices. Students also engage with patients during their placements which they undertake in every year; these include placements in community and hospital pharmacy, as well as in other sectors including prisons, and mental health trusts. There plans to offer placements in GP medical practices, rural settings (in Cumbria) and new collaborations with Lancashire hospitals allow year 4 students to spend half a day in different hospital clinics, where they undertake point-of-care testing.

Standard 6: Support and development for students

The team was satisfied that the single criterion relating to this standard continues to be met.

Each student has an academic adviser and the module handbooks describe how to obtain support so that students know the people to contact, including module tutors and year leads, but they can also consult any member of staff. There is also a 'Pharmacy Buddies' scheme, whereby students receive support from more experienced students in higher years of the course. Extensive additional support is available in the first year, where students undergo diagnostic testing in English, mathematics and chemistry during the induction week. All students scoring less than 70% in these diagnostic tests are flagged and offered optional timetabled support through two hours per week in groups, with additional, unlimited drop-in sessions on a 1:1 basis; these sessions cover every aspect of material highlighted through the diagnostic testing. To address the relatively poor performance of UCLan's MPharm graduates in the GPhC's national registration assessment, the School now provides its graduates with bi-monthly support packs during their pre-registration training year; these help to focus their studies around the key areas of the registration assessment framework, as well as providing key information about which they need to be aware during the year. The registration framework priority areas have been considered during the design and development of the curriculum in the new course. Pre-registration trainees have continued access to University resources, including the Blackboard VLE.

Standard 7: Support and development for academic staff

The team was satisfied that all criteria relating to this standard continue to be met.

Staff issues had arisen relating to workload, staff development, and space. Workload is being addressed through a staff workload model, with workloads discussed during appraisals, which, in line with Faculty policy, take place twice yearly; these appraisals consider the meeting of key performance indicators and identify and address continuing professional development (CPD) needs. Highly performing members of staff are encouraged to seek promotion within the School and are provided with guidance and help to achieve this. Staff development issues have also been dealt with by allowing an appropriate number of hours of protected time for scholarly and developmental activities. New staff office space has resulted in less busy offices; consultation rooms are now available and these can be booked for private meetings. Extensive staff support is available, with a rolling Faculty staff development programme, as well as a menu of training courses, providing sessions, for example, on assessment, feedback and engagement. Induction is provided for all new members of staff, including those coming from practice; there is now an 'apprenticeship' programme allowing staff members to achieve Fellowship of the HEA. Support is facilitated

by team teaching, and there is increasing use of a more active learning approach, for example, using flipped classroom teaching. Staff members are able to observe their colleagues' teaching activities, allowing them to see the different styles of teaching used by different members of staff member; peer observation of teaching is employed, along with the provision of feedback.

Standard 8: Management of initial education and training

The team was unable to establish that the two criteria relating to this standard continue to be met, as a result of the Faculty restructuring and changes within the School.

Changes are currently being made to the Faculty of Clinical & Biomedical Sciences.. The Faculty will be run by a Senior Management Team comprising 10-11 senior colleagues, at least two of whom will come from the School of Pharmacy & Biomedical Sciences (PABS); this team will be led by the Executive Dean plus three directors (Directors of Education, Research, and Business & Administration), along with an undergraduate (UG) and postgraduate (PG) lead from each of the current three schools (Medicine, Dentistry and PABS). There will be Faculty-wide quality assurance and assessment processes with Faculty oversight, along with standards for student professionalism; the Faculty will provide in-house support staff, for example, dealing with resources and business development, support for which was previously absent within the School. The three schools will continue to exist within the new structure, with the larger management team having oversight, allowing the more effective sharing of resources and expertise, for example in the area of assessment, where the schools will share the same software and question banks. There will be no Head of School, but the School Undergraduate Lead, who will be a member of the Faculty team, will be responsible for academic standards, and will attend the Pharmacy Schools Council, as well as acting as the School's link with the GPhC. The Undergraduate and Postgraduate leads in the School of Pharmacy & Biomedical Sciences will be appointed once the appointment of a new Professor of Pharmacy Practice has been made. As at present, the School will be led by an Executive Team (SET) which receives input from advisory groups and from staff meetings, as well as from a large number of committees dealing with research and innovation, health, safety and ethics, equality and diversity, business development, teaching learning and the curriculum, assessment, and admissions, marketing and recruitment; the School Executive Team also received input from the Student-Staff Liaison Committee. While acknowledging the support of the Executive Dean and University Senior Management, the team remained concerned because of the history of the School; this related to the fact that the School had withdrawn from the accreditation process in 2015 as a result of problems in several areas, including the structure and management of the School. This had been followed by a revisit in 2016 with a new Head of School, a new programme and a new management structure. Unfortunately, the new structure had not worked as well as had been hoped. These concerns did not allow the team to be fully satisfied that this standard was being met but the team was not sufficiently concerned to decide it had not been met; therefore, the team agreed that it will return to the University around Easter 2020 to discuss how the structural changes to pharmacy provision have affected the delivery of the MPharm.

Standard 9: Resources and capacity

The team was unable to establish that criteria 9.1.a and 9.1.b.iii are met as a result of the restructuring of the Faculty, staff changes within the School and the pending appointment of the professor of pharmacy practice. The team was satisfied that all other criteria relating to this standard continue to be met.

Funding for operational and course activities within the new Faculty structure (described under standard 8) will continue at School level, although with some posts coming through the Faculty to allow more effective use of resources and to avoid duplication. The School has very similar numbers of staff compared to 2016, and new principal lecturer leads had been appointed for 'pharmacy practice', 'recruitment and retention', and for 'assessment'; there were three current vacancies, and a Chair of Pharmacy Practice has been filled. In future, each vacated post will be reviewed in the context of identifying and addressing areas of need, so that replacements will not necessarily be on a like-for-like basis, except for example, pharmacy practice; the Faculty will look to the NHS and commercial organisations for senior pharmacy expertise, as well as to

traditional academic sources. It was anticipated that the new Faculty structure will provide a robust model that will enhance the security and sustainability of the School, with greater representation from registered pharmacists on the Faculty senior team, as well as at University level; the sharing of structures and resources with Medicine and Dentistry will result in greater resilience, making the School less likely to be impacted by demographic changes and by the outcome of the Augar review of post-18 education and funding. The new MPharm course with refreshed teams is now actively recruiting students and there has been a 30% increase in applications for the current year compared with last, with a 97% increase in acceptances (see also standard 4). The current business plan predicts cash surpluses of £273k, £278k and £250k respectively for 2019/20, 2020/21 and 2021/22, predicated on respective student populations of 351, 367, and 389.

The various concerns about the new Faculty structure and outstanding staff appointments (the Chair of Pharmacy Practice) did not allow the team to conclude that this standard (particularly in relation to criteria 9.1.a and 9.1.b.iii) continues to be met; therefore, the team agreed that it will return to the University around Easter 2020 to discuss how the structural changes to pharmacy provision have affected the delivery of the MPharm.

Standard 10: Outcomes

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

The outcomes in standard 10 are discussed in more detail under observation of student activities below.

Observation of student activities

The following summarises the ten activities that were observed across the satellite visits and during the main visit. These activities included four inter-professional education (IPE) events (activities 1,3, 4 and 5) that involved MPharm students working with medical students, as well as with social work, adult nursing, mental health nursing and occupational health students. These sessions variously covered a wide range of topics and issues, including communication between health professionals, the management of diabetes, mental health, homelessness, substance misuse, addiction recovery, and dealing with patients with acquired brain injury, and with those who had undergone a laryngectomy. The sessions allowed students to work not only with students of other healthcare professions but also with patients and representatives of various community groups. The IPE activities were facilitated by staff members from across the various health disciplines, and the students from these disciplines worked well together. Other observed sessions dealt with public health (activity 2) (with a focus on sexual health, travel medicine, smoking cessation and healthy eating), inflammatory conditions (activity 6), dispensing (activity 7), Parkinson's disease (activity 8), substance dependence (activity 9), and equality and diversity (activity 10). In all the sessions, the students appeared to be engaged and enthusiastic, and the sessions were well facilitated and appropriately staffed. Many of the activities fostered team working.

Conclusions

As part of the event, and during the satellite visits the team observed various teaching activities; these included IPE dealing with a wide range of issues such as substance abuse, homelessness and diabetes care, as well as other sessions on specific diseases (Parkinson's), substance dependence, dispensing, and equality and diversity; these sessions were judged to meet the appropriate standard 10 learning outcomes. The team also discussed the delivery of the MPharm with members of staff and was struck by the evident commitment of the pharmacy staff to the course; this commitment was reflected in comments made by students who were very pleased with the support that they received from the School.

The context of the visit has been an ongoing restructuring of the area delivering the accredited MPharm degree. This being the case, the team was able to draw some conclusions about future plans, while recognising these plans are not yet fully developed or implemented. While recognising the reasons underlying the restructuring, and hoping that the restructure will benefit the MPharm and the staff responsible for its delivery, the team had a degree of discomfort because the restructuring had not yet been implemented, and the key staff members, especially the Undergraduate Lead and the new Professor of Pharmacy Practice, had not yet been appointed.

The outcome of the visit and the team's decision is for accreditation to remain in place; however, the team will return around Easter 2020 to discuss how the structural changes to the Faculty and to the pharmacy provision have affected the delivery of the MPharm. As well as allowing the new structure to settle, the team agreed that this is the best way for it to properly exercise its statutory responsibility. Accordingly, towards the end of the calendar year, the GPhC will contact the University to discuss the revisit.

Appendix 1 - Activities

Observed activities

Activity number	Activity	Year/Level
1	IPE – Congress event	2 (Satellite visit)
2	Health Promotion – Summative Assessment	2 (Satellite visit)
3	IPE – Chaos Day	4 (Satellite visit)
4	IPE – Event with UCLan MPharm students and Lancaster medical students	3 (Satellite visit)
5	IPE – Mini Congress	3 (Satellite visit)
6	Health and Disease seminar	1
7	Dispensing workshop	1
8	CNS workshop – Parkinson’s Disease	2
9	CNS workshop – Substance Dependence	2
10	Year 1 Equality and Diversity seminar	1

Appendix 2 - 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 timescales 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 3 – Standards

GPhC standards for the initial education and training of pharmacists

The standards for the initial education and training of pharmacists can be downloaded from the GPhC website at:

<http://www.pharmacyregulation.org/standards>

Or by clicking on the following link:

https://www.pharmacyregulation.org/sites/default/files/GPhC_Future_Pharmacists.pdf