

**University of Central Lancashire, Master of
Pharmacy (MPharm) degree reaccreditation part 1
event report, June 2023**



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Event summary and conclusions

Provider	University of Central Lancashire
Course	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (part 1)
Event date	28-30 June 2023
Approval period	2022/23 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	<p>Approval with conditions</p> <p>The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by the University of Central Lancashire should be reaccredited for a maximum of one year (instead of six). In making this difficult decision, the team agreed that it should balance a meaningful level of regulatory oversight while giving UCLan staff time to address issues in the School and the MPharm degree. The panel acknowledged that some progress had been made but that progress had been insufficient to have full confidence in the School or the MPharm degree.</p> <p>On the basis of the team’s decision, there will be another reaccreditation visit in the 2023-2024 academic year.</p>
Conditions	<p>The conditions are that:</p> <ol style="list-style-type: none"> 1. the School must fill unfilled staff posts and submits a formal timetable for doing so to the GPhC by August 1 2023. The GPhC is particularly concerned that there is no assessment lead at present and the clinical tutor posts are essential in relation to placements. The GPhC must be told as soon as posts have been filled. This is to meet criterion 3.2. 2. the School must rewrite its assessment and standard setting strategies to ensure that it is clear what is assessed, when it is assessed and to what standard. This must include, but is not confined to, a strategy for assessing learning in practice and prescribing. As a general principle, students in all years must know what the assessment strategies and standards are at the very start of each academic year. The fully worked out strategy for 2023-2024 and 2024-2025 must be submitted to the GPhC by September 1, 2023. This is to meet criteria 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.8, 6.9, 6.11 and 7.6.

	<ol style="list-style-type: none"> 3. there must be a full developed learning in practice strategy for 2025-2026 onwards, including what learning will occur and where it will take place. The team agreed that relying heavily on simulation is not sufficient. This must be in place by the time the GPhC returns in 2023-2024. This is to meet criteria 4.1, 4.2, 5.2, 5.3, and 5.6. 4. the School must continue to develop a student engagement and confidence plan to improve relations between staff and students and, also develop a true sense of professionalism among students through an implemented and monitored student code of conduct. The team was told that disruptive and inappropriate behaviour by students in teaching session was a barrier to learning for others. This is to meet criteria 4.4, 4.5, 5.9, 7.4, and 7.8. 5. the School must adhere to its own MPharm admissions policies. This is to meet criteria 1.3, 1.5 and 1.8. 6. linked to the previous condition, the School must provide the GPhC with a list of admissions offers made before and during ‘clearing’ to prove it has met its own MPharm admissions standards. If applicants do not meet the standard, those students will not be accredited. The deadline for submitting this is September 1, 2023. This is to meet standard 1 in general. 7. the action plan linked to UCLan graduate performance in the GPhC’s Registration Assessment must be implemented and monitored actively. The School must submit progress reports on December 1, 2023 and May 1, 2024 in the first instance. This is to meet criterion 6.14.
<p>Standing conditions</p>	<p>The standing conditions of accreditation can be found here.</p>
<p>Registrar decision</p>	<p>Following the event, the provider submitted evidence to address condition 1, 2, 5 and 6. The accreditation team confirmed that condition 5 and 6 has been addressed satisfactorily. Conditions 1 and 2 have been moved from ‘not met’ to ‘likely to be met’ and will be reviewed at part 2 event.</p> <p>The Registrar of the GPhC reviewed the accreditation report and accepted the accreditation team’s recommendation.</p> <p>The Registrar is satisfied that the University of Central Lancashire has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the initial education and training of pharmacists, January 2021.</p> <p>The Registrar confirms that the University of Central Lancashire is approved to continue to offer the MPharm degree programme for a maximum one year, subject to meeting the remaining conditions. The accreditation team will carry out a further event in 2023/24 to take place</p>

	on-site. Based on the progress that has been made to date; this will be a monitoring event.
Key contact (provider)	Dr Clare Lawrence, Dean of the School of Pharmacy and Biomedical Sciences
Accreditation team	Dr Mathew Smith (Team Leader), Director of Learning and Teaching, School of Pharmacy & Pharmaceutical Sciences, Cardiff University Dr Fran Lloyd (team member - academic), Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast Dr Hamde Nazar (team member - academic), Senior Lecturer, School of Pharmacy, Newcastle University Professor Luigi Martini (team member - pharmacist), Managing Director Precision Health Technology Accelerator (PHTA) for University of Birmingham and Birmingham Health Partners Dafydd Rizzo (team member - pharmacist newly qualified) Clinical pharmacist, Cardiff and Vale University Health Board Liz Harlaar (team member - lay), Independent Business Consultant
GPhC representative	Damian Day, Head of Education, General Pharmaceutical Council
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 (GB). The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The GB qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm).

This reaccreditation event was carried out in accordance with the **Adapted methodology for reaccreditation of MPharm degrees to 2021 standards** and the programme was reviewed against the GPhC **Standards for the initial education and training of pharmacists, January 2021**.

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

Background

The MPharm degree at the University of Central Lancashire began in 2004. The University first admitted students to the MPharm in 2007, producing its first MPharm graduates in 2011. The programme is delivered by the School of Pharmacy and Biomedical Sciences and was last reaccredited in 2016. On that occasion the accreditation team agreed to recommend to the Registrar of the GPhC that the University 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 its stated admissions strategy. At the interim event in April 2019, the team agreed to recommend to the Registrar of the GPhC that the programme should continue to be accredited for the remainder of the accreditation period, subject to the continuing condition imposed following the 2016 reaccreditation event. A reaccreditation against the GPhC's 2021 standards for the initial education and training of pharmacists was arranged for June 2023.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team 'the team' and it was deemed to be satisfactory to provide a basis for discussion.

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 12 June 2023. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event and was told the learning outcomes that would be sampled.

The event

The event took place on site at the University on 29 - 30 June 2023 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with students.

Declarations of interest

There were no declarations of interest.

Schedule

Day 0: 28 June 2023

Private meeting of the accreditation team

Day 1: 29 June 2023

Welcome and introductions.

Management and oversight of the MPharm degree - part 1

- Presentation from the University

Tour of MPharm teaching and learning facilities

Private meeting of the accreditation team

Management and oversight of the MPharm degree - part 2

- Questions and discussions

Private meeting of the accreditation team

Teaching, learning, support and assessment - part 1

- Presentation from the University
- Questions and discussion

Private meeting of the accreditation team

Student meeting

Day 2: 30 June 2023

Private meeting of the accreditation team

Teaching, learning, support and assessment - part 2

- Presentation
- Questions and discussion

Private meeting of the accreditation team

Teaching, learning, support and assessment - part 3:

- A detailed look at the teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team

Private meeting of the accreditation team

Delivery of outcome to the School

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Adia, Ebrahim	Pro Vice-Chancellor (Academic Leadership)
Alder, Jane*	Associate Dean of School (Students and Teaching)
Al-Jaffer, Hannah	Lecturer in Pharmacy Practice
Antia, Imebong	Lecturer in Clinical Biochemistry
Auta, Asa	Senior Lecturer in Pharmacy Practice
Beglopoulos, Vassilios	Lecturer in Neuroscience
Berneau, Stephane	Lecturer in Physiology and Pharmacology
Bertram, Craig	Lecturer in Physiology and Pharmacology
Blohm, Terri	Senior Technician
Bremner, Emma	Senior Lecturer in Pharmacy and MPharm Placement Co-ordinator
Brown, Cathryn	Lecturer in Pharmacy Practice, Equality Diversity and Inclusion Lead and Disability Co-ordinator
Cogan, Louise*	Principal Lecturer in Pharmacy Practice and Professional Regulation and MPharm Course Leader
Court, Elaine*	Principal Lecturer, Professional Lead, Student Experience Lead, Retention Lead, Patient Safety Panel Chair and Mitigating Circumstances Lead
Crombie, Elaine	Lecturer in Pharmaceutics
Ferraz, Amina	Principal Lecturer in Student Recruitment
Forbes, Robert	Professor in Clinical Pharmaceutics
Gillies, James	Lecturer in Pharmaceutical Sciences
Hartley, Catherine	Lecturer in Pharmacy Practice
Hayes, Joseph	Senior Lecturer in Computational Biology
Kabbani, Dina	Student Coach
Kadri, Bina	Lecturer in Pharmacy Practice
Kandaswamy, Surabhi	Lecturer in Clinical Genomics
Kandil Lamia,	Lecturer in Pharmacy Practice
Lawrence, Clare*	Dean of School
Malik, Hasham	Teacher Practitioner
Mallen, Ernie	Comensus Volunteer, PaBS Patient lead
Mamu, Anisha	Senior Lecturer in Pharmacy Practice
Mathews, Roshini	Lecturer in Biosciences
Meer, Dahnish	Lecturer in Pharmacy Practice
Melling, Angela	Comensus Volunteer, PaBS Deputy patient lead
More, Lorenzo	Senior Lecturer in Neuroscience
Moualla, Dima	Lecturer in Physiology and Pharmacology
Oga, Enoche	Senior Lecturer in Clinical Pharmaceutics
Oknianska, Alina	Senior Lecturer in Physiology and Pharmacology

Omoniala, Kennedy	Lecturer in Pharmacy Practice
Rabie, Tamer	Lecturer in Pharmacy Practice
Roberts, Philip	Associate Lecturer in Pharmacology
Sarheed, Omar	Senior Lecturer in Pharmaceutics
Seymour, Steven	Lecturer of Inter-professional Education and Patient and Public Engagement
Shah, Sanaa	Lecturer in Pharmacy Practice
Singh, Kamalinder	Professor of Pharmaceutical Technology & Drug Delivery
Smith, Christopher	Senior Lecturer in Pharmacology
Thompson, Rebecca	Teacher Practitioner
Watson, Jennie	Teacher Practitioner
White, Christine	Lecturer in Pharmacy Practice
Zwain, Tamara	Lecturer in Pharmaceutical Science

* attended the pre-event meeting on 12 June.

The accreditation team also met a group of 10 MPharm students comprising two from each of years 2 to 3 and four from year 4.

Key findings - Part 1 Learning outcomes

During the reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree. To gain additional assurance the accreditation team also tested a sample of **six** learning outcomes during a separate meeting with the provider.

The following learning outcomes were explored further during the event: **Learning outcomes 15, 18, 28, 35, 37 and 53.**

The team agreed that 49 learning outcomes were met or likely to be met but that six learning outcomes were not met.

See the **decision descriptors** for an explanation of the 'Met' 'Likely to be met' and 'not met' decisions available to the accreditation team.

The learning outcomes are detailed within the **Standards for the initial education and training of pharmacists, January 2021.**

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

Learning outcome 1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 2 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 6 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 7 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 8 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 9 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Learning outcome 10 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Learning outcome 11 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 12 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 13 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 14 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The team agreed that the following learning outcomes are likely to be met.

- 1. *Demonstrate empathy and keep the person at the centre of their approach to care at all times.*
- 3. *Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person.*
- 4. *Understand the variety of settings and adapt their communication accordingly.*

This is because much of the evidence for meeting these outcomes will be obtained during periods of experiential learning, which has yet to be fully developed and implemented. These learning outcomes will be reviewed again during the next reaccreditation event.

The team agreed that the following learning outcomes are not met.

- 9. *Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care.*
- 10. *Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action.*

This is because much of the evidence for meeting these outcomes will be obtained during periods of experiential learning, which has yet to be fully developed and implemented. Moreover, there is insufficient evidence that other learning and assessments relating to these outcomes are sufficiently developed. These learning outcomes will be reviewed again during the next reaccreditation event.

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Learning outcome 16 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 17 is	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Learning outcome 18 is	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Learning outcome 19 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 20 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 21 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 22 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 23 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 24 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 25 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 26 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 27 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 28 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 29 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 30 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 31 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 32 is	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Learning outcome 33 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 34 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 35 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 36 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 37 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 38 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 39 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Learning outcome 40 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met ✓
Learning outcome 41 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 42 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 43 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 44 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The team agreed that the following learning outcomes are likely to be met:

- *16. Apply professional judgement in all circumstances, taking legal and ethical reasoning into account.*
- *19. Take responsibility for all aspects of health and safety and take actions when necessary.*
- *20. Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so.*
- *21. Apply the science behind pharmacy in all activities.*
- *35. Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance*

This is because much of the evidence for meeting these outcomes will be obtained during periods of experiential learning, which has yet to be fully developed and implemented. These learning outcomes will be reviewed again during the next reaccreditation event.

The team agreed that the following learning outcomes are not met:

- *15. Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times.*
- *17. Recognise and work within the limits of their knowledge and skills and get support and refer to others when they need to.*
- *18. Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate.*
- *32. Accurately perform calculation.*

This is because much of the evidence for meeting outcomes 15, 17, and 18 will be obtained during periods of experiential learning, which has yet to be fully developed and implemented. Moreover, there is insufficient evidence that other learning and assessments relating to these outcomes are sufficiently developed. In relation to outcome 32, while the School has developed a strategy for teaching and assessing calculations, there is yet insufficient evidence to indicate the success of this strategy and that the outcome is likely to be met. These learning outcomes will be reviewed again during the next reaccreditation event.

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

Learning outcome 45 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 46 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 47 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 48 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 49 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

Learning outcome 50 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 51 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 52 is	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

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

Learning outcome 53:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 54:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 55:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

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

The criteria that sit beneath each standard are detailed within the [Standards for the initial education and training of pharmacists, January 2021](#).

Standard 1: Selection and admission

Students must be selected for and admitted onto MPharm degrees on the basis that they are being prepared to practise as a pharmacist

Criterion 1.1 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.3 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 1.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.5 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 1.6 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.7 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.8 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 1.9 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The documentation described how the School of Pharmacy and Biomedical Sciences webpages provide information to prospective applicants covering course details, accreditation status, entry criteria, fees and funding, the application process, course feedback and career prospects. It is made clear that all offers of a place on the course are subject to satisfactory interview: this includes a numeracy skills assessment, as well as Disclosure and Barring Service (DBS) clearance, and appropriate health and good character checks. University Open Days also provide detailed information about university life and about the course. As well as the interview, which assesses applicants' ability to demonstrate various qualities, including communication skills, motivation, professionalism and empathy, the 'Interview Day' includes a talk by the Admissions Tutor about the course, including careers as a pharmacist, talks from the Accommodation Office and Student Services, as well as the opportunity to meet staff members, to ask questions of Student Ambassadors and to participate in some laboratory and clinical sessions.

The MPharm Admissions Tutor is supported by the central Admissions Team, which reviews applications and offers interviews to all applicants who have submitted an appropriate personal statement and an academic reference, and who have met, or who are predicted to meet, the academic entry requirements.

The School continually examines admissions data to determine fairness in the admissions process. Analysis of application, selection and admissions data from 2019-20 to 2022-23 by protected characteristics has not shown any bias or discrimination in the selection and admissions processes.

In response to the team's wish to learn about the changes to the School's admission policies, the staff described how, since 2016, the student intake has been analysed on the basis of entry qualifications and protected characteristics. The interview now uses clear marking criteria with rubrics; applicants are awarded a numerical score and must pass all questions to be considered for an offer. Interviews are now held face-to-face, although the School provides online interviews for overseas applicants or

others who for any reason cannot get to the campus. Interview questions cover professionalism, numeracy and data interpretation, and applicants must demonstrate that they have read and understood the GPhC standards for pharmacy professionals. Red flags are used to reject applicants who display inappropriate attitudes or behaviours, relating for example to professionalism. Interviews are audio-recorded, with all fails and red flag responses being subsequently moderated. Staff members undergo training, including unconscious bias training, and those new to the process must shadow experienced staff members before conducting interviews. Admissions policies and the interview have been influenced by the poor performance of UCLan graduates in the GPhC's registration assessment. The School now includes a calculations test in the interview and will not accept applicants with A-level results less than BBB either during the standard admission cycle or through clearing. Students with A-levels perform better at interview than those with access qualifications or those who have entered via the foundation year. Noting that students entering the MPharm via the foundation year perform less well on the course than A-level entry students, the team wished to learn how the School determines that entry requirements via foundation entry are equivalent to A-levels or other qualifications. The staff explained that the School now controls the foundation year, which is being changed in response to a review by an external assessor. Applicants from the foundation year cannot enter directly and must apply via UCAS. Entry from this course requires an overall mark of 70% with 70% in each of chemistry and biology as well as a successful interview. The staff emphasised that all decisions to make offers are made within the School, acting independently of the University.

In response to the team's wish to learn how favouring A-levels over other qualifications may impact on the balance of protected characteristics in the MPharm student population, the staff explained that while data had been analysed separately on the basis of protected characteristics and entry requirements, the relationship between these had not been explored. Four years of data were available and while these showed 60% of the student population to be female, there were no obvious differences relating to other protected characteristics such as ethnicity or religion. The University was aware that favouring A-levels may have an impact, which would probably relate to socioeconomic background rather than ethnicity; this will be kept under review in the context of the University's emphasis on widening participation, while not wanting to admit students who are more likely to fail.

Noting from the documentation that a small number of students had declared a criminal conviction, the team was concerned that such students may not have been informed that this may prevent successful MPharm graduates from later registration as a pharmacist with the GPhC. The staff reassured the team that this information is provided to applicants, for example, via the website and in the talk on the Interview Day; students know of the risk that the GPhC may not allow registration. A Suitability Panel considers applicants with convictions or health issues and the University's DBS panel considers what is declared and reviews circumstances; the DBS Panel may reject students or allow them to proceed with or without counselling. During the course, students must report anything new such as convictions.

While the School had stated that no applicants will be admitted with qualifications lower than BBB at A-level or equivalent, and given the history of admitting applicants with poor qualifications, the team imposed a condition (condition 5) that the School must adhere to its own MPharm admissions policies; offers below the published BBB tariff must be extremely limited and justified. This is because

there is no evidence yet that the School will maintain the minimum standard of BBB at A-level or equivalent and is to meet criteria 1.3, 1.5 and 1.8.

Linked to the previous condition, the team imposed a further condition (condition 6) that the School must provide the GPhC with a list of admissions offers made before and during clearing to prove it has met its own MPharm admissions standards. If applicants do not meet the standard, those students will not be accredited. The deadline for submitting this is September 1, 2023. This is to meet standard 1 in general.

Standard 2: Equality, diversity and fairness

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

Criterion 2.1 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.6 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The UCLan Equality, Diversity and Inclusion (EDI) Strategic Group reports to the Vice-Chancellor's group and the academic board. Annual equality reports detail the progress of the University's EDI Strategy objectives and action plan. The Director of EDI reports directly to the PVC and identifies EDI Taskforces to provide appropriate support, guidance, and policies in particular areas, including diversification of the staff profile, accessibility and participation, and inclusiveness of the curriculum. The School's EDI Lead acts on behalf of the Dean of School in matters relating to EDI and reports directly to the School Executive Team. Ensuring an inclusive curriculum is part of all staff appraisals, and members of staff are encouraged to share good practice with the School EDI lead.

Students with specific learning difficulties or medical conditions can access adjustments to assessments for example, with the provision of extra time, specific software, and separate rooms. Reasonable adjustments can also be made to placements.

As well as capturing data on students' protected characteristics, the University captures data on their POLAR4 status, which classifies local areas across the UK according to the young participation rate in higher education, as well as their index of multiple deprivation (IMD) status. The majority of students come from more deprived backgrounds. Students can access free IT equipment, and free food has frequently been available on campus through the current cost of living crisis. There are also bursaries for student pharmacists who are struggling.

Staff members have access to anonymised EDI data through the EDI dashboard, which displays summary data on staff and student profiles and on student feedback and are encouraged to use them appropriately. The data are monitored by Module and Course Leaders as part of the module and course review processes. The School's Student, Teaching and Quality Committee reviews student exit

award data annually for any notable differences; no substantial differences in achievement have been identified among students with different characteristics.

Staff members must complete online training packages dealing with diversity in the workplace, unconscious bias, safeguarding, and implementing reasonable adjustments for students. This training must be repeated every two years; this is monitored through the appraisal process. Placement providers must ensure that students do not suffer discrimination due to their age, sexual orientation, disability, gender, or other protected characteristics while undertaking placements and must facilitate reasonable adjustments for disabled students.

EDI is embedded throughout the curriculum and the documentation described several examples of how this is achieved. All students must complete online training on equality, diversity and human rights in their first and final years. Students will also complete the core cultural competence online training from e-Learning for Healthcare. First year students attend a workshop on equality, diversity and inclusion. This workshop includes consideration of the GPhC's Standards for Pharmacy Professionals, as well as some case studies based on the protected characteristics. Students must reflect on their personal ethics, and this work is expanded on in a year 3 session dealing with emergency hormonal contraception, where they are required to think about the potential impact of their personal beliefs on service provision and person-centred care. Work on developing a more inclusive curriculum began in the summer of 2021; this has resulted in modification of the delivery of teaching in certain areas, including diabetes, myocardial infarction, prostate cancer, menstrual disorders, and sickle cell anaemia. Teaching in all four years involves simulated patients and case studies; changes have been made where necessary so that these reflect the diverse public and patients with whom graduates will work. Each year, students attend several sessions with patients where they learn more about individuals and their unique backgrounds, experiences, culture as well as their medical and social history. This is co-ordinated in partnership with Comensus, the patient department within the University; the Comensus group helps to embed authentic voices in health and social care education through personal experiences.

Noting the attainment data in relation to age, disability, race, religion and sex, the team wished to know about the implications of these data for the way teaching is delivered. The staff told the team that the data do not show any statistically significant variation in attainment across any protected characteristics. However, the School has now moved away from the flipped classroom approach to using a more didactic delivery. The School had also reviewed timetabling to accommodate Friday and daily prayers. University guidelines stipulated that lecture slides should be made available 24 hours beforehand and that lectures should be recorded to allow for student reflection on the material.

The documentation had described 'Starfish', the University's student relationship management system, which brings together in one place information from various systems and services across the University, giving a readily accessible view of students' circumstances. In response to the team's request to hear about examples of recent changes that have been made as a result of EDI analysis and the use of Starfish, the staff explained that while issues are sometimes flagged, the system is not always reliable. Students are invited to come along to discuss what is needed, and this has resulted, for example, in reasonable adjustments being made to placements.

Noting that students are expected to complete online learning packages related to EDI, and wanting to know how the School ensures that this is done, the team learned that students were required to upload their scripts to the VLE; these become part of their portfolios, which are checked by their personal tutors.

The team was satisfied that all six criteria relation to this standard are met.

Standard 3: Resources and capacity

Resources and capacity must be sufficient to deliver the learning outcomes in these standards

Criterion 3.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 3.2 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 3.3 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The documentation described how the School undertakes an annual comprehensive resource mapping exercise based on data related to, for example, student numbers, changes in policy and course structures, and professional body requirements. The resource plan reviews staffing, estate provision and equipment. This information feeds into the budget planning process. While the main focus is on the following academic year, planning also includes a review of long-term requirements. Revenue budgets are produced annually and must be approved by the Vice-Chancellor's Group (VCG), Resources Committee and the Board prior to the start of the financial year. The Dean of School works with key staff to produce a first draft of the budget based on income, which is primarily derived from student numbers, and expenditure; expenditure for the MPharm degree includes, for example, staffing, placements, clinical skills/laboratory expenditure, and expenses for Comensus patients and medical actors used in simulated learning sessions and OSCEs. The Dean of School meets with the VCG to discuss the budget and any amendments required. In specific circumstances, the Dean of School may obtain VCG approval to incur expenditure over and above the approved budget. Income and expenditure are reviewed throughout the year.

The documentation detailed the total academic, technical, support and teacher practitioner staff in the School. The 48 (42 FTE) members of academic staff include 22 pharmacists of whom 15 are GPhC registered; there are also three GPhC registered teacher practitioners. Additionally, the School will appoint 2.5 FTE clinical pharmacy tutors in the next academic year to support the delivery and assessment of placements on the course; staffing requests have also been submitted for 2024-25 to increase the number of clinical tutors to 9.5 FTE.

The School has continued to invest in facilities, with over £10 million spent on state-of-the-art teaching areas since 2007; this included a £250,000 refurbishment of the Pharmacy Practice Suite. which is used for small-group, case-based learning, dispensing classes, and prescribing skills. The School also has access to clinical facilities within the School of Medicine and Dentistry and the School of Nursing. In addition, the School works with the senior clinical skills lead to ensure that students have access to all equipment required to undertake the learning of clinical skills. There are strong links with local NHS trusts.

Alongside the extensive book and journal collections provided by the library, students have access to appropriate specialist electronic resources. Online learning, teaching and assessment are supported by access to a wide and growing range of materials and technologies.

The staff described the main risks to the MPharm programme, and, in broad terms, what is being done to mitigate them. The risks are continued registration of the programme in light of poor performance of graduates in the registration assessment, student dissatisfaction as evidenced by student complaints and the NSS results, and the high staff turnover, with 25 staff members leaving since April 2019. Actions to improve graduate performance in the GPhC's registration assessment include a focus on admissions (see standard 1), changes to assessments in the new programme (see

standard 6), emphasis on calculations throughout and providing support for foundation year trainees. Student dissatisfaction and the NSS results are being addressed through a review of communication with students. Most leaving staff members have been replaced and the School now has stable leadership and administrative support.

In response to the team's wish to learn how the budgeting and resourcing processes have been affected by the pandemic or the cost-of-living crisis and what has been done to mitigate these effects, the staff emphasised the importance of selecting the right students and the proper resourcing of the programme. Multiple initiatives have been instigated to support students financially, for example, through increasing the number of bursaries, providing free meals and food packages, and providing devices for students who have limited access to technology.

The staff described how non-pay expenditure, which appeared rather low to the team, was used to cover, for example, the costs of professional tunics, laboratory coats, software, actors for objective structured clinical examinations (OSCEs), travel to placements and the cost of printing posters for the health promotion activity.

Responding to the team's wish to know how the reduction of the number of schools in the University from 16 to 10 had impacted on pharmacy, the staff explained that a group had been established to monitor the new structure, examine the realignment of numerous systems and processes, and to ensure effective management of the change, as well as to undertake a retrospective review; this group, which was established in shadow form before the change, will complete its work in October 2023.

The students told the team how the high staff turnover referred to above had impacted negatively on their experience and support. The team wished to learn the reasons underlying the significant staff turnover, how this is being addressed, the timelines for recruitment of new staff members, and whether the current staff complement was sufficient to deliver the MPharm and support students, as well as if the staff has the appropriate skill mix, including the ability to teach clinical skills required for safe prescribing. The staff describe how exit interviews with leaving staff had revealed that factors behind the high staff turnover included the implementation of an early retirement and voluntary severance (ERVS) scheme, the siloed structure in the School, difficulty in managing the 120 credit modules, an inadequate promotion model resulting in staff members leaving for other sectors or to secure promotion elsewhere, and the unsettling effect of changes in leadership in the School. The staff stated that the leadership team is now established, with the Dean and Associate Dean knowing what is going on at ground level, engaging with students and ensuring that the staff are fully engaged; staff members are now more confident. Moreover, administrative staff are now in post; the School did not have this support previously. The team was told that there are currently no gaps that impact on course delivery and all vacancies relating to established posts can be filled automatically. The assessment lead is an additional post and has not yet been appointed. The clinical pharmacy tutor posts are awaiting sign off; these posts, which are essential to deliver the student experience, will be joint appointments, and, along with other outstanding appointees, will be in post by March 2024. The staff acknowledged that while the current staff complement is sufficient to deliver the MPharm, with most new staff members coming from a pharmacy background, the number of prescribers may be insufficient; because prescribing is a key area, the School is supporting more staff members to become independent prescribers. Many clinical skills are already taught by the current staff; staff colleagues from the School of Medicine and Dentistry can be brought in to provide additional support for this teaching. The staff stated that by the time all new staff members have completed their probation periods, the School will have the right skills mix.

In light of the appointments yet to be made, the team agreed that criterion 3.2 is not met and imposed a condition (condition 1) that the School must fill these outstanding staff posts and submit a formal timetable for doing so to the GPhC by August 1, 2023. This is because the GPhC is particularly concerned that there is no assessment lead at present and the clinical tutor posts are essential in relation to placements. The GPhC must be told as soon as posts have been filled.

Standard 4: Managing, developing and evaluating MPharm degrees

The quality of the MPharm degree must be managed, developed and evaluated in a systematic way

Criterion 4.1 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 4.2 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 4.3 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 4.4 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 4.5 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 4.6 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>

The documentation described how the University has been reorganised, with this reorganisation taking effect from August 2023. Faculties have been removed and the University is now organised into 10 schools, one of which is the School of Pharmacy and Biomedical Sciences which delivers the MPharm programme. The School is autonomous, with all decisions regarding management being made at School level; it is managed by the Senior Executive Team (SET), which is chaired by the Dean of School, who is responsible for the School's academic and financial affairs. The Dean, supported by two Associate Deans, is responsible for academic standards and the quality of the student learning experience. The MPharm Course Leader receives support from the module leads, the MPharm Placement Co-ordinator, leads for inter-professional education and patient and public engagement, and the Student Coach, as well as from the leads for assessment. Module, portfolio and assessment leads for each year ensure the horizontal and vertical integration of the learning domains and the spirality of the curriculum.

The course is monitored, reviewed and evaluated through module reviews, the course review, verification and moderation of assessments, external examiners, peer observation of teaching and periodic review, the last involving external input and taking place normally every six to eight years. Course monitoring is undertaken through a dynamic process, whereby a live action plan document, informed by course team meetings and data, is updated at least three times yearly by the Course Leader; the time points for update coincide with the release of key datasets, these being Student Voice data, external examiner reports and assessment performance after examination boards. The action plans, which are monitored by the Associate Dean for Students and Teaching and the University's Academic Quality Unit, incorporate student feedback and the actions taken to remedy any issues. The aim is to make course teams more reactive to issues before they escalate and to use the action list to keep students, external examiners and other stakeholders updated on progress. Student feedback on the programme is obtained through several routes; these include an anonymous digital student voice platform (Unitu), online mid-module and end-of-module module evaluation questionnaires, focus groups, formal student feedback review meetings, the Student Feedback Forum, the NSS and verbal or written feedback in specific teaching sessions.

The acquisition and allocation of placements is led by the MPharm Placement Co-ordinator with administrative support from the Placement Administrator. They work together to ensure all contracts, legal paperwork and provider agreements are in place before being listed as a placement provider. The Placement Team allocates students to placements, using information about the student's location and placement capacity. The Placement Team has oversight of all students while on placement and is responsible for pre-placement briefings, developing placements activities and the gathering of evidence by students for incorporation into their portfolios. Any issues that arise regarding supervision of a student or poor student behaviour are referred by the MPharm Placement Co-ordinator to the Professionalism Lead, who will review these in line with the School's Professionalism Guidelines. Quality assurance of placements is undertaken via analysis of evaluations completed by students and placement providers; there is also an annual event for placement providers to offer further insight, sharing best practice and ideas for development. The MPharm Placement Co-ordinator liaises between the placement providers and School Executive Team, providing regular updates on the effectiveness of these events and any issues on which action is required.

The External Advisory Group, which meets every three months, comprises key stakeholders including senior training and education leads within community, hospital and industrial pharmacy, alumni, student representatives, Comensus representatives and representatives of NHSE. Members provide feedback on the MPharm, including graduate performance in practice, and inform the School of changes within the local region which will impact upon the profession, as well as discussing proposed changes to the MPharm course. The External Advisory Group, along with practising GPhC registered pharmacists on the academic staff, as well as teacher practitioners, contribute to revision of the MPharm degrees in light of any significant changes in practice. Patient, service user and carer input to the design of the curriculum is provided by the Public and Patient Engagement Group in collaboration with Comensus via the Comensus Strategy Group, which has membership from across the five Schools with which Comensus works.

The performance of UCLan graduates in the GPhC's registration assessment is poor, yet students obtain high grades at graduation, despite entry requirements to the MPharm being historically low. The team was concerned to know if this indicated an incorrect calibration of its own standards by the School. The staff explained that the School currently uses the University's pass mark of 40% for progression. However, standard setting will be employed in future, although its implementation had been deferred because of students' complaints. The team's discussions with students, who were fully aware of UCLan graduate's poor performance in the registration assessment, revealed their belief that low entry requirements and easy progression were contributory factors in this poor performance.

In response to the team's wish to learn how the School engages with and involves patients and the public in designing and delivering the programme, the staff described how every module involves patients. All students meet patients with the conditions being studied at the time and receive feedback from these patients on their communication and counselling skills. A major patient input is through Comensus, the University's Community Engagement and Service Users Support group, which comprises numerous patients on many medications who work in conjunction with the staff and are involved in teaching and assessment on various modules. They discuss medicines management and deal with professionalism, demanding punctuality and full attendance; the Comensus representative told the team that there had been a culture change and that student engagement was good.

Noting that few students seemed to participate in the staff-student forum, the team wished to learn from the students about their opportunities to provide feedback on the programme, and if the School acted upon the issues raised by them. The students described how there were two student

representatives per year on the staff-student forum, although only one from year 4. There was little student response to requests for feedback and students did not feel as though the School always listened to them. Although the course leader is aware of the issues associated with their concerns, the students are sometimes told that matters such as timetabling are outside the School's hands. The students' perception is that they only get a response from the School when issues come to a head. They also perceive that staff members do not work well together and told the team that there is a lack of consistency and poor communication between students and staff as well as among members of staff (see also the narrative under standard 7).

The team had noted from the documentation an unusual level of student discontent, including direct complaints by students to the GPhC. Moreover, this discontent was evident at the team's meeting with the students. The team explored this further with the staff and wished to learn about the School's plan for improved communication and openness with the students and how to better engage them in dialogue with the School. The staff explained that student complaints had been triggered by poor communication about the introduction of standard setting. The School has learned about the importance of early engagement with students in seeking their understanding before implementing changes and is working hard to improved communication. Meetings have been conducted with students in an attempt to build bridges. Work with student coaches is having a big impact and the School has appointed a graduate intern to improve communication. The School will ensure that students in each year are aware of what is available to support them, including which staff members to approach.

Noting the apparent wide geographical spread of pharmacy placements, the team asked about the financial support available to students to enable them to attend these placements. The staff described how accommodation requirements were addressed and students' travel costs were reimbursed, including those of students with disabilities who may require door-to-door taxis.

Noting the uncertainty around placement capacity (see narrative under standard 5) and the management of experiential learning, the team agreed that criteria 4.1 (*There must be systems and policies in place to manage the delivery of the MPharm degree, including the periods of experiential and inter-professional learning*) and 4.2 (*There must be agreements in place between everyone involved that specify the management, responsibilities and lines of accountability of each organisation, including those that contribute to periods of experiential and inter-professional learning*) are not yet met. This contributed to the imposition of the condition (condition 3) that there must be a fully developed learning in practice strategy for 2025-26 onwards, including what learning will occur and where this takes place. The team agreed that relying heavily on simulation is not sufficient. This strategy must be in place by the time the GPhC returns in 2023-24.

The deficiencies in communication identified from the documentation and in discussions with both staff and students, including the lack of student engagement with the staff-student forum, provided evidence that criterion 4.4 (*Feedback from student pharmacists must be built into the monitoring, review and evaluation processes*) was not met. Moreover, the team agreed that there was insufficient evidence that criterion 4.5 (*Systems and policies must be used in such a way that the MPharm degree is evaluated on the basis of evidence and that there is continuous improvement in its delivery*) was met. These points contributed to the team's decision to impose condition 4 in relation to requiring the School to formalise a student engagement and confidence plan to improve relations between staff and students (see also standards 5 and 7).

Standard 5: Curriculum design and delivery

The MPharm degree curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards. The design and delivery of MPharm degrees must ensure that student pharmacists practise safely and effectively

Criterion 5.1 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.2 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 5.3 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 5.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.6 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 5.7 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.8 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.9 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 5.10 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.11 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.12 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.13 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The documentation described how the new programme is modular, with four modules in year 1 and three in each of years 2, 3 and 4; each year incorporates a 'professional practice' module covering professional development and professional behaviours, including specific skills such as pharmaceutical calculations. The curriculum has been designed to ensure the integration of biochemistry, anatomy, physiology, pharmacology, chemistry, and pharmaceuticals with practice. A spiral curriculum throughout the four years ensures that concepts, knowledge and skills are continually reinforced and progressively built on, with material from early years revisited at later stages. Year 1 provides a solid foundation of essential scientific principles that underpin pharmacy; these include normal anatomy and physiology. This year also introduces students to relevant skills and attributes, including professional behaviours, competence in performing pharmaceutical calculations, and study skills. Year 2 builds on year 1 with a progression from normal physiology to pathology, including how a diagnosis is reached and subsequently what therapeutic agents and formulations are available to treat a condition, with reference to relevant guidelines and frameworks. Here, students will start to assess and respond to patient's health risks using clinical assessment and other diagnostic reasoning tools linked to the relevant body systems, and will begin to consider patient treatment options. In year 3, students will focus on high priority clinical areas, addressing the therapeutic management of patients, with an emphasis on using best evidence and practice to optimise advice and treatment. Students will begin to consider differential diagnosis of conditions and to deal with clinical uncertainty and complexity. Further complexity is provided in year 4 where students address the management of individual patients with complex pharmaceutical needs. Students will consolidate their communication, consultation, clinical reasoning and decision-making skills. Course delivery will include didactic lectures, practical classes, workshops, problem-solving in teams, and clinical skills teaching.

The programme provides students with multiple opportunities to gain practical experience of working

with patients, carers and other healthcare professionals. These include placements as well as interaction with patient and carers organised through Comensus. Students will participate in community pharmacy and hospital placements in all years, as well as in GP practices in years 3 and 4. Year 4 will also include four days of specialised placements such as secure environments and hospices. The placements will incorporate tasks such as history taking, interpretation of patient notes and medicines reconciliation, as well as being able to review pharmaceutical care with the pharmacist; community pharmacy placements will focus on delivery of advanced and enhanced services. Inter-professional learning takes place in all years with students of many other professions, including nursing, medicine, midwifery, dietetics, occupational therapy, paramedic science, physician associates, physiotherapy, speech and language therapy and social work; the emphasis in years 3 and 4 is on multidisciplinary team working.

Concepts of professionalism and 'fitness to practise' are introduced during applicant interview days and the induction week in year 1, and are reinforced continuously throughout the programme, with a strong emphasis on patient safety. Good conduct and other issues, such as health, academic or criminal behaviour, are monitored throughout. Where necessary an investigation and hearing are conducted, with the required sanctions reported to the GPhC. Any 'cause for concern' matter will be immediately referred to fitness to practise. Concerns relating to a student's behaviour can be raised by any student, member of staff, patient, member of the public, simulated patient or placement supervisor. This could result in a warning for low level issues or be escalated via the School's professionalism lead.

When asked how module, year and programme leads work together to deliver the MPharm, the staff described how there are regular formal and informal meetings, at least once per month, and how the leads are well acquainted with the whole course, including all individual modules. All members of staff know about the importance of professionalism. Integration of new staff members into the team is a role for module leaders, who liaise with all staff members and act as mentors for new people; peer observation of teaching is being reintroduced and there is extensive staff support from both peers and management. All staff members work in integrated sessions bringing different disciplines together. Assessments are also integrated, for example, with staff teams writing questions and OSCE stations together in an integrated manner. When changes happen in practice, all staff members, including science staff, are informed of these developments. All aspects of the course are addressed in the annual module reviews. The staff described how the delivery of teaching is research led as a result of the School's strategy for real-world research and the presence on the staff of research active staff, for example, in neuroscience, oncology, pharmaceuticals, drug delivery, and nanomedicine, enabling research topics to be integrated into teaching. Research is aligned with the School of Medicine and Dentistry and translational clinical research is undertaken through the University's Biomedical Evidence Synthesis and Translation (BEST) institute.

When asked about the actions taken by the School to address the consistently poor performance of students in Oriel across both the situational judgement tests (SJTs) and calculations, the staff explained that there has been an improvement in calculations as a result of the recently implemented strategy. In the new programme, there will be more help with SJTs through talks and training, as well as spending more time in practice; SJTs will be incorporated into the professionalism modules which will emphasise values and behaviours. The team noted that in the last recruitment cycle only about 50% of UCLan students took part in the Oriel selection process and asked why the number was so low and what support the School provides for those who do not apply for foundation training places

through Oriel. The staff told the team that while they had no clear explanation for this, many students want training places close to their homes, so that they could continue living at home; some students had secured places before the start of the Oriel process. Students are made aware of career opportunities and the Careers Office works with employers and helps with students matters such as CVs, as well as informing students of positions. The students confirmed the staff view that many students wanted to work locally and preferred to go where they felt comfortable rather than applying via Oriel; they did not want the stress associated with Oriel and with the fear of obtaining a low grade. They told the team that they had not been given any help with Oriel other than a lecture about the process and the presentation of a few tasks via the Blackboard VLE, and that they needed to find information themselves, for example, through the Royal Pharmaceutical Society. However, better support had now been provided for current year 3 students. When asked if they felt prepared for entering their foundation training, the students expressed a lack of confidence because of the School's reputation. However, they told the team that the course content and teaching were good and that there had been extensive support for calculations, although this was fairly recent and in some cases was student-led. While they expressed some concerns about leadership in the School, they told the team that some members of staff are extremely supportive and helpful. Self-motivation was required. Many students had a great deal of knowledge and experience of pharmacy through their previous work or through having jobs in pharmacies. They were aware that the School is talking about providing support for foundation year trainees.

The staff described how students will have a total of 49 days of experiential learning placements across the four years of the programme covering community pharmacy and hospital, as well as GP practices in years 3 and 4. Most of the placements are in four-day blocks with a different focus for each block, the focus being on prescribing in the final year. Year 1 includes four days in voluntary organisations and charities with a focus on communication skills, while year 4 students also have the opportunity to explore the role of the pharmacist in specialised environments such as prisons and industry. When asked for an update on how the School is progressing in relation to the increased placement provision, the staff described how the Pharmacy Practice Education Facilitator (PEF) is now in post and is currently trying to secure GP practice placements for year 3 in semester 1. This will be a test of capacity and is a slow process, with practices in Lancashire and Cumbria being considered. The staff stated that some GPs have already signed up and many are keen to take students. Funding will be available in March 2024 for clinical tutors and there will be one FTE in each trust. The full programme of placements for hospital and community will be rolled out this year, with year 1 students having a full placement experience, and the staff believes that there will be sufficient capacity, although currently there is uncertainty. The problem relates to staffing in the trusts, which will be alleviated if the School can provide staffing support. The placement provision is based on the projected capacity, which cannot be guaranteed. The staff told the team that if the School does not achieve the capacity, the amount of time each student would spend on placements would be reduced, or the timeframe would be adjusted to ensure that all students get the necessary experience. In response to the team's wish to know more about contingency plans and if the placement outcomes will be met, the staff stated that students are already exposed to real patients across all four years with a progressive increase in complexity. Moreover, learning outcomes can be met in a variety of ways, including through simulated experience and students will be signed off to demonstrate competence repeatedly and reliably before embarking on placements.

The staff described how the curriculum for prescribing was underpinned by the RPS Competency Framework for Prescribers and the NHSE Prescribing Curriculum and was built from the School's

postgraduate Advance Certificate in Prescribing course. In response to the team's wish to learn how the School ensures that prescribing is embedded throughout the programme, the staff described how all relevant material had been mapped to prescribing and stated that they were confident that the content of all sessions was correct and that they were ready to deliver. The prescribing process would be addressed across all four years, covering the underpinning science, consultation and communication skills, assessment and diagnostics, clinical reasoning and decision making, and monitoring and reviewing the patient, as well as the relevant law, ethics and clinical governance. When asked how, both in prescribing and other elements of the curriculum, they ensure that students understand the diversity of patient populations, the staff explained that this was embedded throughout using online learning and workshops that emphasise the different needs of different groups based on cultural and genetic factors, such as the increased risks of prostate cancer among black men and the changing targets for treating hypertension as people age. In response to the team's wish to learn how the School will ensure that students are exposed to independent prescribing practitioners during placements, the staff acknowledged that this will be a challenge. Many general practitioners have already signed up to take students and there are already a lot of pharmacists in primary care and many more wish to undertake the independent prescribing course. It will be much easier in the hospital environment for students to be exposed to pharmacists and non-pharmacist prescribers, although by the time the present first year students reach their final year, they will encounter many more prescribing pharmacists during their community pharmacy placements.

Noting that submitted documentation referred to issues associated with student engagement, the team asked about the types of issues being encountered. The staff explained that student attendance at laboratory classes had been a problem and that there had previously been no mechanisms that required them to attend. However, the recent introduction of workbooks, which will be marked during the session, means that students will not be able to pass without attendance. Moreover, the self-directed learning packs have been replaced by face-to-face classes. The students suggested to the team that students lacked motivation and also identified disruptive behaviour on the part of some students across all years, which impacted on the rest of the student body and which the School had been unable to deal with; a lack of professionalism affected group coursework, and mechanisms to deal with students who did not contribute appeared deficient.

When asked about recent fitness to practise cases and how the School has dealt with them, the staff explained that cases come to the Fitness to Practise Lead who determines if the case requires investigation through the fitness to practise processes. Certain issues such as cheating do not require investigation and proceed straight to fitness to practise. Professionalism concerns are all investigated. Where issues arise during placements, they are referred to the Professionalism Lead. Poor feedback from their placement would result in students failing the portfolio, which would mean being held back a year so that the placement and portfolio could be repeated. The School encounters only a small number of cases: these are taken seriously and investigated quickly, with convening of a fitness to practise panel where required. Final year students going through the process cannot graduate while fitness to practise procedures are in progress. In response to the team's concern that the processes may not be effective in light of the recording in minutes of staff meetings of a small number of students with criminal convictions, the staff explained that processes are now being tightened up and all staff members are very clear about these processes.

In light of the lack of clarity about placement capacity and where various related elements will be taught, as well as how the School will work with placement providers, the team agreed that there was insufficient evidence to support meeting criteria 5.2, 5.3 and 5.6. The team agreed that relying heavily on simulation activities is not sufficient. Therefore, the team imposed a condition (condition 3; see also standard 4) that there must be a fully developed learning in practice strategy for 2025-26 onwards, including what learning will occur and where it will take place. Moreover, the communication issues highlighted elsewhere (see standards 4 and 7) showed that criterion 5.9 is not met, because the procedures for dealing with student concerns are unclear. This contributed to the imposition of condition 4 that the School must continue to develop a student engagement and confidence plan to improve relations between staff and students and, also, through an implemented and monitored student code of conduct develop a true sense of professionalism among students.

Standard 6: Assessment

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

Criterion 6.1 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.2 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.3 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.4 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.5 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.6 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.8 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.9 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.10 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.11 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.12 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.13 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.14 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The documentation stated that summative assessments have been mapped to the 55 learning outcomes described in part 1 of this report and are designed to ensure that these outcomes are met at the appropriate level. Prior to summative assessment, workshops will provide formative assessments. Patient safety is a key component throughout all assessments. Assessments are designed in teams to ensure that the science and practice elements are fully integrated.

Knowledge and the application of knowledge are assessed using multiple choice questions (MCQs), single best answer questions (SBAs) and extended matching questions (EMQs). MCQs are used to a greater extent in years 1 and 2, while SBAs and EMQs, which measure higher levels of cognition, are principally used in years 3 and 4. Skills are assessed in years 3 and 4 using objective structured clinical examinations (OSCEs). Students will gather evidence on placements to show they are working towards

or meeting particular competency-based learning outcomes; this evidence must be signed off by the supervisor. Students' portfolios, used throughout the course, will hold this evidence from placements, including supervisor testimonials and examples from their practice experience; the portfolios will also include reflective material related to inter-professional learning. Students cannot pass the course without successful completion of all portfolio elements.

Selected response type questions (MCQs, SBAs and EMQs) will be standard set using the modified Angoff method and subject to analysis, for example, to determine easiness and discrimination ability, after students have taken the examination. Objective structured clinical examinations (OSCEs) are standard set using the Ebel method prior to the examination, as well as borderline regression afterwards; all are voice-recorded, so that any concerns, including those related to patient safety, can be reviewed after the examination. Good performance in OSCEs on certain skills cannot fully compensate for very weak performance in others and students must pass at least two thirds of the OSCE stations. Marking rubrics, produced by teams of staff members, are used to provide students with clear understanding of the requirements to succeed in both formative and summative assessments.

All assessments can identify any answers that could impact significantly on patient safety or wellbeing. If this occurs in a formative assessment or a clinical workshop the student will be required to submit a reflection in the portfolio explaining how the error arose, and the impact of that error on the patient, as well as to formulate a plan to prevent recurrence of that error. If students are deemed to have endangered a patient during a clinical-based assessment, they may be referred to the Patient Safety Panel (PSP) for independent review. Where significant concerns are raised, the student will be investigated via the School Professionalism procedure, which includes the fitness to practise process.

In accordance with University regulations, students receive feedback within 15 working days of submission of coursework. Marking rubrics, to be fully employed in the next academic year (2023-24), will greatly facilitate the delivery of consistent and timely feedback on coursework, allowing a more consistent evaluation of performance. Generic feedback on assessment/examination performance is provided to the group as a whole, either in a scheduled learning session or uploaded to a shared online space on the virtual learning environment. Students will receive feedback from their personal tutors on personal development plans and reflections, as recorded in their portfolios. Examination management software allows individualised feedback to be provided to students on their OSCE performance and written examinations. Students provide peer feedback during workshops, as well as receiving feedback from staff members. Patients from Comensus provide formative feedback on how well the students interacted with them and performed the set tasks. Similarly, placement supervisors provide feedback to students on their required tasks, this feeding into the summative assessment of the portfolio.

The staff described to the team the changes being made to the assessment strategy in light of the poor performance of UCLan graduates in the GPhC registration assessment. These changes include the requirement for students to pass all assessments in each year, the introduction of standard setting for all examinations, increased use of formative assessments, student attendance and engagement requirements, staff training, especially in standard setting and the appointment of an assessment lead. Teaching and assessment of calculations across the course have been strengthened,

with calculations embedded in all modules and the introduction of weekly workshops and calculations passports, which require students to complete and submit a number of calculations each week.

When asked for information about the OSCEs in each year of the programme, including the number of stations used, the staff explained that there was no formal OSCE in year 1, where they used an 'OSCE-like' assessment covering, for example, dispensing and private prescription logs. The ten station OSCE in year 2 covers diagnostic skills, including measurement of blood pressure in mannequins and communication skills on medicine side effects. The OSCEs in years 3 and 4 comprise 10 and 12 stations respectively, where year 3 builds on diagnostics with application to more diverse patients with comorbidities. Year 4 uses a more holistic approach, with stations requiring students to speak to patients and prescribers. The staff described how patient safety is incorporated into the rubrics used in OSCEs; where a student misses safety points, this would be referred to the Patient Safety Panel. Noting reference in the documentation to low, moderate and severe harm in an assessment and wanting to understand what is meant by these terms, the team learned that 'low' harm meant there were no lasting consequences, 'moderate' indicated there were additional problems but no lasting harm, and 'severe' referred to permanent harm or death. The level of harm is assessed by the Patient Safety Panel, which includes two pharmacists. Identification of a low level of harm in coursework requires students to reflect and to consider the possible consequences, as well as how to avoid repetition. The staff provided an example of a recent issue where a student's action was considered by the Patient Safety Panel to constitute moderate harm; this resulted in the student being required to rewrite that piece of coursework, and to write a reflection on how the actions might impact on the patient, as well as the capping of the coursework mark.

In response to the team's wish to learn how the School defines minimal competency in a student, which standard setting methods are used across the MPharm and how standard setting is communicated to students, the staff explained that currently a minimally competent student is one who is on the borderline pass mark, that is around 40%. However, in future this will be defined using standard setting, which will be undertaken by several members of the academic staff who will receive training from the Professor of Medical Education and Assessment Lead in the School of Medicine and Dentistry. Standard setting is already undertaken for OSCEs using borderline regression and Ebel, and will be used for all examinations, including calculations, using the modified Angoff approach. Following the assessment, the examination marks will be scaled to comply with the University norms. The staff acknowledged that communication to students about standard setting had been poor initially, but the School is designing a communication strategy to students, which will include showing them how raw scores translate into the pass mark.

The staff described how learning outcomes at the 'does' level will be assessed on multiple occasions to demonstrate competence repeatedly and reliably. For example, blood pressure measurement will be taught and practised in workshops, followed by assessment in placement activities as part of the portfolio, and in increasingly complex OSCEs throughout year 2-4, as well as in the year 4 'Ask Your Pharmacist' public engagement event.

In response to the team's request to learn who is responsible for assessing students during placements and the assessments that are involved, as well as about the process for signing students off on their placements, the staff described how the activities undertaken, for example, patient counselling, will be mapped to the relevant learning outcomes and the students will be required to

provide evidence for the activity. Placement supervisors will be responsible for signing off that the evidence has been obtained and will provide testimonials on students' professionalism. Noting the involvement of placement supervisors in summative assessments, the team wished to know how the School will ensure that these individuals will have the appropriate skills, experience and training to carry out this task. The staff explained that placement providers are not yet involved in summative assessments because they have not undertaken sufficient training. However, once entrustable professional activities (EPAs) are introduced there will be a progressive increase in using supervisors for assessment. The evidence collected by students will be incorporated into their portfolios, which will be assessed summatively. Supervised learning events, including case-based discussions, as well as mini clinical evaluation exercises (mini-CEX) will be used to provide feedback.

When asked how patient assessment and clinical skills will be embedded in the programme, how students will use them to make prescribing decisions and how they will be assessed on these skills, the staff explained that ideally this would be undertaken in real life practice using entrustable professional activities (EPAs). The skills will be practised repeatedly in workshops and competence will be assessed in the University, with students being signed off before going on placements, where they will undertake these tasks in practice under supervision and direct observation. Students will maintain a clinical skills log, and evidence for undertaking clinical assessments will be recorded in the portfolio, which will undergo summative marking in the University. Members of academic staff will meet with placement supervisors to discuss the outcome of the placement. Clinical skills will be reassessed each year to assure competence and support will be provided where students are experiencing difficulties. If students cannot demonstrate competence while on placement, this will be identified by the placement supervisors and the students will be subject to additional training. The skills may also be assessed in OSCEs. When asked about the assessments that will be used to ensure students have met all the learning outcomes relevant to prescribing at the 'shows how' level, the staff explained that mapping of the assessments to the learning outcomes shows that they are covered. They are assessed in OSCEs and through the portfolio, as well as in the year 4 public health 'Ask Your Pharmacist' event.

Noting the poor performance in the National Student Survey (NSS) and the module evaluation comments on the quality and timeliness of feedback, the team asked how the School is addressing student concerns in this area. The School will use detailed analytical rubrics in future to provide feedback at the cohort level; this will help staff and will also help student understanding. The staff told the team that feedback was most useful for formative, rather than for summative, assessments and rubrics would be useful in this context, where University policy requires students to receive individual feedback within 15 days. Students can also obtain individual feedback from members of staff. The students told the team that feedback is insufficient and often significantly delayed resulting in an inability to use it for their subsequent assessments; they were not informed when feedback would be late. Moreover, feedback was variable and frequently lacked detail. The students wanted individual, rather than group, feedback so that they could learn their own strengths and weaknesses.

The team noted a miscalibration of standards for assessment and gaps in assessment strategies, particularly in relation to the assessment of learning in practice and prescribing. Moreover, policies concerning learning in practice and prescribing remain to be fully developed. In particular, the team was not confident the School's assessment plan is yet coherent, and fit for purpose, ensuring that assessments of learning in practice are robust, valid and reliable (criterion 6.2). Moreover, there was as yet a lack of clarity of the criteria against which assessments are undertaken and it was unclear that

students and everyone involved in the assessment are aware of this standard (criterion 6.4); appropriate standard setting for many assessments is yet to be implemented (criteria 6.4 and 6.7). At the time of the reaccreditation event, it was clear that placement supervisors do not yet have the appropriate skills, experience and training to carry out assessment (criterion 6.11). Therefore, the team imposed a condition (condition 2) that the School rewrites its assessment and standard setting strategies to ensure that it is clear what is assessed, when it is assessed and to what standard. This must include, but is not confined to, a strategy for assessing learning in practice and prescribing. As a general principle, students in all years must know what the assessment strategies and standards are at the very start of each academic year. Overall, this condition is to meet criteria 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.8, 6.9, and 6.11. The team also imposed a condition (condition 7) that the action plan linked to UCLan graduate performance in the GPhC's registration assessment is implemented and monitored actively. This is to meet standard 6.14.

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

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

Support for student pharmacists

Criterion 7.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.3 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.4 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>

Support for everyone involved in the delivery of the MPharm degree

Criterion 7.5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.6 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 7.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.8 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>

The documentation described how students undergo a 'Welcome Week' induction on entry to the first year. Here, they are introduced to their personal tutor, 'pharmacy buddies', the student coaches and various central support services; this week includes formal introductory talks, which provide an overview of course content, delivery methods and assessments. Students retain the same personal tutor throughout the course. Personal tutors meet their tutees at least once per semester. Complex academic, pastoral or welfare issues are dealt with by the specialist central services, including the University's Student Support and Wellbeing Services to which student coaches and personal tutors can signpost the student. Recognising that not all personal tutors are pharmacists, the School has additional systems in place to enable students to access pharmacists as professional mentors. Student coaches help students with digital literacy and assist them to use online portals when needed; personal tutors, academic staff, and student coaches work together to monitor students' attendance and engagement, so that students requiring support are identified early. As part of an extended induction, students take a diagnostic test covering fundamental biology, chemistry and mathematics and also complete a writing task: following this, any students requiring extra help are referred to the

student coach for support, this being followed up by the personal tutor. Finally, team building and ice-breaking exercises are run by staff and the pharmacy buddies to help students form communities and create a sense of belonging. The School's academic staff includes pharmacy professionals, who can provide mentorship for students; students are also exposed to other role models, including pharmacists encountered during placements in all sectors. The School recently launched a peer-mentoring scheme in which final year students support those in year 1. In the new course, this will be actively promoted to offer more peer-mentoring sessions for students in years 2 and 3.

All new staff members go through a 12-month probation period, during which their line managers help to familiarise them with the University and the requirements of their role, as well as with the GPhC standards for Pharmacy Professionals, the School's professionalism guidelines and fitness to practise procedures, as well as the University's regulations for the conduct of students; they are expected to attend workshops covering topics such as assessment and feedback, teaching and learning, and academic regulations. Members of staff new to teaching are normally expected to undertake programmes leading either to associate or full fellowship of the Higher Education Academy (HEA), the latter requiring attainment of the Post Graduate Certificate in Academic Practice (PGCAP); all staff members are expected to work towards achieving full fellowship. Staff members working towards fellowship/associate fellowship of the HEA are given a mentor. New lecturers have protected time for their first three years to allow development of their professional role. There are many opportunities for staff development and training, and research-active staff have protected time for research-related activities through the workload model. There is a University 'Teaching Observation Scheme', whereby all academic staff are expected to engage in personal and professional development to enhance their teaching and learning practice, as well as the knowledge and understanding of their subject area. The scheme is designed to be supportive and developmental and is undertaken by a team of experienced staff members within the University.

Every member of staff, including part-time staff and teacher practitioners, must have a minimum of three appraisals a year to set short-term objectives and associated training and development plans, taking into account their workload. This ensures that staff members know their strengths and areas for development and understand their contribution to the team.

In response to the team's request to learn how the student coaches work to support students to engage with the programme, the staff described how the coaches are introduced to all students from day 1 of the course. There are two coaches, one for each of the MPharm and Biomedical Sciences programmes and their role is to monitor student attendance and engagement, with an emphasis on early intervention when students who need support are identified by staff through the University's Student Engagement and Monitoring (SEAM) process. This process involves personal tutors, where one-to-one sessions are held to identify students' needs leading to referral, for example, to workshops on academic study and professional behaviour.

Noting that students normally have 12-15 hours of face-to-face contact, the team queried the statement in the documentation that students are expected to undertake a significant amount of self-directed learning equivalent to three times the amount of face-to-face teaching. The staff confirmed that students typically undertake 15 hours per week of face-to-face contact time comprising lectures, laboratory classes and workshops and are expected to undertake a proportionate amount of private study on top of this.

When asked how satisfied they were with the support they receive from staff, the students told the team that they all now have a personal tutor who provides pastoral and academic support and whom they meet at least once in each semester. While some support is good, there is variability among the tutors; they cannot always be contacted and rapport with tutors may sometimes be poor. However, they can go to other staff members including the course leader and they generally know where to get support, although staff changes have been disruptive, some staff members work part-time, and sometimes the staff turnover has made it difficult to know whom to consult. They told the team that some resources have presented incorrect information and the School has been unresponsive to their requests for additional support to achieve higher standards.

Noting that student turnout at recent student-staff meetings had been poor (see also standard 4), the team wished to learn more about communication between staff and students and about the plans to improve this. The staff described how the Covid pandemic had 'destroyed the community', which they were trying to rebuild with support from various sources including the University's communications team. They were re-establishing face-to-face contact, working with personal tutors and holding fortnightly drop-in sessions involving seven to eight student representatives, as well as soliciting student views through anonymous blogs and the online feedback platform Unitu. Students have established WhatsApp groups for communication among themselves. The staff acknowledged the importance of scheduled face-to-face meetings so that students know when staff members are available. They also acknowledged that staff changes had not been adequately communicated to students, so that students were unaware of replacements of personal tutors or other staff roles, a point reiterated to the team in discussions with students.

The team learned that the School intends to provide support for its graduates during their foundation training year, for example, using the Green Light training programme, although engagement had so far been limited. The students were aware that this training is under discussion.

The team noted that training for experiential learning supervisors is yet to be implemented (see the narrative under standard 6), thus demonstrating that criterion 7.6 (*Training must be provided for everyone involved in the delivery of the MPharm degree*) is not met. This contributed to the team's decision to impose condition 2 that the School must rewrite its assessment and standard setting strategies to ensure that it is clear what is assessed, when and to what standard. As a general principle, students in all years must know what the assessment strategies and standards are at the very start of each academic year.

The communication problems highlighted here, as well as under standard 4, mean that criteria 7.4 and 7.8, which refer to ensuring that procedures are in place for raising and addressing concerns, are not met. This contributed to the team's decision to impose a condition (condition 4), that the School must formalise a student engagement and confidence plan to improve relations between staff and students and, also, through an implemented and monitored student code of conduct, develop a true sense of professionalism among students.

Teach out and transfer arrangements

Unlike the new course, in which each year is divided into a number of modules (see standard 5), each of years 2-4 of the programme accredited to the 2011 standards comprises a single, 120-credit module, while year 1 is divided into a number of 20 and 40 credit modules. These modules and associated assessments will be enhanced to support the delivery of the 2021 standards until the new course fully rolls through in 2026-27; from 2024-25, all students will be training under the new standards. Students entering year 4 in 2023-24 will be the last to graduate against the 2011 standards. From 2023-24, years 2 and 3 will reflect the 2021 standards, with enhancement of the 120 credit modules. Any students in years 1-3 who are unable to progress in the 2023-24 academic year, and who are offered the opportunity to repeat the year will join the respective 2023-24 cohort and will therefore be on the course designed to meet the 2021 standards.

Decision descriptors

Decision	Descriptor
Met	The accreditation team is assured after reviewing the available evidence that this criterion/learning outcome is met (or will be met at the point of delivery).
Likely to be met	The progress to date, and any plans that have been set out, provide confidence that this criterion/learning outcome is likely to be met by the part 2 event. However, the accreditation team does not have assurance after reviewing the available evidence that it is met at this point (or will be met at the point of delivery).
Not met	The accreditation team does not have assurance after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented does not demonstrate sufficient progress towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or they lack detail or sufficient clarity to provide confidence that it will be met by the part 2 event without remedial measures (condition/s).

