



Master of Pharmacy  
degree (MPharm)

University of Ulster  
Report of an interim event  
March 2018

## Event summary and conclusions

<b>Provider</b>	University of Ulster
<b>Course</b>	Masters of Pharmacy degree (MPharm)
<b>Event type</b>	Interim event
<b>Event date</b>	22-23 March 2018
<b>Accreditation period</b>	2014/15 – 2020/21
<b>Outcome</b>	Continued accreditation confirmed  The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree provided by the University of Ulster should continue to be accredited for the remainder of the accreditation period.
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made.
<b>Registrar decision</b>	The registrar of the GPhC accepted the team’s recommendation and approved the reaccreditation of the programme for a further period of 3 years.
<b>Key contact (provider)</b>	Dr Kathryn Burnett, Senior Lecturer in Pharmacy Practice, MPharm Course Director
<b>Accreditation team</b>	Professor Stephen Denyer (Team Leader), Pro Vice-Chancellor (Learning and Teaching), University of Brighton  Professor Andy Husband (Academic), Professor of Clinical Pharmacy and Head of the School of Pharmacy, Newcastle University  Professor Chris Langley (Academic), Professor of Pharmacy Law & Practice, and Head of the School of Pharmacy, Aston University, Associate Dean (Taught Programmes), School of Life and Health Sciences  Mrs Gail Curphey (Pharmacist), Pharmacy Consultant  Professor Dorothy Whittington (Lay member), Emeritus Professor of Health Psychology, University of Ulster, and Non-Executive Director Health and Social Care, Northern Ireland Business Services Organisation
<b>GPhC representative</b>	Ms Joanne Martin, Quality Assurance Manager, GPhC
<b>Rapporteur</b>	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

## Introduction

### Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The UK qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm). This interim event was carried out in accordance with the GPhC's 2011 MPharm Accreditation Methodology and the course was reviewed against the GPhC's 2011 education standards 'Future Pharmacists: Standards for the initial education and training of pharmacists'.

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

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

<http://www.legislation.gov.uk/ukxi/2010/231/contents/made>

### Purpose of this event

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

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

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

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

### The interim event

The interim event is divided into four components:

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

## Background

The MPharm programme at the University of Ulster was reaccredited for six years in 2015 with no conditions or recommendations.

## Summary of key findings

The accreditation team advised the School that the team's conclusions from this event were based on what team members had been told, what they had observed, and documents that they had read over the course of the visit and the satellite visits. The purpose of this interim event was to monitor the progress made with delivering the MPharm degree since the 2015 reaccreditation, and to observe a range of educational activities that related to practice and the standard 10 outcomes. Interim events cover selected topics and not all standards are discussed; thus, standards 1,4, 6 and 8 were not addressed in any depth at this event.

A presentation by senior members of staff built on the information provided in the submission and gave an update on progress since the last visit in 2015. Points raised in the presentation, as well as other matters, were discussed with the staff and with students and the following narrative incorporates a summary of those discussions.

## Progress since last event

### Standard 1: Patient and public safety

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

This standard was not discussed during the interim visit.

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

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

There are systems in place to address the systematic monitoring, reviewing and evaluation of entry requirements, the quality of teaching learning and assessment, the quality of placements and other practice learning opportunities, appraisal and feedback systems for students, supervision requirements, and educational resources and capacity. Quality assurance of placements depends on student feedback, for example, on the placement content, and on individual tutors; this feedback is reviewed by the School. Quality of hospital placements is further assured by the presence onsite of Teacher-Practitioners who monitor the tutors, and by the training provided to tutors. Currently, service level agreements with placement providers are not used, with placement provision being undertaken on a goodwill basis. External stakeholders are involved in developing the MPharm programme through the work of the 'Pharmacy Employers and Other Stakeholders Liaison Committee' (PEOSLC); this includes employers and patient representatives, and is a user engagement forum meeting once per year to consider the focus of the course. The School has developed and is implementing a patient and public involvement (PPI) strategy aimed at increasing the involvement of patient advocacy groups, patients and service users in undergraduate education and in research; this strategy adopts a collaborative approach with Health and Social Care NI. The School PPI leads meets with advocacy groups who are interested in involvement, and discusses what can be done within the limits of available resources (see standard 5). The strategy also defines the format of service user involvement in education and research, including identifying appropriate modules, defining the nature and duration of sessions involving patients, and liaising with patient volunteers and advocacy groups; the patient advocacy groups so far involved are Cancer Focus NI, NI Chest, Heart and Stroke, Asthma UK, the British Lung Foundation, NI Deaf Blind Association, and Parkinson's UK. Students are also involved in developing the programme through their evaluation of teaching and placements, as well as through the Staff-Student Consultative Committee (SSCC) and their representation on the Board of Study.

### Standard 3: Equality, diversity and fairness

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

The University collects equality and diversity data, and all members of staff complete online training in Equality and Diversity Awareness, with additional training provided for members of interview panels. Students in first year receive face-to-face training by a member of staff from the University's Policy Implementation staff, and an online version of this training has been developed for student use. Equality and diversity is a pass/fail competency in a module in each of the second and final years, and must be passed to progress. Equality and diversity issues are embedded in the programme, for example, by being incorporated into case studies to ensure that students consider diversity in the population. The School holds an Athena Swan Bronze award, the process for which looked at equality and diversity within the School; the University wishes this to progress to 'Silver'. All promotional material takes cultural diversity into account and anonymous marking is used throughout.

### Standard 4: Selection of students

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

This standard was not addressed during the interim visit.

### Standard 5: Curriculum delivery and student experience

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

Following the first year, which covers the basic science that underpins the programme, the remainder of the MPharm course is integrated around the core body systems covering the fourteen main physiological thematic areas outlined in the British National Formulary; these fourteen thematic areas have been condensed into four specific themes that form the major content of years 2, 3 and 4, with a spine of professional practice skills running throughout all four years. Integrated seminars have enhanced the programme and the student learning based on case studies; the horizontal and vertical integration within the programme was clearly understood by the students who also understood how case studies and integrated seminars contributed to this and helped their learning. The assessment strategy has been modified to reduce the burden of assessment, while ensuring that all outcomes are measured using a variety of assessment tools, including multiple choice questions, short answer questions, practical tests, presentations, and objective, structured clinical examinations (OSCEs). OSCEs, each comprising eight stations, covering aspects such as medicines information, counselling, the provision of information to patients, dispensing, responding to symptoms, and medicines optimisation, are assessed as a pass/fail competency at the end of years 2, 3 and 4, and must be passed in order to progress or graduate. Students are also assessed on their personal development planning. Timely feedback on assessments is provided in various ways, including face-to-face, and online, as well as through recorded verbal comments placed on the students' own pages on the VLE. An open-door policy operates, thus enabling students to obtain individual feedback from staff members, and allowing them to see their papers and discuss their answers with the aim of improving their later performances.

Student interaction with patients is achieved through bringing patients into the University, as well as through hospital and community pharmacy placements. Thus, within the University, students meet patients from various patient advocacy groups including the British Lung Foundation, and NI Deaf Blind Association (year 2), Parkinson's UK, and Alzheimer's UK as well as patients with breast cancer, prostate cancer, diabetes, coeliac disease and rheumatoid arthritis. Community and hospital pharmacy placements are provided in all four years, as well as industrial placements in years 2 and 3. Hospital placements cover a range of topics, including sterile manufacture and a wide variety of clinical interactions dealing with taking medical histories, medicines optimisation, and checking discharge prescriptions. The skills developed in the placements are assessed in the OSCEs, which take place at the end of years 2, 3 and 4. Students undertake

inter-professional educational activities in all years with a variety of other healthcare professions, including students of nursing, dietetics, biomedical sciences and optometry, as well as with junior doctors in the final year.

### Standard 6: Support and development for students

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

The students receive extensive academic and pastoral support both within the School and from the wider University. They keep the same study adviser for the entirety of the course, thus enabling them to have a single point of help, although if the adviser is unavailable they can go to any other member of staff, as the School operates an open-door policy; because it is a small School, staff members know all the students by name and students know each other, with small class sizes resulting in students being less inhibited about asking questions. The University's central services (Student Support) provide automatic support for students who declare problems, and support is also available from the Student Union. A 'buddy' system operates, whereby first-year students are supported by students in higher years.

### Standard 7: Support and development for academic staff

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

Staff development within the University aims to promote and support a learning and development culture that enhances the wellbeing and performance of individual staff members and of the University. The guiding principles are to support the effective implementation of the University's strategic plan, to empower self-directed lifelong learning and personal growth, to create an inspiring and inclusive leadership climate, and to build and enhance current and future leadership capacity. Induction of new staff members includes a local induction incorporating a welcome and orientation programme, a role-specific induction, and academic probation mentoring. The role of the University's Centre for Higher Education Research and Practice is to progress the University's Learning and Teaching strategy in collaboration with other key people. Its priority areas include orientation to learning and teaching, professional development of experienced academic staff, peer supported review and offering the Postgraduate Certificate in Higher Education Practice (PGCHEP). All members of staff undergo an annual Development Appraisal Review (DAR) which is carried out by the Head of School; this review identifies any staff support and development activities that are required to achieve the agreed specific aims for the following year. During the year, any staff development opportunities that arise are considered on a case-by-case basis and supported by the Head of School where there is a connection to University and School priorities, taking into account accommodation, finance and time. Training and preparation is provided for all staff acting as pharmacist tutors both in the community and in hospital. In community pharmacy, tutors receive 1:1 training, and are required to undertake refresher training every three years. Hospital tutors are required to attend the face-to-face 'Train the Trainers' course run by Teacher-Practitioners every three years; the course is supplemented by a 'Train the Trainers' manual. There are briefing sessions for tutors and other participating staff before each placement, and these briefings are supplemented by a booklet that is e-mailed to all staff and that is also available online.

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

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

The School's Senior Leadership Team comprises the Head along with Academic Leads for Education, Global Engagement and Research and Impact, corresponding to the equivalent responsibilities at Pro-Vice-Chancellor level. Other members of the School have specific responsibilities for aspects such as Patient and Public Involvement, Inter-Professional Education, Athena Swan and Health and Safety. The management of the School is responsive to situations, as exemplified by the effective replacement of a lecturer who had

been incapacitated due to an accident. There is good communication from the School to the students about issues such as rescheduling of classes due to adverse weather; such communication is important due to the geographical spread of students homes relative to the campus.

### Standard 9: Resources and capacity

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

There are 50 students in the current first year, an increase of 13 from the 2016/17 admission; the intention is to return to an intake of 35-40. Although no expansion of student numbers is planned, the opportunity is there to do so, with additional teaching space, including laboratories, being available if needed; space is not a constraint. The School currently has 13.7 FTE academic staff members, with no vacancies to be filled; there are also 3.0 FT members of the technical staff with an anticipated total of 4.0 FTE. The business plan is predicated on 45 students, made up of 40 regulated (that is, home) students, along with five overseas students. The Faculty wishes to increase income from overseas students; if overseas recruitment expands, an increase in staff numbers will follow. The students were happy with their learning resources, including IT resources and the facility to record lectures for posting on the VLE, as well as facilities for undertaking their final year projects in well-equipped research laboratories alongside PhD students.

### Standard 10: Outcomes

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

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

### Observation of student activities

A list of the activities that were observed during both the satellite visits and the main visit is given in Appendix 1. The following summarises comments made by those team members who observed the activities.

The observed activities comprised a second year hospital placement, two sessions involving patients (Patient and Public Involvement (PPI) activities), a session on responding to symptoms, an integrated seminar, and a year 4 inter-professional education (IPE) session with optometry students. The hospital placement aimed at developing students' knowledge of the role of pharmacists and pharmacy technicians within the hospital and the wider healthcare team, as well as consolidating their knowledge on the pathophysiology of disease and the use of medicines, this contributing to the development of new clinical pharmacy skills. On this placement, students rotated around a series of activities, including the dispensary, a cardiology ward and a palliative care ward. The placement included speaking to patients, discussions with a hospital pharmacist about ward charts and the medicines reconciliation process, as well as how to make entries on medical notes. In the palliative care ward, the students saw the use of syringe drivers and discussed the key factors in their use such as drug solubility, compatibility and patient acceptability. The students met a cardiology patient with whom they discussed various medications. The first PPI activity involved patients from Deaf Blind UK with whom the students learned about the problems of living with severe visual and/or hearing impairments, and the difficulties of communicating with such patients about their medication. During this activity the students were able to wear devices that created the illusion of eyesight and hearing loss, thus enabling them to empathise with patients with these conditions. The second PPI activity took place with patients suffering from COPD. The broad aims here were to allow students to recognise how collaborative working partnerships with patients and the public can improve patient outcomes, to learn from patients about how they manage their respiratory conditions, and to identify obstacles that patients may face in effective disease management. The integrated seminar was concerned with skin diseases and the overall aim was to provide students with an understanding of how the science of pharmacy integrates with practice to achieve optimal, evidence-based patient outcomes. During the session, the horizontal and vertical links to the particular case were made and the students could see

how chemistry and pharmaceuticals linked into real-life practice. The inter-professional education session with optometry students provided an opportunity for optometry and pharmacy students to gain a deeper understanding of how their practices can complement and reinforce each other, as well as developing pharmacy students' skills in assessing common eye conditions, and helping to develop optometrist and pharmacist prescribing skills. In this session, the students considered a number of cases covering, variously, itchy uncomfortable eyes, glaucoma, a patient with a watery red eye, and the possible ocular adverse effects of drugs such as digoxin and vigabatrin. The responding to symptoms activity focussed on gastrointestinal disorders and involved role play, with students taking the roles of patients and pharmacists; the sessions was concerned with the development of clinical, communication and counselling skills, as well as allowing students to gain an understanding of how patient lifestyle and health beliefs can influence treatment outcomes. All of the activities were judged to contribute to meeting the stated standard 10 learning outcomes.

## Conclusions

The purpose of this interim visit was to:

- (a) To provide to the GPhC and the PSNI additional assurance around progress on implementation of the IET standards for pharmacists.
- (b) To provide some support and input to HEIs as the nature of education and training developed including patient experience and inter-professional education
- (c) To respond to any specific risks which might relate back to the IET standards for pharmacists
- (d) monitor the progress made with delivering your MPharm degree since the last reaccreditation against our initial education and training standards; and
- (e) to observe a range of educational activities that relate to practice and the student outcomes in standard 10.

The team also had the opportunity to speak to some students.

### *Feedback on individual standards*

Interim visits cover selected topics and not all standards are discussed; thus, the team did not discuss to any great depth standards 1,4, 6 and 8.

### *Standards 5 & 10 (curriculum delivery and learning outcomes):*

The team was able to observe activities in a range of environments and activities, both during the main event and on two satellite visits; these included PPI workshops, IPE with optometry students, role playing activities and a hospital placement. The year 3 PPI workshop session with deaf/blind representatives allowed students to gain an understanding of patients with visual and hearing problems and an insight of what it was like to live with these conditions; the activity offered a useful way for students to develop communications skills and empathy with these patients. In the year 2 hospital placement, the students rotated around the dispensary and different clinical areas, covering cardiology, palliative care and some other clinical activities. Here, the students explored patients' notes, and discussed medicines reconciliation, as well as having the opportunity to look at syringe drivers; these activities gave them an understanding of the pharmacy team and some aspects of other clinical areas. During the main visit, the team observed an IPE session between optometry students and final year pharmacy students, who worked together on case studies pertinent to pharmacy and optometry. The team also observed a year 4 integrated seminar on dermatology, and a second year responding to symptoms workshop, where students worked in groups and role played different scenarios based on gastro-intestinal conditions. The year 2 PPI session with COPD patients provided opportunities for students to gain an insight into the challenges of living with these conditions especially co-morbidities; here, the students could interact with patients and explore their therapies. The students had undertaken the necessary preparation for all of these activities and engaged well, although the learning environment in some sessions posed challenges. The activities allowed the development of communication and counselling skills and enabled students to see how their learning links with practice. All of the activities were appropriate to the level of the programme, and the team agreed that

they contributed to meeting the stated standard 10 learning outcomes; thus the team was confident that standards 5 and 10 continue to be met.

The students clearly articulated how the course enabled them to understand, at an early stage, why they are learning various topics; here, they described clear integration within the MPharm both horizontally and vertically, and they understood how complexity develops as the course progresses through the years. They spoke passionately about the value of the practice and patient engagement activities, and gave a number of examples of how these experiences link with their learning and assessment. They also articulated how their inter-professional education activities provide excellent opportunities to learn how to work with other professions, and appreciated how much this will help them in building confidence in interacting with patients in the future.

The students, who came across as intelligent, articulate and mature in their engagement with the team, clearly appreciated the extensive support provided by the School and by the wider University; they gave the clear message that the staff is responsive in addressing their needs, and told of the provision of bespoke learning materials within days of requests for such material. The students fully appreciated that the small size of the School and of the student cohorts places them in a unique position and strongly facilitates their development.

## Appendix 1 - Activities

### Observed activities

The accreditation team observed the following activities as part of the interim event:

Activity number	Activity	Year/Level
1.	Hospital Placement	2
2.	Deaf-Blind PPI Workshop	3
3.	Integrated case study - dermatology	4
4.	Inter-professional learning workshop with optometry students	4
5.	Responding to symptoms for gastrointestinal conditions	2
6.	PPI with the British Lung Foundation	2

## Appendix 2 - Standing conditions

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

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

## Appendix 3 – Standards

## GPhC standards for the initial education and training of pharmacists

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

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

Or by clicking on the following link:

[https://www.pharmacyregulation.org/sites/default/files/GPhC\\_Future\\_Pharmacists.pdf](https://www.pharmacyregulation.org/sites/default/files/GPhC_Future_Pharmacists.pdf)