

Ulster University Master of Pharmacy (MPharm) degree interim - event report, April 2021



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Event summary and conclusions

Provider	Ulster University
Course	Master of Pharmacy (MPharm) degree
Event type	Interim
Event date	15 April 2021
Current accreditation period	2020/21 - 2022/23
Relevant standards	Future pharmacists Standards for the initial education and training of pharmacists, May 2011
Outcome	<p>Continued accreditation confirmed.</p> <p>This period of extension follows the GPhC's policy for MPharm degrees being reviewed this academic year that continue to meet the 2011 standards. The next MPharm event will be full reaccreditation to the 2021 standards of initial education and training for pharmacists.</p> <p>The team noted the appropriate adaptations that have been made to manage the delivery of the MPharm degree during the pandemic, and that both staff and students appear to be well supported during this time.</p>
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the continued accreditation of the programme until 2022/23.
Key contact (provider)	Professor Kathryn Burnett
Accreditation team	<p>Professor Antony D'Emanuele (Team Leader) Head of the Leicester School of Pharmacy, De Montfort University</p> <p>Dr Adam Todd (team member-academic) Reader in Pharmaceutical Public Health, School of Pharmacy, Newcastle University</p> <p>Dr Ruth Edwards (team member-academic) Head of Professional Experience, School of Pharmacy, Aston University</p>

	Barbara Wensworth (team member-pharmacist) Currently Freelance Pharmacy Lecturer, Standards Verifier, assessor and writer Alia Ibrahim (team member-pharmacist recently registered) Community Locum Pharmacist Fiona Barber (team member-lay) Independent Member, Leicester City Council
GPhC representative	Philippa McSimpson, Quality Assurance Manager, GPhC
Rapporteur	Professor Brian Furman (rapporteur) Emeritus Professor of Pharmacology, University of Strathclyde
Observers	Professor Luigi Martini (observer – accreditation panel member in training) Chief Scientist, Royal Pharmaceutical Society Dr Cathy O'Sullivan (observer – accreditation panel member in training) Workforce Development Consultant Daniel Young, Pre-Registration Lead, Pharmaceutical Society Northern Ireland

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and registered pharmacies and is the accrediting body for pharmacy education in Great Britain (GB). The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The GB 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* (<http://www.legislation.gov.uk/ukxi/2010/231/contents/made>). It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

Background

The MPharm programme at Ulster University, delivered by the School of Pharmacy and Pharmaceutical Sciences (SPPS), which is located on the Coleraine campus, was reaccredited for six years in 2015 with no conditions or recommendations. At the subsequent interim visit (March 2018) 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.

The Ulster University MPharm was due to be reaccredited in March 2021. However, as the new GPhC standards for the initial education and training of pharmacists will be implemented from October 2021, with the intention that all MPharm programmes will be reaccredited to the new standards within three academic years of this date, the GPhC agreed that the full re-accreditation event would be replaced with a shorter and lighter touch event, similar to an interim event; this was to provide assurance that course provision continues to meet the current standards. Accordingly, such an event was conducted by videoconference on 14-15 April 2021; the following is a report of that event.

Documentation

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

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 25 March 2021. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the University to ask any questions or seek clarification, and to finalise arrangements for the event.

The event

Due to the Covid-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. Thus the event was held via videoconference between the Ulster University and the GPhC accreditation team on 15 April 2021 and comprised meetings between the GPhC accreditation team and representatives of the MPharm programme; the team also met a group of students (see below).

Declarations of interest

There were no declarations of interest.

Schedule

Day 1 – 14 April 2021

Meeting number	Meeting	Time
1.	Private meeting of the accreditation team and GPhC representative	13:30-15:45

Day 2 – 15 April 2021

2.	Private meeting of the accreditation team and GPhC representative	09:00-09:30
3.	Progress meeting	09:30-11:30
4.	Private meeting of the accreditation team and GPhC representative	11:30-11:45
5.	Admission, progression, monitoring and support meeting	11:45-12:45
6.	Private meeting of the accreditation team and GPhC representative	12:45-13:00
	Lunch	13:00-13:45
7.	Significant pedagogical developments	13:45-14:30
	Break	14:30-14:45
8.	Student meeting	14:45-15:45
9.	Private meeting of the accreditation team and GPhC representative	15:45-16:45
10.	Feedback to the University of Ulster	16:45-17:00

Attendees

Course provider

The team met with the following representatives of the University:

Name	Designation at the time of accreditation event	Meetings attended
Abuelhana, Dr Ahmed	Teaching Fellow	5,7,10
Burnett, Prof Kathy	Professor of Pharmacy Education	3,5,7,10
Callan, Dr Bridgeen	Senior lecturer in Pharmaceutics	7,10
Coleman, Dr Heather	Lecturer in Pharmaceutical Chemistry	5,7,10
Courtenay, Dr Aaron	Lecturer in Clinical Pharmacy	7,10
George, Ms Lyndsey	School Officer	3,5,7,10
Hawthorne, Dr Susan	Lecturer in Pharmaceutical Biosciences	3,5,7,10
Irwin, Prof Nigel	Professor in Pharmacology	5,7,10
Jack, Iain	Lecturer in Clinical Pharmacy and Pharmacy Practice	5,7,10
Lowry, Dr Deborah	Lecturer in Pharmaceutics	3,5,7,10
Luo, Dr Ruoyin	Lecturer in Pharmacy Practice	7,10

McCarron, Prof Paul	Head of School	3,5,7,10
McHale, Prof Tony	Professor of Medical Biotechnology	7,10
Tambuwala, Dr Murtaza	Lecturer in Pharmacy	3, 5,7,10
Webba da Silva, Dr Mateus	Reader	3, 5,7,10
White, Bronagh	Lecturer in Clinical Pharmacy and Pharmacy Practice	3,5,7,10

The team also met one graduate and a group of undergraduate students comprising several from each of years 1 to 4.

Key findings

Standard 1: Patient and public safety

Standard continues to be met? Yes No (accreditation team use only)

The documentation described how the University has clear procedures to address patient safety. At the beginning of the first year, students learn about the Standards for Pharmacy Professionals and fitness to practise. Returning students must declare any changes to their fitness to practise status, and must raise any concerns about fitness to practise with the Course Director, who, in consultation with the Fitness to Practise lead, will determine the need for a formal Fitness to Practise panel to be convened. Professional behaviour while on placements is assessed by the placement supervisor, who is expected to give feedback on aspects such as attendance, punctuality, dress, communication, attitude and the students' willingness to interact with patients and the pharmacy staff. Placement supervisors are required to inform the Lead Teacher Practitioner and Course Director if a student's behaviour gives cause for concern; this would be followed by immediate and appropriate action. Poor or unsafe practice while on hospital placement or in simulated environments, such as classes concerned with dispensing or responding to symptoms, is immediately addressed through formative feedback. Students will fail competency-based assessments such as OSCEs if they make errors that could lead to patient safety issues. Higher than normal pass marks are used in the assessment of calculations.

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

Standard continues to be met? Yes No (accreditation team use only)

The documentation described how the University undertakes annual systematic reviews and evaluations of quality of courses, in which each course is categorised as being academically excellent, requiring local enhancement, or needing active monitoring with supportive measures. Additionally, all programmes undergo programme revalidation every five years; the MPharm programme, along with other School programmes, was successfully revalidated in 2020. The team learned in the documentation and the presentation (meeting 3) that, as a result of first-year progression issues in the academic year 2017/18, the School was placed in supportive

measures as part of the annual quality assurance cycle. Remedial action included changes to the format of the two examinations to reduce the number of integrated questions, increasing the time allowed for these examinations from two to three hours, and timetabling additional chemistry tutorials (as described in example 7 under 'pedagogical developments'). Subsequently, the annual reviews of the programme in 2018/19 and 2019/20 resulted in the School being categorised as 'academically excellent'.

Wishing to know if the School had undertaken an evaluation of the performance of its first graduating students during their pre-registration training, the team was told (meeting 3) that such information would have emerged from the GPhC's Registration Assessment, which the Ulster graduates had not yet taken; moreover, no corresponding data were available from the Pharmaceutical Society of Northern Ireland. However, a survey of 18 employers had suggested that the School's graduates had acquired appropriate attributes, including subject specific knowledge and skills, flexibility, ability to cope with change, self-confidence, ability to work collaboratively, communication skills and a commitment to lifelong learning. In this context, the students (meeting 8) told the team that the course prepared them well for pre-registration training and lifelong learning, with its vertical and horizontal integration allowing knowledge to build progressively across the years.

In response to the team's wish to learn how the School had responded to external examiners' suggestions for improvement, the University's representatives (meeting 3) exemplified this by describing the replacement of OSCEs during the pandemic by a WUSCE (written, unobserved, structured clinical examinations); this had arisen from discussions with external examiners. While the assessment of counselling skills did not translate so well to this format, WUSCEs addressed the importance of written skills in meeting the GPhC learning outcomes. The move to use 'single best answer' (SBA) and 'extended matching questions' (EMQs) had also emanated from external examiners' comments on the School's heavy reliance on multiple choice questions (MCQs): in meeting 5, the team learned that the use of SBA and EMQs had been of benefit in the use of online class tests as a result of the pandemic. The School also intends to use an optical mark reader, which not only facilitates the marking of these questions, but also provides evaluative data on the assessment. A further improvement has been the provision to the external examiners of more detailed statistics, including distributions of marks. The team was also told (presentation, meeting 3) that an additional reason for introducing SBA and EM questions was the fact these are used in the GPhC's Registration Assessment, which NI graduates will take from June 2021.

In response to the team's wish to know how feedback is provided to the School on any issues related to the MPharm programme, the students (meeting 8) described the effectiveness of the staff-student consultative committee (SSCC) and its operation through its course representatives, with the School operating a 'you said-we did' policy. The class representatives told the team that that the committee operates informally between its formal meetings, and all issues of whatever magnitude were dealt with. While the University was operating a pilot interface used by other courses to address student queries, this was unnecessary for the MPharm, because of the effectiveness of the SSCC.

Standard 3: Equality, diversity and fairness

Standard continues to be met? Yes No (accreditation team use only)

The programme continues to be based on principles of equality, diversity, and fairness, which, in Northern Ireland, the team was told (meeting 3) are covered by various separate pieces of legislation addressing the characteristics (race, nationality, ethnic origin, colour, gender, gender reassignment, sex, marital status, disability, religion, age and sexual orientation) which are addressed by the Great Britain Equality Act 2010. The documentation stated that all members of staff are required to undertake regular, online training in the awareness of disability and diversity. Students are taught about diversity and equality principles and legislative requirements within the first year, and undertake an online equality and diversity awareness training programme in years 2 and 4; they also receive a lecture from the University's Equality Diversity and Inclusion Officer before they embark on placements, during which they interact with a range of patients from diverse backgrounds. The Covid pandemic necessitated a shift of most teaching to remote learning via online delivery. Captions were required for all pre-recorded material with appropriate precautions to deal with inaccuracies arising from automatic closed captioning.

Wishing to learn how equality and diversity data are used to inform the development of the MPharm degree, the team was told (meeting 3) that there is very little diversity in the student cohort and that the male-to-female ratio is as expected. The only thing of note was the higher proportion of males compared with females being awarded 2.2 degrees; however, the difference was not statistically significant and further data are needed. There is a University group attempting to identify BAME issues across the schools in order to develop an appropriate strategy in that context. The MPharm already addresses such ethnicity issues in case studies in response to matter raised by students; for example, in dermatology, action had been taken in response to student comments that all the dermatology slides featured white-skinned patients.

Standard 4: Selection of students

Standard continues to be met? Yes No (accreditation team use only)

The documentation and the presentation (meeting 3) described how the admissions process is now centralised, with Faculty admissions staff moving into the centralised department, although the home and international admissions team liaises closely with the School's MPharm Admissions Tutor; all non-standard queries for entry are directed to the Admissions Tutor for assessment, and admission numbers are managed centrally in consultation with the Director of Faculty Operations (DFO), the Executive Dean and the Head of School.

The team was told (presentation, meeting 3) that the 2020 admissions cycle was not overly impacted by the pandemic, although Irish Leaving Certificate results had been delayed, with a consequent delay in the confirmation of some well-qualified applicants until very late in the cycle. An increase in application numbers, with an increased number of offers, together with more students achieving high grades resulted in an increased intake; a similar pattern is expected for the 2021 entry (see narrative under standard 9).

The team learned from the documentation and the presentation (meeting 3) that while there had been no change to the standard entry requirement of AAB at A-level or equivalent, the required IELTS score for international students had been reduced from 7.0 overall with no band below 6.5, to 6.5 overall with 'speaking' at 6.5 and no other band below 6. Noting that this falls below that of the majority of other schools and the GPhC's requirements for registration, and wishing to learn how students with these lower scores are monitored and supported, the team was told (meeting 5) that there had been no issues to date. Any concerns would be identified in the first year, with students being directed to the University's English language course for international students if necessary. If problems are identified in the future, the IELTS policy could be reversed.

Standard 5: Curriculum delivery and student experience

Standard continues to be met? Yes No (accreditation team use only)

The MPharm programme continues to be delivered using the systems-based integrated approach presented at the last reaccreditation and interim events. Each year includes a Professional Practical Skills module which facilitates both horizontal integration across each year and vertical integration throughout the programme.

The presentation (meeting 3), along with the documentation, described how teaching, learning and assessment have been modified as a result of the Covid-19 pandemic. Thus, as confirmed in meeting 5, and by the students (meeting 8), lectures have been replaced with recorded presentations delivered asynchronously via Panopto® on Blackboard, while tutorials, seminars and workshops have taken place online synchronously using Blackboard Collaborate Ultra, and were also recorded so that students could access them later via Blackboard; the students (meeting 8) told the team that all materials were easy to locate and that they valued how activities had been aligned with the timetable, including the colour coding used in the timetable to denote whether sessions were being presented synchronously or asynchronously. Essential practical sessions (referred to as Category 1), such as those concerned with dispensing, aseptic preparation and responding to symptoms, have continued as live sessions on campus using smaller groups, while others such as counselling and accuracy checking have been held synchronously online; some practical sessions have been conducted as video demonstrations. The presentation (meeting 3) detailed the arrangements for students who had missed Category 1 classes for unavoidable reasons during the pandemic. Wishing to know how students have been supported for online access, the team was told (meeting 3) that the University provided laptops to students who had problems, although very few problems had arisen; one student had required printing assistance for an OSCE but the issue had been identified and resolved in advance. Some students had accessed materials using their phones which had resulted in loss of some functions of Blackboard but this had been addressed through a Blackboard update. A few technical problems, mostly related to software and computer issues, had arisen with research projects; where required, finance was available from Student Wellbeing for the purchase of laptops, with the School providing these as a last resort. There had also been a problem for students from Southern Ireland wishing to access the BNF via NICE, a service not available in the Republic; however, as confirmed in meeting 8, this had been resolved by the manual

registration of these students for online access. The students (meeting 8) explained with examples, how problems with accessing online learning and class test materials had been resolved through prompt intervention by the School. In response to the team's wish to learn of their experience of projects during the pandemic, the students described how some had taken place physically in laboratories on campus, while for others, students had been given data to interpret. Practice-based projects had been undertaken via Zoom, which had provided a good experience. Throughout all projects, students had received strong support from their supervisors who could be contacted any time and who responded promptly, for example, to text messages.

The presentation (meeting 3) and the documentation described how the pandemic had affected assessments, with changes, including the move to online assessments, approved by external examiners, the Faculty, University, GPhC and PSNI. Tests based on multiple choice (MCQ), single best answer (SBA), short-answer or extended matching questions (EMQ) were all moved online, as were longer examination papers; additional time was allowed for these assessments, where short-answer and essay-type answers were submitted using Turnitin. In the last academic year, OSCEs were replaced by 'Written Unobserved Structured Clinical Examinations' (WUSCEs). It is intended to hold OSCEs as normal in the 2020/21 sessions for students in years 3 and 4 but contingency plans are in place to hold them virtually. While the extemporaneous dispensing assessment was cancelled for the 2019/2020 session it is intended that this will take place as normal in 2020/2021. For presentation assessments, students submit their recorded presentations in advance of a live online session. In response to the team's wish to learn of their experiences with online assessments, and of any IT issues that may have affected their performance, the students (meeting 8) stated that they were generally content with this approach, although some described stress imposed by concerns about computer breakdown or loss of internet access; while some internet connectivity issues had arisen, these had been rapidly resolved.

Wishing to learn how the School had maintained the academic integrity and quality of assessments in light of the change to an online approach during the pandemic, the team was told (meeting 3) that the staff had decided against 24 hour examinations, as used by some other institutions. Discussions with students had helped to determine the additional time allowed, which, at 15 minutes per hour, was based on that allowed normally for students with specific disabilities; thus the time allowed for what would normally be a three-hour examination was three hours and 45 minutes. This decision had relieved the students' initial anxieties. Concerning integrity, the staff members setting the examinations, aware of the time and format, had designed questions that could not be answered simply using 'copy and paste'. Moreover, submission of all answer papers was undertaken using Turnitin, with which students were familiar, the submission being accompanied by the standard statement concerning plagiarism; Turnitin has become more powerful in detecting plagiarism and students are fully aware of its power, having been introduced to it in year 1 study skill sessions concerned with academic writing, although some students (meeting 8) expressed concern about the possibility of cheating. The team was told (meeting 5) that an advantage of submitting longer answers online was the resultant ability of papers to be marked by several different people simultaneously.

The team was told (meetings 3 and 5) that the assessments were intended to be 'closed book' but the introduction of SBA and EMQ further increased the integrity of assessments; these are more elaborate, require thinking and are concerned with the application of knowledge, in contrast to MCQs. Only one case of possible plagiarism had arisen, where, in a WUSCE counselling station, a student had copied and pasted from the patient information leaflet; the School regarded this as poor judgement rather than cheating and no further action was taken other than the student failing the WUSCE. In meeting 5, the team was told that assessment of integrated case studies would normally include student presentations; this had been achieved online through the use of Panopto presentations and this had been well received by the students.

The documentation and the presentation (meeting 3) stated that most experiential learning for the 2019/2020 sessions had taken place before the lockdown. For 2020/21 much of the community and hospital experiential learning has been replaced by online activities, while limited onsite activities were provided for students in years 3 and 4. Wishing to know how the pandemic has impacted plans for 2021-22, the team was told (meeting 5) that the first-year community placement will continue as an online exercise with simulated systems, including an introduction to patient and public involvement (see also example 2 under 'Significant pedagogic developments'). Real placements will continue for years 3 and 4, and possibly for year 2. Discussions are still in progress for hospital placements; the School hopes to be able to hold these as normal but because of reduced pressure on the service, these placements may need to be run in a hybrid format. The learning outcomes will still be met, although onsite activities are clearly better. Industrial visits, which normally comprise a full day at Norbrook and a half day at Nicobrand, where students tour the facilities, seeing production, QA/QC and packaging, will now be replaced by online activity; these will start with a presentation followed by a virtual tour of the facilities with voice-over. Students must write a 500-word account as a pass/fail assessment. In response to the team's wish to learn how the placement strategy had developed since the last event, and in particular what the plans are for the future, the University representatives (meeting 5) described the intention to focus more on clinical skills, including vaccination skills for travel and for Covid; the team was told of support for these developments from community pharmacy independent prescribers. As part of planning to meet the GPhC's new standards, the School intends to incorporate placements in GP practices, which are under consideration by the Pharmacy Employers and Other Stakeholders Advisory Board, which comprises all stakeholders, and for which there is strong support from the GP Federations. It is also planned that GP practice-based pharmacists will come onto the campus to talk about prescribing and their experiences. Wishing to learn how students gain experience of interacting with patients and carers outside of placements, the team (meeting 5) was told of virtual communication with patients suffering from arthritis, where these patients could discuss with students their symptoms and treatment. In response to the team's wish to learn of their experiences of placements during the pandemic, the students (meeting 8) confirmed how some had taken place while others had been cancelled and replaced by various activities, such as workshops and seminars from hospital pharmacists describing what they do; although not a substitute for a physical visit, the students felt that these activities had given them some insight into hospital pharmacy.

In describing how the inter-professional education (IPE) strategy has developed since the last

event, the University representatives emphasised (meeting 5) that IPE was not regarded simply as students sitting together in the same classroom, but comprised students from all years and a range of cohorts from the different professions working in small groups on various case study activities; the case studies were developed through collaborative working with staff members from the relevant departments. IPE included other students from the Coleraine campus, nursing students from the Magee campus and final year students working with F1 doctors; appropriate tests were used to assess these activities. During the pandemic, IPE activities had been undertaken online and a small study had shown no impact of this change, with the same level of skills, such as problem-solving, being achieved. It is intended to develop more sessions and opportunities for this will be afforded by the development of the new medical school, with the Dean being very supportive of IPE and wishing to embed it in the programme from the start. The medical school will be housed on the Magee campus, to which all of Health Sciences will be relocated, while the School of Pharmacy will remain at Coleraine.

While criterion 5.9 continues to be met, four aspects of assessment identified in the documentation and the presentation (meeting 3) caused the team some concern in the context of this criterion. First, a pilot University scheme, 'In-Module Assignment Recovery' (IMAR), has been introduced, which allows students an opportunity to resubmit a failed piece of coursework, rather than requiring them to re-sit that piece of work in August; the resubmitted work would not count as one of the two resit attempts permitted by the regulations but would have its mark capped. Second, the updated regulations permitted the trailing of up to 20 credits from one year to the next; this was associated with the removal of prerequisites, which had been introduced originally to prevent trailing. Third, the School now allows two attempts at pass/fail competency assessments (calculations; legislation; OSCEs; extemporaneous dispensing; aseptic preparation) with the second attempt not counting as a resit. Finally, in the University's response to the pandemic, the team noted the introduction of an 'uplift algorithm' based on students' previous performance to ensure that no student was disadvantaged by the sudden change to the learning environment; however, in practice, no MPharm students had any marks adjusted using this algorithm (presentation, meeting 3). Discussions with the School representatives (meetings 3 and 5) allayed the team's concerns about the other aspects to some extent. The team was told that the rationale for the IMAR scheme, for which three first-year along with three compulsory and five elective final year modules had been selected, was the simplicity of managing a capped mark, rather than dealing with the problem of resits through the June examination board; in practice, only four first year students and no final year students had used IMAR, with which the students (meeting 8) were familiar. Concerning 'trailing', the University representatives (meeting 5) explained that due to the size of the MPharm modules, only two modules qualified for this, one in the first year and one in the third year, which could be carried forward respectively into the second and final years. The team was told students trailing these modules would not be required to attend the relevant classes but would be supported where required by additional tutorials to consider their examination scripts so that they would understand which areas needed improvement; moreover, the School would review examination timetabling to allow sufficient space between the examinations for the trailed modules and those for the relevant year modules. While accepting that the possibility of module trailing was very limited, the team viewed this practice as inappropriate for an integrated curriculum. In response to the team's concern about the opportunity for two attempts at pass/fail competency assessments, the School representatives explained (meeting 5) that

previously only one attempt had been permitted, with the result that failure of a competency assessment in the final year would mean a resit in August, with a consequent delay of the commencement of pre-registration training until October. The decision to allow a student a single, further opportunity before classifying the attempt as a fail was taken following discussions with external examiners and other universities; the School representatives emphasised that only two opportunities were offered and that students were allowed only one resit in the final year, while being allowed two in years 2 and 3. The team was told that students were given ample feedback after their first attempt, this being provided by a teacher-practitioner and the academic lead, in which all of the OSCE stations were discussed, with a particular focus on those stations that had been failed, where strategies were suggested to help them improve their performance.

Standard 6: Support and development for students

Standard continues to be met? Yes No (accreditation team use only)

The documentation stated that the mechanisms in place to support students remain the same as described at the last accreditation event, although there have been some enhancements at both University and School level: here, the University introduced a Student Mental Health and Wellbeing Strategy, while the School introduced its own Wellbeing Plan as the first steps to mainstreaming mental wellbeing.

Wishing to learn how students remained supported during the pandemic regarding potential health and wellbeing issues, the team was told (meeting 3) that the School has an open-door policy and it was made clear to students that they could contact staff members, including the Head of School, at any time, for example, by e-mail. Good communication was maintained with students and weekly information was sent out, so that students knew what was happening, for example, in relation to examinations and graduations. The students (meeting 8) confirmed the very good support provided by their studies advisers and the staff in general, both before and during the pandemic; additional tutorials were provided where required and staff members could be approached at any time through the School's open-door policy, responding promptly to e-mail enquiries. The team was told (meeting 3) that working groups oversaw support for students across the summer of 2020 and this will continue over the coming summer. Another supportive measure has allowed students to self-certify up to three times per year in relation to extenuating circumstances. Students were confident in seeking help. Studies advisers have addressed study skills and have held meetings with students via Microsoft Teams.

Noting that the School has introduced a 'wellbeing plan' for 2020/21, and wishing to know if there had been any student feedback on this, the team was told (meeting 3) that this had been introduced initially for one year with help from the University Wellbeing team. Staff training had been undertaken to identify students who are having difficulties. Student attendance at the timetabled wellbeing sessions had been low, although those who needed help did participate and the students (meeting 8) valued these sessions. Feedback from students (confirmed in meeting 8) indicated that they wanted the sessions to be School-based, rather than just University-based and wished them to continue; thus the sessions will continue going forward.

In response to the team's wish to learn how the Buddy Scheme had worked during the pandemic, the School representatives, described how this scheme, which has been running for many years, involves students in years 2 to 4 buddying first-year students. Although initially there had been insufficient student volunteers for one-to-one buddying, this had been rectified by work with the Staff-Student Consultative Committee (SSCC) facilitated by the fact that participation allows students to gain credit for the EDGE (Engagement, Development, Graduate Employment) award for which they receive a certificate that is helpful for their curricula vitae. The Buddy Scheme, which had continued during the pandemic, had helped with first-year 'responding to symptoms' classes, with many senior students volunteering to act as 'patients' and engaging well with the first-year students. Although the Buddy Scheme is yet to be formally evaluated, reflections of senior students who participated in the 'responding to symptoms' classes have been very positive; this was confirmed by the students (meeting 8). The team was also told that laboratory classes have been designed to encourage interaction between students and postgraduates acting as demonstrators, who provide pastoral and academic support on an unofficial basis. The students in all years (meeting 8) were generally very supportive of the Buddy Scheme, although not all first-year students had found it necessary because of the good support provide by the staff.

Aware that entrants joining year 1 in 2021 will have had their learning interrupted to the detriment of the acquisition of laboratory skills and wishing to learn of the support for these students, the team was told (meeting 5) that the School never relies on the skills with which students enter the programme; all are taught the necessary laboratory skills such as pipetting techniques.

In response to the team's wish to know how the School ensures that students with caring responsibilities are not impacted by online assessments, the School representatives (meeting 3) stated that such a situation would constitute extenuating circumstances which would be addressed on a case-by-case basis. Good communication between students and staff acts as a mitigating factor, with students being able to contact the staff for support.

Standard 7: Support and development for academic staff

Standard continues to be met? Yes No (accreditation team use only)

The documentation stated how those staff development and support mechanisms, as described at the last accreditation event, remain in place.

The team wished to learn about the measures that have been put in place to support staff wellbeing during the pandemic, and how staff have been supported to balance work and personal responsibilities during lockdowns, as well as the support to take account of the change in the method of delivery to online work. The School representatives (meeting 3) described how, in trying to address isolation, there has been frequent engagement, with regular contact using online platforms and all the usual meetings had taken place but mostly online, although physical meetings also took place on the campus. Conscious of meeting overload, the School tried to keep contact between 10:00 and 16:00. Members of staff could talk to anybody when required and the Head of School made himself available 24/7. The University was very flexible and staff

members could go onto the campus if necessary so that they had space to work free from distractions; any necessary equipment was made available to them.

The team was told that in addressing the transition to home working, conversations had been held with staff members to gauge their level of preparedness, additional training was provided for working online and a survey was conducted to determine staff needs. Thus, additional laptops, printers, monitors, docking stations, headphones, and microphones were made available to enhance staff capability; occasional technical issues, such as those associated with broadband/connectivity, had arisen but were anticipated and good support was provided by the University technical staff. If a particular class did not work due to technical problems, it was rescheduled. Sharepoint was used for all School files and members of staff were strongly advised to move documents onto 'OneDrive'; thus working remotely was much the same as working on campus. IT provision in general had been enhanced with use of Skype for Business to enable video conferencing, this being necessary as a result of the University being split across several campuses. The investment in IT infrastructure and training had begun before the pandemic so that the School was in a strong position. Experience had already been gained in using video-lectures and students were familiar with using laptops to make lectures interactive; thus the transition to online teaching and learning had not been a paradigm shift and had been smooth.

Wishing to learn about any additional guidance and support provided to academic staff to address student wellbeing issues during the pandemic, the team was told (meeting 3) that there has been extensive e-mail communication, as well as training, so that members of staff know of the help available for students and to where they could be referred for health and wellbeing matters.

Standard 8: Management of initial education and training

Standard continues to be met? Yes No (accreditation team use only)

The management processes and staff responsibilities as described at the last accreditation event remain in place. Student attendance is now monitored electronically using a facility on Blackboard Learn and processes remain in place to address non-attendance; this provides metrics in relation to student activity and performance, enabling an overview of module engagement to be obtained. Wishing to learn how student engagement has been monitored during the pandemic, and how any issues have been managed, the team was told (meeting 3) that attendance is normally taken every hour in every class, with students being flagged if they missed more than two classes in a week; this results in them being invited to meet with the attendance coordinator. The use of Qwickly® on Blackboard Learn, has allowed monitoring of asynchronous sessions, with Blackboard sharing data on how students have engaged, this being monitored by the attendance coordinator, who addresses reasons for non-engagement. Fewer students than previously have been flagged during the pandemic and the School has looked at reasons for non-engagement such as IT problems and wellbeing issues. Across all years of the course, only nine students had been flagged, eight of whom had actually downloaded the asynchronous material and done the work.

Standard 9: Resources and capacity

Standard continues to be met? Yes No (accreditation team use only)

The documentation described how the Executive Dean of the Faculty continues to have the ultimate responsibility for ensuring that the School has an appropriate financial allocation, along with staffing and the other resources required to deliver the outcomes, while the Head of School continues to be responsible for ensuring that this financial allocation is distributed and used appropriately. There is a capital budget which supports the purchase of research equipment and an annual recurrent budget which funds the costs of, for example, repairs and general maintenance, purchase of laboratory and office supplies, telephones and postage, external examiners, and staff development. Academic staff numbers have risen from 12.6 FTE at the last event to 15 FTE, including 1.6 FTE temporary staff members.

The presentation (meeting 3) informed the team that the number of applications for the MPharm programme had increased from 260 for 2020, with 236 offers, to 308 for 2021, with 276 offers. As a result of anticipated grade inflation, the School expects an increase in the number applicants who meet entry requirements and are offered places. Based on previous experience of the conversion of offers made to students taking up places, the anticipated MPharm student intake will be 75 for the next three admission cycles. The team noted that at the 2018 interim event the increase (by 13) to 50 students in the first year had placed some pressures on space, but the School had managed without the need for double teaching. Wishing to learn how resources have been adjusted to support the current and future marked increases in student numbers, the team was told (meeting 3) that this increase had resulted from Northern Ireland workforce planning and the pharmacists' enhanced role leading to increased interest among prospective students. Discussions have taken place to increase the number of academic staff, probably by up to four, and there is a strong commitment from the Faculty for such increases, with the support and assurance of the Executive Dean. One case for an additional technician to support pharmacy practice classes has already been approved. The team learned (meeting 3) that the School's and University's financial position had suffered much less as a result of the pandemic than that of other institutions because of the University's low reliance on international students. Moreover, the reduction in travel costs during pandemic has contributed to improving the financial balance and the current increase in student numbers will continue to have a positive effect on income. Welcoming the planned increase in resource in response to the expansion of student numbers, the team will expect to see these staffing and other resources in place at the next reaccreditation event.

Noting student comments from SSCC minutes concerning lack of space, the team was told that additional space for teaching will arise from the School taking ownership of the other side of the present building. Moreover, a currently empty laboratory seating 60-70 students is to be used. While trying to maintain a strong School identity, the increased student numbers have already necessitated using other rooms on the campus; all of these are nearby, so that students have no more than a five-minute walk. The students (meeting 8) confirmed their satisfaction with the facilities, which they described as new and state-of-the-art. Space had been an issue discussed at the SSCC, with some rooms being too small and one room being too long to allow people at the back to hear, but all these matters had been rapidly addressed. Having a stand-alone

building was convenient and this was in easy reach of the main building, allowing ready access to facilities for example, for printing or coffee.

In response to the team's wish to know how the new medical school will impact on the resources available to the MPharm programme, the School's representatives (meeting 3) explained that as the medical school is on the Magee campus, it will have no physical impact. The School viewed the medical school as a positive development that, although on a different campus, will enhance opportunities for IPE, enhance clinical skills teaching and contribute to the development of MMIs for undergraduate admissions. The team was told that the Professor of Pharmacy Education is very involved in developing the medical programme; while welcoming these close links, the team (meeting 9) expressed concern about the School's heavy dependence on the Professor of Pharmacy Education, especially in light of her 0.6 FTE role in the School of Medicine.

Significant pedagogic developments

Example 1 Exploration of the effectiveness of Inter-Professional Education (IPE) on the MPharm

A study aimed at evaluating MPharm students' experience of active engagement with IPE, conducted using a questionnaire and structured interviews, showed that most participants were satisfied with the overall level and experience of IPE within the MPharm programme and identified that shared learning with other healthcare students significantly increased their ability to understand clinical problems; students identified IPE as a vital component of their studies.

Example 2 Making the Most of Patient Public Involvement (PPI)

In order to evaluate their experience of active engagement in PPI, students in years 2-4 and graduates from 2019 completed questionnaires comprising a range of qualitative and quantitative questions. The study showed that as they progress through the programme, students' understanding of PPI increases, as a result of workshops to demonstrate empathy, understand needs of the patient and develop communication skills; the work involved patients with a wide variety of conditions including dementia, Parkinsonism, arthritis and cancer. The study concluded that PPI is integral to the professional education of undergraduate pharmacy students and continues to have a positive impact on attitudes and behaviours of pre-registration pharmacists. Questioning if PPI was only for the MPharm, the team was told (meeting 7) that this may be introduced into IPE. The team was told that stakeholders were involved in the development of PPI in the course and patient representatives participated in the case studies, including the design of the workshops. PPI starts with students speaking to patients and develops progressively across the course.

Example 3 Development of educational games

In order to improve student engagement and learning experiences within an elective module on 'Pharmaceutical Nanotechnologies' by co-designing educational games, students were

consulted through a questionnaire, following which they participated in sessions which involved students developing questions from one of the lectures. The particular module is based on recorded lectures and students can work through these at their own pace, the activities being assessed primarily through the creation of a research poster. Educational games, such as escape rooms, have been shown to improve learning by stimulating student interest and motivation through social interactions with educational content, and educational escape rooms are effective pedagogical tools used to develop students' knowledge and skills and improve teamwork. Working in groups, the students developed questions after indicating which parts of the lecture they thought were important for understanding the topics. Following these sessions, the module coordinator further developed the student questions into clues and hints that would be suitable for an 'escape room' and that would require the students to understand the material to progress. The students were enthusiastic about the idea of an 'escape room' and were happy to be part of the co-design of questions/clues. By developing questions, the students showed that they could identify the important parts of the lecture, which could then be used when constructing their poster. The team (meeting 7) wondered how students with specific learning needs, such as dyslexia, would adapt to these activities.

Example 4 Improving feedback for extemporaneous dispensing activities

To improve the feedback to third-year MPharm students on their extemporaneous dispensing, feedback was provided both as general feedback in tutorials and as individual feedback, the latter providing each student with details of how marks were lost, highlighting the specific error and areas to further develop. Following individual feedback, tutorial sessions allowed students to ask questions and engage in discussion about what is expected for each of the products generated during the extemporaneous dispensing formative assessment. Students found both types of feedback to be very useful and commented that the individual feedback clarified their understanding of their errors and of areas that required further information; the tutorial sessions were also well received, allowing further understanding of where they had gone wrong.

Example 5 Virtual Community Pharmacy Placements during a pandemic

The current COVID-19 restrictions necessitated adjustments to the usual community pharmacy placement experience, with the development of virtual placements delivered using the Blackboard learning environment for students in years 1 and 2. Here, students worked through a series of interwoven practical and written activities in their placement handbooks, following introduction to the virtual placements in a series of synchronous online classes. Throughout the online 'placements', students developed an understanding of the principles and practices involved in ensuring an accurate and efficient dispensing process; they also further developed their clinical and communication skills through responding to symptoms and counselling on over the counter medication. Thus, virtual placements provided students with a safe environment to explore and practise the knowledge and skills gained throughout the curriculum. While these will not replace the 'hands-on' experience, they will be evaluated to inform future curriculum development.

Example 6 Designing assessment rubrics for scientific reports – a collaborative model

Scientific writing encourages students to develop and support an argument and communicate

their findings in a clear and concise manner. It is important that students clearly understand what is expected in relation to the structure and content of a scientific report. Staff and student focus groups were utilised to elicit opinions and perspectives as to what to include in a scientific report rubric. The co-developed rubric was used to assess and provide feedback for a scientific report as part of coursework assessment for a level 5 MPharm module; students' marks for this report before and after development of this rubric were compared and questionnaires were used to gather and student opinions on the usefulness of the rubric. Although the use of the rubric did not improve student performance, feedback was overwhelmingly positive: students highlighted that the rubric was 'self-explanatory' in communicating the assignment requirements and staff stressed the importance of the inclusion of 'critical analysis' and 'clarity'.

Example 7 'Narrowing the Gap' – Chemistry Tutorials for non A-level students of Pharmacy and Pharmaceutical Biosciences

Additional, weekly, voluntary tutorials, led by PhD students, were provided for first-year students struggling with the chemistry component of a first semester module. The aim was to make the content specific and applicable to the first year curriculum and also to narrow the attainment gap between students who had previously studied A-level chemistry and those who had not. Subject areas within the A-level syllabus were identified and aligned with the relevant first-year chemistry components. Questions to be attempted by the students were posed via the Blackboard VLE one week before each tutorial. Based on feedback and the reduction in the module failure rate from 21.3% to 6.1% these tutorials were deemed successful and have now become part of the practice within the first-year cohort.

Example 8 Enhancing Student Experiences through Co-design of Module Delivery

Feedback from previous cohorts of first year MPharm students has shown problems in learning biochemistry. In order to find ways of making the subject more engaging, the academic member of staff delivering the biochemistry component partnered with first-year and second-year students. As a result of these discussions, changes were made to biochemistry lectures; these included putting summaries of traditional lectures together with additional material from the PowerPoint slides on the VLE, introducing in-class active learning such as quizzes, providing advanced copies of lecture notes and supplementary reading on the VLE along with recorded lecture material, quizzes and MCQs, and continued discussions with students as partners. 'Partnership' with the students occurred through class discussions, informal chats and studies adviser meetings. Evaluation using questionnaires and focus groups showed this inclusive partnership approach to have brought a better mutual understanding of the staff and students, which should improve student engagement and performance in the long term.

