

## **University of Wolverhampton Master of Pharmacy (MPharm) degree interim event report, May 2021**



# Contents

<b>Event summary and conclusions</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>2</b>
<b>Role of the GPhC</b> .....	<b>2</b>
<b>Background</b> .....	<b>3</b>
<b>Documentation</b> .....	<b>3</b>
<b>Pre-event</b> .....	<b>3</b>
<b>The event</b> .....	<b>3</b>
<b>Declarations of interest</b> .....	<b>4</b>
<b>Schedule</b> .....	<b>4</b>
<b>Attendees</b> .....	<b>4</b>
<b>Key findings</b> .....	<b>5</b>
<b>Standard 1: Patient and public safety</b> .....	<b>5</b>
<b>Standard 2: Monitoring, review and evaluation of initial education and training</b> .....	<b>6</b>
<b>Standard 3: Equality, diversity and fairness</b> .....	<b>8</b>
<b>Standard 4: Selection of students</b> .....	<b>9</b>
<b>Standard 5: Curriculum delivery and student experience</b> .....	<b>10</b>
<b>Standard 6: Support and development for students</b> .....	<b>15</b>
<b>Standard 7: Support and development for academic staff</b> .....	<b>16</b>
<b>Standard 8: Management of initial education and training</b> .....	<b>17</b>
<b>Standard 9: Resources and capacity</b> .....	<b>17</b>
<b>Significant pedagogic developments</b> .....	<b>18</b>

## Event summary and conclusions

<b>Provider</b>	University of Wolverhampton
<b>Course</b>	Master of Pharmacy (MPharm) degree
<b>Event type</b>	Interim
<b>Event date</b>	28 May 2021
<b>Current accreditation period</b>	2020/21 - 2022/23
<b>Relevant standards</b>	<a href="#">Future pharmacists Standards for the initial education and training of pharmacists, May 2011</a>
<b>Outcome</b>	<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 Standards for the initial education and training for pharmacists, 2021.</p> <p>The team noted the appropriate adaptations that have been made to manage course delivery during the pandemic, and that both staff and students appear to be well supported during this time.</p>
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	No recommendations were made.
<b>Registrar decision</b>	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.
<b>Key contact (provider)</b>	Dr Colin Brown, Head of School.
<b>Accreditation team</b>	<p>Ahmed Aboo (Team Leader) Associate Professor in Pharmacy Practice, De Montfort University</p> <p>Dr Geoffrey Hall (Team member - academic) Retired, formerly Associate Head, Leicester School of Pharmacy, De Montfort University</p>

	<p>Dr Marisa van der Merwe (Team member - academic) Associate Head Academic, Principal Lecturer in Pharmaceutics, University of Portsmouth</p> <p>Professor Luigi Martini (Team member - pharmacist) Chief Scientist, Royal Pharmaceutical Society</p> <p>Kirsten Little (Team member - pharmacist recently registered) Clinical pharmacist (mental health), NHS Forth Valley</p> <p>Leonie Milliner (Team member - lay) Director of Education, General Optical Council</p>
<b>GPhC representative</b>	Philippa McSimpson, Quality Assurance Manager, GPhC
<b>Rapporteur</b>	Professor Brian Furman (rapporteur) Emeritus Professor of Pharmacology, University of Strathclyde
<b>Observers</b>	<p>Lyn Hanning (observer – accreditation panel member in training) Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath</p> <p>Dr Mathew Smith (observer – accreditation panel member in training) Director of Learning and Teaching, School of Pharmacy &amp; Pharmaceutical Sciences, Cardiff University</p>

## 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 the University of Wolverhampton is delivered by the School of Pharmacy, one of six schools in the Faculty of Science and Engineering. The programme was last reaccredited in June 2014, when the accreditation team agreed to recommend that it should be reaccredited for a full six-year period, subject to one condition relating to criterion 5.10; this condition required all assessments to have clearly articulated threshold criteria to assure patient safety. While the team was not suggesting that the assessments were unsafe, the evidence presented did not provide confidence that the descriptors for the marking criteria, for example in the calculations assessment, were clearly articulated for staff or students. This condition was duly met, and at the subsequent interim visit in February 2017 the team recommended continued accreditation with no conditions or recommendations.

The University of Wolverhampton MPharm was due to be reaccredited in 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 28 May 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 10 May 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. The event was held via videoconference between the University of Wolverhampton and the GPhC accreditation team on 28 May 2021 and comprised meetings between the GPhC accreditation team and representatives of the MPharm programme.

## Declarations of interest

Professor Furman was external examiner in pharmacology at the University of Wolverhampton between 2003 and 2006; however, this was not in the School of Pharmacy. The team agreed that this did not constitute a conflict of interest.

## Schedule

### Day 1 – 27 May 2021

Meeting number	Meeting	Time
1.	Private meeting of the accreditation team and GPhC representative	14:00-15:45

### Day 2 – 28 May 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	13:00-14:00
7.	Significant pedagogical developments	14:00-14:45
	Break	14:45-15:00
8.	Student meeting	15:00-16:00
9.	Private meeting of the accreditation team and GPhC representative	16:00-16:45
10.	Feedback to the University of Wolverhampton	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
Anderson, Dr Steve	Senior Lecturer, Pharmacology	3, 5, 7
Ball, Professor Patrick*	Pharmacy Practice	3, 5, 7, 10
Bhatara, Kay	Senior lecturer in Pharmacy Practice, Year 4 Tutor, Foundation Year Support Tutor	3, 5, 7
Bhatti, Bal	Senior Technician	3, 5
Brown, Dr Colin*	Head of School, Pharmacology	3, 5, 7, 10

Brown, Dr Sarah	Demonstrator, Pharmaceutical Science	3, 5
Butler, Dr Benjamin	Lecturer in Pharmaceutical Chemistry	3, 5, 7
Dar, Arifa	Academic Coach	3, 5
Elsaid, Dr Zeeneh	Lecturer in Pharmaceutics	3, 5, 7
Hewitt, Dr Mark	Senior lecturer in Pharmaceutics, Pharmacy Admissions Tutor	3, 5, 7, 10
Hindle, Alan*	Principal lecturer in Clinical Pharmacy, PSRB Lead, Year 3 Tutor	3, 5, 7, 10
Howl, Professor John	Molecular Pharmacology	3, 5, 7
Jones, Dr Sarah	Reader Molecular Pharmacology	3, 5, 7
Kachala, Simren	Hospital TP, Walsall	3, 5, 7
Kaialy, Dr Waseem	Senior lecturer in Pharmaceutics	3, 5, 7
Kauser Samaira	(on maternity leave until September 2021), Senior lecturer in Pharmacy Practice, IP Course Leader	3, 5, 7
Key, Michelle*	Senior lecturer, MPharm Course Leader, Year 1 Tutor	3, 5, 7, 10
Low, Dr Wan Li	Senior lecturer in Pharmaceutical Science	3, 5, 7
McDonnell, Philip	University Head of Admissions	3, 5
Morrissey, Dr Hana	Reader in Clinical Pharmacy	3, 5, 7
Palframan, Dr Matthew	Lecturer in Pharmaceutical Chemistry	3, 5, 7
Rahman, Dr Ayesha	Senior lecturer in Pharmaceutical Microbiology	3, 5, 7
Reyad, Dr Ayman Antoun	Senior lecturer in Pharmacology, Year 2 Tutor	3, 5, 7
Ridge, Janine	Principal Pharmacy Technician	3, 5
Sattar, Hammara	Hospital Teacher Practitioner, Dudley	3, 5, 7
Shiner, Dr Ruth	Associate Dean (Academic), Faculty of Science and Engineering	3, 5, 4
Walters, Sam	Hospital Teacher Practitioner, Wolverhampton	3, 5, 7
Wright, Dr Bernice	Lecturer in Pharmacology	3, 5, 7

\*Participated in the pre-event videoconference on 10 May 2021.

The team also met a group of ten students by videoconference; this comprised three students from year 1, two from year 2, two from year 3 and three from year 4.

## Key findings

### Standard 1: Patient and public safety

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

The documentation described how students are introduced to the GPhC's *Standards for Pharmacy Professionals*, alongside the *Fitness to Practise Policy and Procedure*. Students make

an annual online declaration to confirm their ongoing fitness to practise; they are not permitted to engage in patient-facing activities where there is evidence that their health and/or character may jeopardise patient safety. Before attending placements students receive guidance on their expected conduct, and must pass a pre-placement test. The guidance incorporates patient confidentiality, the recognition of the limits of personal competence, professional appearance, and infection control requirements. Wishing to learn about the format of the pre-placement test and how it is used, as well the consequences of a student failing this test, the team was told (meeting 3) that the test, for which three attempts are allowed, comprises 10 multiple choice questions (MCQs) that are similar to the individual readiness assurance tests used in team-based learning (TBL) (see standard 5). The questions cover material included in the placement manual dealing with, for example, health and safety, bare-below-elbow rule for hospitals, raising concerns, confidentiality, and the importance of acting within the sphere of their competence; the purpose of the test is to ensure that students have read the placement booklet, which includes all the relevant material, thus making the test easy to pass. If students fail their second attempt, they are brought in for discussions with a member of staff. As students cannot participate in placements until the test is passed, there is a retrieval opportunity later in the year. While nobody has yet failed a third attempt, were this to occur, the student would be considered unsafe and would not be allowed to attend any placements, thereby failing the portfolio and being held back a year. Use of the test has reduced the incidence of problems such as dress code infringements. In this context, and in response to the team's wish to learn what mechanisms are in place to monitor and report on student behaviour/performance while on placement, the School representatives explained that students know what is expected of them and poor behaviour would result in them being asked to leave the placement; this would be addressed by the Faculty Suitability Panel, which could result in warnings or penalties, with more serious cases being escalated to the University Fitness to Practise Panel. The reporting mechanisms are facilitated by a teacher-practitioner being based in each of the four hospitals used for these placements; small groups of only four students attend at any one time, with the teacher-practitioners being informed of any incident, which would then be reported directly to the module lead. Before the pandemic, there were also formal mechanisms involving a set of feedback questions completed by the providers, who also provided testimonials for the students.

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

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

The presentation (meeting 3) described the proposed restructuring of the Faculty of Science and Engineering, whereby the number of schools will be reduced from six to five, along with some restructuring of the schools themselves; the School of Pharmacy will be unaffected by this process. As this new structure will be in place from August 2021, the team would expect to review any impact on the MPharm at the next reaccreditation. Noting that the new structure includes a School of Medicine, the team was informed that this will not offer an undergraduate medical course but covers paramedic science, biomedical sciences and medicine & clinical practice; it will provide opportunities for experiential learning and inter-professional education.

Noting that the risk register is at Faculty level, with the latest version dating from 2019, and wishing to learn how the key risks associated with the programme are identified, and how

mitigating measures are embedded in the School's business plan, the team was told (meeting 3) that the Faculty addresses higher level risks, while School-level risks are identified in the annual academic enhancement plan, which emerges from a series of meetings focussed on a set of criteria that consider, for example, student progression and employability. Key risks are the integrity of the course, its sustainability, student retention and progression, employability, NSS data, and anything needing auditing. While accepting that risks are considered and addressed, the team would have preferred to see a School-level risk register that not only identify the risks but that would also include how these risks might be mitigated.

The documentation described how student feedback includes data from the National Student Survey, module evaluation, and feedback via meetings of the staff-student liaison committee (SSLC), as well as feedback from any *ad hoc* meetings with elected student year representatives. In response to the team's wish to learn how the School captures and responds to student feedback, as well as to hear examples of actions/changes made as a result of such feedback, the School representatives explained that feedback is obtained informally, and through formal, mid-module and end-of-module evaluation, as well as through the SSLC. The School course committee, which receives this feedback, reports to the Faculty, which, in turn, reports to the University; a 'you said – we did' policy operates. The School representatives gave several examples of changes made in response to student feedback; these included the provision of TBL study packs earlier than on the day, allocation of more time with service users with the opportunity to change roles in student pairs, and the provision during lockdown of live, interactive lectures with recording of the chat line. The students (meeting 8) confirmed that they could make their voice heard and were listened to, with opportunities to provide feedback through module evaluation, as well as via the SSLC, and with comments from the latter being fed back through Canvas; any queries could be used to create a discussion via the online portal. Examples were given relating to changes to TBL, such as extension of submission deadlines in response to their feedback, as well as the recording of lectures, about which there had been some initial hesitancy; in the latter example, all lectures are now recorded, the University having provided training to the staff.

Noting from the documentation that quality assurance of placements includes feedback via student reflections in the placement workbooks, but wishing to learn how, in usual circumstances, placements and placement environments are quality assured across multiple GP practice and community providers before students embark on them, the team was told that the School works with a network of community providers who are well known to the staff and with whom the School has worked for a long time; visits were made initially. For GP placements, a School staff member who has worked in a GP practice made the practice aware of the requirements. The team noted the reliance of the School on established relationships with placement providers and would expect to see a more formal quality assurance mechanism for placements that would be implemented before allowing students to participate in a placement with a new provider.

In response to the team's wish to know how changes made during the pandemic will be evaluated and which of those changes might be retained in the longer term, the School representatives explained that students had appreciated the Panopto recording of lectures, which allowed them to be viewed again in the students' own time; they had also enjoyed the interactive online feedback. Putting TBL study packs on Canvas had saved paper and the

electronic management of teaching, learning and assessment, along with the ability of students to get in touch with the staff, had been effective.

### Standard 3: Equality, diversity and fairness

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

The documentation described how implementation of the University's equality and diversity policy is overseen by the Equality and Diversity Working Group, while at Faculty level this is the role of the Faculty Equality and Diversity Committee. All members of staff must undertake training in equality and diversity and unconscious bias every two years; students are also required to undertake equality and diversity training and ethical issues are considered throughout the course.

Noting the University-level widening participation policies (see also standard 4) and wishing to learn more about how these are applied at School/programme level, the team was told (meeting 5) that this is achieved through continuous monitoring of the MPharm course with regard to protected characteristics, looking at aspects such as progression and degree classifications, and considering what adjustments might be required: no issues requiring action were identified this year. Since its inception, the MPharm programme has attracted a very diverse intake, this impacting on the whole culture of the course. The University has developed inclusive framework categories relating to diversity, these influencing, for example, choices in the type of assessments used, and an audit is taking place across the University to examine this. There is a strong push on inclusivity, with annual inclusivity conferences, these feeding down to promote discussions at School level. The Faculty is also piloting a 'managing a respectful workplace' initiative, which aims to instil the principles of equality and diversity into working practices, actions being rolled out across the schools. The team was told that the University holds a bronze award under the race equality charter.

While appreciating that numbers were small, the team had noted that black students, as well as students entering with BTEC qualifications, appeared to show a higher rate of repeating years than others, and wished to learn what conclusions have been drawn from progression data in the context of equality and diversity criteria and entry qualifications. In meeting 5, the School representatives explained that BTEC qualifications were accepted to improve accessibility to the MPharm, because some applicants are unable to take A-level chemistry. This had created a problem, because some entrants had not chosen the most appropriate BTEC units and had entered the course feeling disadvantaged and with low confidence. Moreover, BTEC had previously relied only on coursework, so that students were unfamiliar with examinations and their associated techniques and attendant pressures. BTEC now employs traditional-style examinations and the School has also tightened up on its BTEC entry requirements, with particular units being specified, including chemistry and mathematics. Students are also provided with extensive support and undertake a 'chemistry readiness test' with subsequent additional support offered where needed, to ensure that all students have the appropriate level of chemistry. The team was told that progression does not always correlate with ultimate

attainment. Because of family and other pressures, some groups such as black students, albeit in low numbers, need to use extenuating circumstances to take leave of absence; however, while progression is consequently delayed, the data show no attainment gap for black students compared with others. There are sometimes problems with English language, which explains why the School has increased its GCSE English requirement from grade 4 to grade 5; the School does not want to accept students onto the MPharm who will not succeed. Success is also helped by the group and team working that is intrinsic to the course.

#### Standard 4: Selection of students

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

The documentation described how a wide range of qualifications is considered for entry to the MPharm programme. Wishing to know the mechanisms in place for ongoing monitoring and review to assure that these entry criteria remain appropriate, the team was told (meeting 5) that they are reviewed each year in an ongoing process in light of the performance of students with different entry qualifications, this having led to increases in grades required for English and mathematics and the specification of particular units for BTEC entrants; the qualifications required by competitor universities are also considered. In response to the team's wish to know how confident the School is in being able to hold the higher grades being asked for GCSE English and mathematics, the School's representatives explained the importance of location as a major factor, the aim being to attract applicants from Birmingham and the Black country to come to Wolverhampton to do pharmacy; the School is considering the equivalence of in-house mathematics and English courses.

Noting that the School is in the process of introducing a contextual offers policy and wishing to know how it will impact on student selection, the team was told that this relates to the University's 2030 strategy which includes regional outreach and direct, targeted outreach to areas or schools showing disadvantage. The policy has been developed through examination of UCAS data in considering the core components for disadvantage, looking at students coming from the most disadvantaged areas according to POLAR4 and the Scottish Index of Multiple Deprivation and from English schools/colleges with the poorest key stage attainment, also taking into account applicants who have spent time in care or who have experience of the care system. If applicants have one of these flags, their offers of a place will be reduced by one grade (equivalent to eight UCAS points); if they have two flags, the offer would be decreased by two grades (equivalent to 16 UCAS points). The School aims to be as inclusive as possible, making an appropriate up-front offer if applicants show an interest in pharmacy and the University, thereby reducing the reliance on clearing. Contextual offers are part of the strategy in combination with values-based interviews (see below); once students are admitted, there are support mechanisms, including the availability of bespoke support for chemistry and mathematics, as well as the use of enquiry-based learning.

Noting the introduction of a values-based recruitment approach for the 2021-22 entry, and wishing to learn about the process that is used to decide whether individuals meet the criteria during the interview or situational judgement test, as well as how it is decided whether or not to accept an applicant who fails to meet one or more of the criteria, the team was told (meeting 5) that this was the first year of its use and the whole process was run online. The process involves

a group activity with groups of seven students being interviewed by two members of staff, who use a proforma based on six criteria based on the GPhC standards for pharmacy professionals. The activity requires the students to work as a team to discuss two situational judgment scenarios, selected from a bank, to which they must apply values-based criteria. Each applicant is also asked individual questions and is marked on communications, leadership, professional conduct, use of prior knowledge and skills, and team-working, using a scale of 0, 1 and 2: 0 indicates a red flag, where the candidate does not meet a criterion, and 1 and 2 indicate partial and complete meeting respectively. Candidates scoring 1s and 2s progress, while those with red flags are subject to follow-up questioning, these applicants being rejected if they still do not meet the criteria; candidates with red flags are always given the opportunity to address the problem. Moreover, if candidates suffered technical difficulties, such as those occurring due to IT connectivity issues, they would be offered a second interview based on different scenarios. The team was told that equality and diversity aspects in the values-based recruitment process are addressed through the provision of training in group interviewing, which covers EDI issues. This is in addition to the mandatory staff online training in EDI and unconscious bias, which is undertaken by all staff members every two years, and for which automatic e-mail reminders are sent through the HR system; this is built into staff annual appraisal and review to ensure that training is current and renewed every two years. The School ensures that interviewing pairs, who know nothing about the applicants, reflect a balance of gender and practice/non-practice staff; adjustments can be made if problems are identified. No changes to the present process are yet planned; the process works well with small group interactivity and the staff enjoyed meeting applicants, who always ask good questions. The team was told that these interviews act as filtering mechanism, because attendance for interview is an indication of commitment; those not attending are excluded from admission to the MPharm programme.

## Standard 5: Curriculum delivery and student experience

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

The presentation (meeting 3) outlined the structure of the integrated MPharm course, which comprises four 120-credit stages; an exemption from normal University regulations had allowed the creation of these year-long 120-credit modules. Within these blocks, thematically titled strands run across each year, with stage learning outcomes and assessments sitting outside of the strands, thus allowing vertical integration across the years; by stage 4, students are dealing with special patient groups and more complex patients. Most years have eight to ten learning outcomes related to the GPhC standards, with around 12 assessments per year, these being proportional to the number of credits. As well as more conventional teaching methodologies, the programme makes extensive use of enquiry-based learning, with team-based learning (TBL) predominating at stages 1 and 2, then phasing out during stage 3; and case-based learning (CBL) being introduced in year 3 and used across the final year. TBL uses study packs distributed beforehand. Here, students work in teams of five to seven, the process commencing with individual and team 'readiness-assurance tests' followed by focussing on problems and scenarios to build their knowledge foundation. This transitions to CBL in years 3 and 4, where students work on cases in groups of 12 through self-directed study facilitated by a member of staff across a three-week cycle, with students variously taking on roles such as chair, scribe, timekeeper and group process review lead. The cases are heavily integrated with a multi-

disciplinary staff input. Wishing to know about the School's strategies to deal with lack of student engagement in TBL and CBL, the team was told that initially the groups meet, currently using Microsoft Teams, so that students get to know each other, and that progress is monitored across the first semester; staff can see if teams are not working and can also prompt quieter students to contribute. There is a first year session about TBL which includes collaborative teamwork based on fun activities and that discusses what action to take where a team is not working, or if a team member appears to be not pulling their weight. The individual and team readiness-assurance tests are summative, providing both qualitative information and quantitative data that are monitored throughout the year, with early identification of problems and appropriate staff interventions. A peer review process is incorporated into TBL, this being used formatively at first; the peer review process enables the identification of problems. The team was told (meeting 7) that only team-based activities, such as the team readiness assurance test (tRAT) are subject to peer review, team members being scored on the various attributes by others from 0.5 to 1.5, where 0.5 is less than satisfactory, 1+ means capable and effective, and >1 = a role model; team members are discriminatory in marking their peers. Students remain in the same teams throughout a year, but the teams change in composition from year to year in order to prevent the development of cliques; this applies to both TBL and CBL. In general, students work well in their teams and their perception of TBL and CBL is positive, as evidenced by final year student surveys (see examples 1 and 2 under 'significant pedagogic developments').

The presentation (meeting 3) described how the pandemic had necessitated the move to online learning after March 2020, although most of the teaching for the academic year 2019/2020 had been delivered by that time. Extensive use was made of Panopto lecture capture and the Canvas virtual learning environment (VLE), with TBL and CBL migrating to online activity through Canvas using 'Microsoft Teams' and 'BigBlueButton'. Following the development of a Covid-secure campus across the summer of 2020, the MPharm moved to blended learning with TBL and CBL continuing to be delivered online. The School adopted a targeted approach to the scheduling of in-person, socially-distanced classes, for example, for communication skills workshops and practical classes. The students (meeting 8) told the team that the staff had done everything possible to facilitate laboratory classes and submission of reports during the pandemic. In the move to online teaching, the students confirmed how TBL and CBL had continued using Microsoft Teams and BigBlueButton. Teaching sessions had been recorded, with flexible access to help everybody, and additional time was provided if students had problems logging on for TBL. Although online, the sessions were highly interactive so that they felt like face-to-face activities, and extra time was made available to ask questions after lectures. Good support had been provided for calculations. The students reported that on-campus sessions were well-managed, with social distancing in laboratories and students well-prepared beforehand; everything had been completed.

The documentation showed how students undertake learning experiences involving patients, carers, simulated or standardised patients, and student, as well as qualified, health professionals both in the workplace and in the academic environment; these experiences include structured placement visits. The presentation (meeting 3) described how placements had been replaced by online activities during the pandemic using service users and practitioners. Virtual, simulated placement experiences had been used, together with online presentations by external experts,

including an independent prescriber pharmacist, with time allowed for students to ask questions in a protected environment. Year 1 activities were tailored to complement what was being learned. In meeting 8, the students confirmed the use of online placement activities in year 1 covering community and hospital pharmacy, the latter including aseptic work, which had given a good insight. Throughout the years, the online placements had worked well, allowing role-play with community pharmacists; where students had been unable to participate, the activities had been rescheduled. In relation to working with patients and carers, the students (meeting 8) described service user sessions in which patients came into the University to give their perspectives, with the opportunity for students to ask questions. While skills could be practised during placements, for example in hospital, with feedback from patients, pharmacists and academic staff, this could also be done online with patients during the pandemic.

The documentation described how for inter-professional education (IPE) the School is collaborating with the Faculty of Education, Health and Wellbeing in developing IPE case studies for a simulated patient pool study activity known as *SIM Street*; this will complement and build upon the IPE activities currently undertaken by all level 6 MPharm students at the Dudley Group NHS Trust site. The team noted from the last event that the School had plans to develop its IPE strategy, and to include additional professionals. In response to the team's wish to learn how these plans are progressing, how the new SIM Street platform will be used, and how it will enhance the student learning experience, the School's representatives explained that this is based on a package of cases written by a multidisciplinary team; the cases, which are now all prepared and ready to use, will be put onto Canvas and will include interactive material with video-recordings and simulations where possible, with service users brought in to role play within the cases. Discussion of these cases will involve nursing, paramedic science, social work and midwifery students, and the pilot, postponed from last year, will now take place in the summer of the current year. Other IPE activities include working with medical students at the Dudley Group NHS Trust. There is a new suite at the University's Telford campus which will accommodate a large number of students simultaneously for IPE activities. Because of the pandemic, this year's IPE activity was based on a Covid scenario, in which students worked on a lockdown package where they were required to produce posters on an action plan; in doing this, they needed to learn about CCGs and GP practices. The School representatives highlighted the problem of timetabling IPE, emphasising that all schools participating in IPE must make it compulsory, with students dropping other activities to take part; the School has already implemented this approach, whereby pharmacy students were required to miss case-based learning in order to undertake IPE with medical students. In meeting 8, the students told the team about their IPE sessions with nursing and mental health nursing students, in which role play was used in case studies, where they worked in multidisciplinary teams. They also worked with medical students in hospital where, again, role play was used in addressing medication problems in stroke patients, where they considered the use of oral versus parenteral medication. Where physical meeting had been impossible because of the pandemic, online role play based on cases studies had been used. There had been interesting sessions concerned with what other healthcare professionals thought about pharmacists and how to work with each other, including interactions with doctors and nurses in working together on a patient, discussing the steps to be taken. The students described a workbook that covered systems and the roles of different healthcare professionals and told the team that they were aware of their importance. While acknowledging these activities and welcoming the development of SIM

Street, the team would expect to see a clearer articulation of an IPE strategy at the next reaccreditation.

The presentation (meeting 3) emphasised that compensation and condonation are not allowed, and course integration requires all assessments within each 120-credit module to be passed at the stipulated minimum level for progression from one stage to the next and for the award of the MPharm; certain patient safety-related assessments must be passed at a higher level than the University norm. In some cases, when patient safety is compromised, marks will be removed to ensure that a pass cannot be achieved. Because the course comprises a single, 120-credit module at each stage, the usual University resit arrangements cannot be applied. Instead, students can undertake a third and final resit for each summative assessment within a given 120 credit stage during the normal academic year, rather than in September; if this final attempt is failed in respect of any assessment, they will not be permitted to retake the stage. The School representatives explained that the third attempt takes place in the following academic year, with those students being held back a year. These students are registered as external, non-fee paying students who cannot attend classes but who retain access to Canvas, which offers a large amount of material in the form of TBL study packs, and who continue to receive support from their tutors via appointments booked through SAMS (see standard 6). Such students, who may attend certain classes such as dispensing, usually succeed if they engage. The School representatives explained that timing the third resit later than previously has improved progression rates through allowing greater consolidation time.

The team was told (meeting 3) of the 'fit-to-sit' policy, whereby students with accepted extenuating circumstances who then proceed to take the relevant assessments will be awarded the mark achieved and will forgo the right to be allowed to re-take that assessment as a first attempt.

The presentation (meeting 3) informed the team that the assessment weightings had been modified since the interim visit in 2017; the modifications included a reduction in the weighting of the portfolio with a weighting now given to the calculations assessment in each year, and the introduction of a new final-year synoptic clinical MCQ examination, with a corresponding reduction in the weighting given to the OSCE. Wishing to know the impact of the changes made to the calculation assessment, and of the introduction of final year synoptic examination, the team was told (meeting 5) that giving a weighting to the calculations assessment provided motivation to the students to keep on top of calculations and practise them, rewarding those students who do well; previously a minority of students had ignored calculations because the assessment did not have a weighting. There was no information yet as to whether this change had any impact on progression. The additional synoptic examination was introduced to allow assessment of material across the whole course to better prepare students for their foundation year. The final year included 14 assessments, some of which were zero weighted, and some students needed to re-sit, this creating more pressure. The team was told that the overall pass rate in year 4 remained at over 90% since the introduction of the synoptic examination.

The presentation (meeting 3) described how assessment had been modified during the pandemic, with coursework and assignments being submitted electronically, an arrangement already in place. Final year examinations took place as normal in May, although with shorter

assessments and the OSCE converted to a very short, time-constrained assessment comprising written stations; communication skills had already been assessed in the previous year. The third-year case discussions were conducted by videoconference. Wishing to learn how the academic integrity and quality of assessments had been maintained during the pandemic, with the move to using online assessments, the team was told (meeting 5) that students were required to submit justification and working out of their answers, including those for MCQs and calculations, and the format of the first year law and ethics examination had been changed from MCQs to short-answer questions (SAQs); these changes deterred plagiarism and collaboration. Moreover, MCQs were randomised from a bank of questions and all written examinations were submitted through Turnitin. The students (meeting 8) told the team that assessment during the pandemic had been smooth with the use of technology and online MCQ examinations; students each had different questions, with the assessments being timed and taken individually. They considered the assessments to be fair, rigorous and robust, with submission and marking being just as if they had taken the assessments in person in the normal way. The students told the team that where technical problems such as breaking down of laptops had occurred, either for learning activities or in assessments, the University had provided computers along with support. Students had received an e-mail at the beginning to offer IT support if required. IT resources such as laptops were provided through the library, and deadlines for their return had been extended where students were unable to get back to the campus. The IT team were very supportive and staff members had been proactive; any issues arising during examinations had been rapidly resolved in response to e-mails.

Noting the relatively poor performance of Wolverhampton graduates in the GPhC's registration assessment and wishing to learn of the School's strategies to address this, the team was told (meeting 5) that the School was conscious that students must be better prepared for the foundation year and that changes had been made in order to achieve this. These included removal of the third resit opportunity and introduction of the final year synoptic assessment, as described earlier, and the appointment of a Foundation Year Support Tutor, whose role is to prepare students, for example, through vacation placements, provide support for Oriel applications, and to provide support during the foundation year, including weekend revision sessions, ready contact with academic staff and a mentoring system; students can talk to the Foundation Year Support Tutor in confidence at any time for pastoral care. During their foundation year, students continue to have access to the library and to the Canvas VLE, the latter hosting a dedicated support package. Previously, study days for pre-registration trainees were held on campus, but these had not worked because of accessibility problems; these had been replaced by the free revision sessions, although not all trainees had signed up for them and this will be pursued in the future. The team was told that students lead complex lives and these complexities continue into the foundation year. It was important to raise awareness and promote social mobility, for example, through good vacation employment experiences, as well as providing support for Oriel; some students drop out of Oriel because they are unable to move to another area for a training placement, due, for example, to financial or family commitments. The students (meeting 8) told the team that they were well prepared for the Oriel application process, all information having been provided in a booklet and through a lecture. They reported satisfaction with their preregistration places, with most succeeding in obtaining the desired hospital or community placements, having had extensive help from University. One student who had obtained a community rather than a hospital placement had received advice on how to get

into hospital post registration. The students described how they retained access to the Canvas portal for a year after graduation, through which they could ask any questions, and could obtain career advice for three years after leaving the University. They also felt that the course had prepared them well for both the foundation year and the registration assessment through elements such as red flags, and the use of the BNF and NICE guidelines, while being aware that care must be holistic, with every patient being different, for example, due to co-morbidities. They had been presented with challenging cases and questions, being required to think deeply, and learning how to be independent, but knowing when and whom to consult, for example, dieticians, occupational therapists and doctors as part of a multidisciplinary team, as well as receiving recommendations on where to find information, along with learning which sources are reliable. Their clinical skills had been tested, and care plans had involved the management of difficult cases; they had been required to undertake difficult calculations of the type used in the registration assessment.

## Standard 6: Support and development for students

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

The documentation described how students are supported by a broad range of staff in the School. All MPharm students are allocated a personal tutor, with whom they can book a meeting using the student appointment manager system (SAMS). The presentation (meeting 3) described how digital poverty in the student population during the pandemic was addressed through loans of laptops and the issue of data dongles where needed; this was confirmed by the students (meeting 8). Students continued to receive general pastoral support via their tutors online, as well as support for mental health issues through the University. Because students were unable to attend their GPs for medical certificates, illness was accepted on a trust basis, although the 'fit-to-sit' policy (see standard 5) remained in place. In meeting 8, the students expressed a high level of satisfaction with the academic and emotional support received from staff, with ready access to their tutors with whom appointments could readily be made at suitable times via SAMS, tutors responding rapidly via e-mail, even late at night. They were kept updated on the pandemic, and drop-in sessions were provided for social and mental wellbeing. The students told the team about the excellent mental health support in University, especially during the pandemic, where students needed a lot of support; this support had saved quite a few people (see below for further information).

Wishing to learn what additional support has been offered to students during the pandemic, both from an academic and a health and wellbeing perspective, the team was told (meeting 3) that there had been comprehensive monitoring of TBL, with a rigorous follow-up system to address poor performance and/or poor engagement. Similarly, in years 3 and 4, student engagement with CBL was monitored by the group facilitators, who also monitor attendance and punctuality, with students being reported if certain tolerance thresholds are exceeded. The staff are trained in facilitation, and know how to push students out of their comfort zones, for example in the case of quiet students; within their CBL groups, students take on different roles in rotation (see standard 5). Facilitators change between cases and detailed information on the performance of group members is passed to the next facilitator using an online handover sheet.

In relation to mental health, all students know of the availability of a member of staff who is a mental health first aider dedicated to looking after their mental health and wellbeing, to whom

students can be referred by personal tutors and who, after obtaining consent, will then refer students on to the University's central Mental Health and Wellbeing Service where needed; the team was told that the system works very well and that 25 students have been so referred. Before the pandemic, free mental health first-aid courses had been available through sponsorship and 35 students had participated. Further support has been offered through the Faculty academic coach, who has organised social activities, such as Netflix parties and coffee mornings.

Aware that students entering year 1 of the MPharm in 2020 would not have experienced the usual final school examinations because of the pandemic, and wishing to know how these students had been supported, the team was told (meeting 5) that few changes had been needed because of the support already in place, and the changes that had been made to assessments, with the use of short, time-constrained tests. The support mechanisms included the use of formative mock assessments, the chemistry readiness test, and the availability of extra sessions and quizzes on Canvas with instant feedback. Classes were also offered on writing scientific English, including how to paraphrase, as well as on searching for information sources. Students had ready access to their personal tutors with whom they could book appointments through SAMS.

## Standard 7: Support and development for academic staff

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

The documentation described the induction and training of all new staff members, who are each allocated a mentor, and who have regular monthly meetings with their line manager, as confirmed to the team by new staff members in meeting 3; the team was told that the use of Microsoft Teams in the induction had been valuable, as had the excellent mentor support, with support also provided by everybody in the School.

In response to the team's request for information about the additional support available for staff members during the pandemic, the School's representatives (meeting 3) described how this had been provided both at University and at School level. For staff returning to the campus, individual risk assessments had been undertaken, with special consideration given to those who had additional risk factors; some staff members were unable to return to the campus or had additional requirements to allow their return. PPE and facemasks were provided and lateral flow tests were available twice weekly for those coming onto the campus. All routine meetings were held online and the University had been very good at communicating advice to staff, who also received regular updates on the pandemic via e-mail, and who were able to ask questions through the Office of the Vice Chancellor. Mental health had been addressed through mindfulness sessions as well as online exercise classes. An employee assistance scheme, available through an external provider, enabled staff members to obtain advice on any requirements on a 24/7 basis, with the option of one-to-one confidential chats and onward referral when needed. IT support had been provided through meetings to discuss individual requirements. Staff members were able to contact the Staff Wellbeing Committee, allowing them to send comments either expressing concerns or conveying good news. Access to

Microsoft Teams enabled ready contact with colleagues at any time of the day. The team was told that the staff had grown stronger during the lockdown.

## Standard 8: Management of initial education and training

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

The documentation described how the MPharm is managed by a course committee chaired by the course leader and comprising module leaders, student representatives, a senior pharmacist from practice, a service user and other invited staff members. The MPharm Course Committee assumes responsibility for all aspects of management of the MPharm programme including its design, implementation, management and quality assurance. The documentation described individual responsibilities for the organisation and development of team-based and case-based learning, as well as for experiential learning, including the organisation and delivery of placements in hospital and primary care, including GP practice and community. This standard was not discussed further during the interim event; the Faculty restructuring was addressed under standard 2.

## Standard 9: Resources and capacity

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

The documentation described how the School of Pharmacy currently receives its funding via the Faculty structure following discussion with the Dean and the Head of School, who is a member of the Faculty of Science and Engineering Senior Management Team; the team was told (meeting 3) that the budget may be further devolved in the future. In the presentation, the team was told that the MPharm programme will continue to show a financial surplus through until 2025/26; this was based on a predicted student attrition rate of 5% in year 1 and 2% in subsequent years. The team was told that there had been no consequences of the pandemic on resources; applications for the MPharm had increased and Faculty support had continued with no reduction in the income stream.

The presentation (meeting 3) described the staff changes that have occurred since the 2017 interim accreditation visit. These included a new post in pharmacology to cover the Head of School's teaching commitment, and two new lectureships, one of which, now intended to enhance the incorporation of assessment skills and clinical reasoning into the next iteration of the MPharm, is yet to be filled. Noting these significant staff changes, and wishing to learn how the School assures that the staff numbers and the balance of practice to science staff remains appropriate, especially in the context of having sufficient pharmacists to provide advice on foundation year training, the team was told that the new post of Foundation Year Tutor has that specific focus; the appointee has been a pre-registration tutor and, along with other specialist staff members, can provide advice on Oriol. Three new appointments of practice staff were made, making the practice area well placed to work with science staff in developing the MPharm to meet the new GPhC standards; the staff comprises a cross-disciplinary team in which members are aware of each other's roles. When allocating tutors, students are allocated to pharmacists for career advice but can also consult other members of staff.

The documentation described how pharmacy practical laboratory teaching is now based in the Rosalind Franklin science building, with staff offices, the dedicated pharmacy practice suite, and

the TBL Room remaining in the Wulfruna Building, within which, as described in the documentation and the presentation (meeting 3), the School of Pharmacy's space will be expanded markedly to increase the practice suite capacity, provide a dedicated postgraduate suite and enhance delivery of team-based and case-based learning, as well as providing a new Pharmacy reception and office and a range of consultation and meeting areas; work on this project has not been delayed by the pandemic and commences at the beginning of June 2021. The team was told that the Wolverhampton School of Pharmacy was attractive to local students, because of its proximity to public transport by rail, tram and bus. In meeting 8, the students told the team that the facilities, including the TBL rooms and clinical practice room, were excellent; the TBL rooms are equipped with computers and tablets that enable students to search for information and allow students to connect as a team, while the clinical practice room facilitated role play in clinical settings. Dispensing classes offer the opportunity to collect medicines from cabinets, create labels and engage in role play when giving the medicines to patients, learning how to talk to them and receiving feedback on how to improve.

## Significant pedagogic developments

### Example 1

#### **Peer Review Attribute Consultation with MPharm Students for Team Based learning**

Team-based learning (TBL) is the predominant method used for learning and teaching. To encourage accountability, peer review is undertaken as part of the process; this can lead to an inflation/reduction of the score obtained for each student for the team aspects of TBL. The peer review process requires students to rate their team members against seven attributes on a five-point scale (from 'requires significant improvement' to 'role model') and to provide constructive feedback in the form of free text comments. This is carried out twice in the academic year. The first peer review is formative and the students are provided with their ratings and comments although this is anonymised. At the end of the academic year, the process is repeated to generate each student's rating; this is used to calculate their summative TBL mark. The peer review attributes were set in 2014 by the current level 7 students who no longer take part in TBL; therefore, it was decided that these should be renewed. A consultation was carried out with the level 4, 5 and 6 MPharm students in order to facilitate this review. Students were asked which team-based attributes they felt were important to TBL and should be included in the peer review process. Attributes such as team working skills, participation, communication skills and attendance were ranked highly, along with inclusivity, active listening and humility. Students understood the dynamics of team working and could relate TBL to personal values such as humility and integrity. In addition to being an assessment methodology, TBL is a mechanism for developing personal attributes, potentially making students more effective future pharmacists.

### Example 2

#### **The Effect of Case-based Learning on Students' Learning and Skills Development: Perceptions of Fourth-year Pharmacy Students**

Concerns have been expressed about trainee pharmacists' confidence, communication and decision-making skills, as well as their ability to integrate learning with practice. Case-based learning (CBL) aims to foster knowledge integration and the development of various skills

through the use of clinical cases and enquiry-based learning methods. Pharmacy students at the University of Wolverhampton experience CBL extensively during the third and fourth years of the programme. This study aimed to explore the perceptions of fourth-year pharmacy students on the effect of CBL on learning and skills development. A paper-based semi-structured questionnaire was offered to students for completion during a timetabled session. The overwhelming majority of students reported an improvement in their ability to identify and evaluate their learning needs and felt that they were better at interpreting medical notes and identifying drug and non-drug problems. Students agreed that case-based learning improved the integration, application and retrieval of knowledge and improved personal confidence and interpersonal communication skills. Student criticisms were mainly related to attendance, group size, team member contribution and support from facilitators.

### **Example 3**

#### **Academic Anxiety and its effects on Academic Performance**

Academic anxiety is a well-established, significant predictor of academic performance. The team was told (meeting 7) that contributory factors include multi-occupancy households, the need to work and pay rent, fear of failure and disappointing their family, and a family history of anxiety; a high proportion of students is from a BAME background. Students with high levels of anxiety are unable to perform at the best of their ability. The purpose of this study involving year 3 and year 4 MPharm students was to determine the extent of academic anxiety and its effects on academic performance, and to explore if social and family sources of anxiety have effects on academic performance. Academic performance was found to be significantly associated with factors such as test anxiety, academic competence and time management skills. A high proportion of the study population indicated low academic performance due to perceived course load and the amount of study material assigned for each examination. A positive relationship was observed between social and family sources of anxiety and academic performance and stressors. This study also demonstrated that demographic variables, such as family history of anxiety and different stages may have positive or negative effect on academic performance. It is thus important to develop strategies to facilitate students' coping strategies and skills with academic life in order to improve future performance. The team was told that the School is on the right path to support students, for example, through offering opportunities to practise for assessments such as presentations.

