



Master of Pharmacy
degree (MPharm)

University of Huddersfield
Report of an interim event
March 2017

Event summary and conclusions	
Provider	University of Huddersfield
Course	Masters of Pharmacy degree (MPharm)
Event type	Interim event
Event date	22-23 March 2017
Accreditation period	2013/14 - 2019/20
Outcome	Continued accreditation confirmed The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Huddersfield should continue to be accredited to provide an MPharm degree for the remainder of the accreditation period.
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	The Registrar of the GPhC accepted the accreditation team's recommendation and approved the continued accreditation of the programme for the remainder of the accreditation period
Key contact (provider)	Dr Margaret Culshaw, Deputy Head of Department
Accreditation team	Mr Peter Curphey, (Team Leader), Pharmacy Consultant, Former President of Royal Pharmaceutical Society of Great Britain Professor Jane Portlock, (Team member – Academic), Professor of Pharmacy Postgraduate Education, University of Sussex Dr Adam Todd, (Team member – Academic), Senior Lecturer in Pharmacy Practice, Durham University Professor Helen Howe, (Team member – Pharmacist), Visiting Professor, University of East Anglia, Former Chief Pharmacist, Addenbrookes Hospital, Cambridge
GPhC representative	Ms Joanne Martin, Quality Assurance Manager, GPhC
Rapporteur	Professor Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde Proprietor, Caldaran Research (Educational and Writing Services)

Introduction

Role of the GPhC

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

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit: <http://www.legislation.gov.uk/ukxi/2010/231/contents/made>

Purpose of this event

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

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

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

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

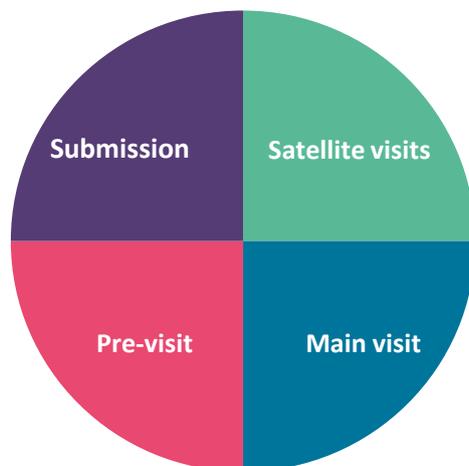
The interim event

The interim event is divided into four components:

- the submission of documentation
- a pre-visit meeting
- satellite visits

- a main visit to the university

The four components of the interim event



Background

The MPharm programme at the University of Huddersfield received full Step 7 accreditation in 2012, and was reaccredited for 6 years in 2014 with no conditions or recommendations. Students that were interviewed appreciated the form of integration used and stakeholders praised the well-roundedness of the MPharm students and graduates with their accent on patient care and medicines optimisation. Although the team had reservations about the course structure in that true integration only appeared to develop in the later years of the provision, it agreed that it was sufficiently integrated to meet criterion 5.1. Nevertheless, the team agreed that the provision could benefit from a re-consideration of course design and structure, and that it would look forward to seeing any developments emanating from the accreditation visit at the interim visit in three years' time.

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-visit

In advance of the main visit, a pre-visit meeting took place by teleconference on 28 February 2017. The purpose of the pre-visit 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 visit.

Satellite visits

Satellite visits took place in October and November 2016 and January 2017 to allow team members to observe off-site activities in advance of the main visit.

The main visit

The main visit itself took place on site at the University of Huddersfield on 22-23 March 2017, and comprised a series of meetings with staff and students of the University, along with observations of a

number of teaching and learning activities.

Declarations of interest

There were no declarations of interest.

Summary of key findings

The accreditation team advised the School that the team's conclusions from this event were based on what team members had been told, what they had observed, and documents that they had read over the course of the visit and the satellite visits. The purpose of this interim event was to monitor the progress made with delivering the MPharm degree since the 2014 reaccreditation, and to observe a range of educational activities that related to practice and the standard 10 outcomes. Interim events cover selected topics and not all standards are discussed; thus, standards 1, 2, 3, 4, 6, 7, 8, 9 were not addressed in any great detail at this event.

A presentation by senior members of staff built on the information provided in the submission and gave an update on progress since the last visit in 2014. Points raised in the presentation, as well as other matters, were discussed with the staff and with students and the following narrative incorporates those discussions.

Progress since last event

Standard 1: Patient and public safety

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

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

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

The documentation submitted indicated that the MPharm programme had undergone a full University revalidation, with external reviewers, in February 2016. The team noted the external examiners' reports from the years since the last full accreditation and was pleased to learn that the University had accepted the examiners' advice to change the assessment regulations for the MPharm such that students are now required to pass each element of the assessment, that is, both coursework and formal examinations.

Standard 3: Equality, diversity and fairness

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

The team noted that in the interprofessional education workshop conducted between pharmacy and medical students the case study used nomenclature that the team regarded as potentially inappropriate for use in an NHS seeking equality, diversity and inclusion practices. Although the provider defended vigorously its use of naming of patients based on their medical condition, the team considered that it would be advisable to retitle these in the conventional manner of Mr AT, Mrs RS etcetera, that is non-judgemental, following normal case study referencing.

Standard 4: Selection of students and trainees

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

The team was told that the Department had increased the required IELTS score to 7.0 as advised at the 2014 accreditation. The Department was also taking part in a UCAS trial of blind applications to reduce any potential bias based on applicants' names. The team was told that an additional academic had been added

to the staffing concerned with admissions and that the Department was trialling a values-based recruitment approach using multi-mini interviews to assess skills values and attitudes. In this respect, the Department was well aware of the difficulty of using such an approach with very young applicants and the team was told that it was too early to assess the impact of the approach, although several applicants had been rejected as a result of its application.

The team noted that the A-level offer of 320 points extant for several years had been reduced to 300 points for the 2015-16 entry and subsequent years. The team also noted that the number of applicants had fallen every year from 744 in 2013-14 to 442 in 2016-17, but that the fall in the percentage of A-level entrants since 2013-14 had been arrested with the current year 1 cohort comprising 81% A-level entrants.

Standard 5: Curriculum delivery and student experience

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

A number of significant changes to the course structure have been made. A 40-credit module has replaced two, 20-credit modules in each of Years 2, 3 and 4, to support additional integration of staff and subject matter in both teaching and assessment. There has been a team-based approach to reviewing outcomes and re-designing delivery to include more case-based and disease-based material with the aim of strengthening clinical skills earlier in the course without lessening the scientific input. The team was told that it was too early to assess the impact of the change to 40-credit modules on the University system whereby students must achieve 50 credits before a resit opportunity is allowed. A process of lecture capture by recording has been in place throughout the University since 2016; staff indicated that this had not reduced attendance at teaching sessions, and students told the team that the system was mainly useful for revision and for better understanding lecture material. There is a University-wide Consolidation Week in which the Department has the opportunity to have a free rein to enhance the student learning experience in addition to scheduled learning activities throughout the year.

Since 2015 students must pass all elements of the assessments, and question choice has been removed from examinations to discourage students from selective studying and revision. This change is following the 2015 cohort through the course so now affects years 1 and 2. Examinations have more case-based short-answer questions and long-answer questions which require sequential application of knowledge and problem-solving, along with formative and summative continuous assessment. Observed Structured Pharmaceutical Interventions (OSPis), described as realistic, timed exercises directly related to GPhC outcomes, have now been introduced into all years of the course. The team considered that, as pharmacy moves from its supply role to a greater clinical role, the use of the now widely accepted Observed Structured Clinical Examinations (OSCEs) might be more appropriate in the later years of the programme. The student portfolio represents a major driver of integrated learning as students are required to use information from different parts of the course. A School-wide approach to strengthening the personal tutor system and improving retention was described although it was stated that there were no significant retention problems in the MPharm.

As the original placement provision had been designed ten years ago before the arrival of the first tranche of students, the placement provision had been refreshed or updated. Hospital chief pharmacists and larger employers had been consulted with a view to engaging them with the placement provision in the face of larger cohort sizes than initially envisaged, and with the aim of controlling travelling distances for students and, as far as possible, ensuring equity of provision, as well as appraising senior pharmacy managers of changes required as the role of the pharmacist changes. No changes have been made to the number of days students spend on placement activities, but rather the number of placements has been reduced to accommodate longer periods on each occasion, a change appreciated by students interviewed. Year 1 placements are largely observational and concerned with the role of the pharmacist, with Year 2 placements include a number of tasks associated with the relevant stager and, for example include some concerned with controlled drugs. In response to the changing role of the pharmacist, placements in later years have been organised with district nurses, in GP practices, outpatients' clinics, dementia cafes etcetera. Assessment is through student reflections in their portfolio on their experience in placements. The team agreed that although the submission had appeared overly administrative in nature with respect to

placements, the presentation and discussion with staff had assured the team that the provision was valuable and satisfactory.

The interprofessional education (IPE) and patient engagement activities were not designed to teach new material, rather the IPE sessions are designed to give students the opportunity learn together, about and from each other, including physiotherapists, podiatrists, non-medical prescribers, nurses, pharmacy technicians, medical students and physician associates; these activities are partly driven by a University Interprofessional Education Interest Group (IPEIG) initiated from Pharmacy. The stated intention was that the IPE activities should be embedded in the programme rather than being seen by students as exceptional events. Assessment is by both examination and portfolio with outcomes being individual issues that they have learned from each other. Patient involvement in the MPharm has increased since the last accreditation with the involvement of the University PPI group, a patient representative on the MPharm Course Committee, and the continuation of the Expert Patient input to student learning.

Standard 6: Support and development for students

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

The team was told that a new student panel model was being adopted to increase student engagement; this was to be entirely run by students with staff attendance by invitation. Since the last accreditation visit, the Personal Tutor programme has been reinforced such that personal tutorials are now timetabled at least twice a term as well as being arranged on an individual basis with the aim of helping to monitor student performance; this is supported by a new personal tutor dashboard to help tutors keep track of student performance across the curriculum. Students interviewed told the team that the personal tutor system worked well and was very helpful in encouraging students to perform to the best of their abilities and to be well prepared for assessments. Tutoring was performed on a small group basis, but students could request individual meetings, with students telling the team that personal tutors could be approached at any time.

Standard 7: Support and development for academic staff

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

Standard 8: Management of initial education and training

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

Standard 9: Resources and capacity

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

The team was told that business planning for Pharmacy is strongly student recruitment-driven. As a result, there is inevitable annual variation that is smoothed by the Department being part of the School of Applied Sciences. The MPharm was described as being financially secure. The team was told that despite several retirements, there were no current staff vacancies in Pharmacy and several changes of staff have taken place since the 2014 accreditation; these include the appointment of an existing member of staff to the Head of Pharmacy, the appointments of a new academic practitioner and of a professor in Medicines and Healthcare. In terms of facilities, a new pharmaceuticals teaching laboratory has been commissioned. A new Science Building is planned with the development work starting in January 2017 with the refurbishment of the existing Joseph Priestley Building. The work will, in the short-term, provide improved staff and student facilities prior to completion of the whole project which involves building a new, connected laboratory building. The first phase of the development includes a new Pharmacy Practice suite, due for completion by November 2017, redesigned for updated delivery, small group teaching and skills-based teaching, with less emphasis on the dispensary element of use, but with counselling rooms and a clinical room. The team was told that students will not be adversely affected by the current refurbishment work and that unexpected

opportunities had arisen with respect to staff office accommodation.

Standard 10: Outcomes

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

This conclusion was based on the discussions in meetings 3, and 4 as well as the team's observation of student activities

Observation of student activities

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

The Year 2 session on identification of health needs and service development was an innovative session which challenged level 2 students on the area of health inequalities at the appropriate level.

The expert patient session undertaken by the Year 3 students was a powerful exercise in using a complex patient to develop communication and empathy skills. Throughout the session the students drew on evidence from a range of studies from chemistry of the opiates to tolerance development, and drug dosage forms. It also served as an example of relationships between patients and pharmacists which the team considered to be an important message for the students.

The work place placement at the Royal Hallamshire Hospital was a flexible placement to prepare Year 4 students for pre-registration training. It was well-tailored for the students who made good connections and links with different areas of the course although it was held very early in the term before they had covered the therapeutic area in the course. The teaching team may wish to consider changing the timing of these placements in order to maximise the valuable experience for the students. In addition, it could be used as opportunity to explore infection control which your team must have already considered.

The PPE session that was undertaken by the Year 2 students focussed on understanding patient perspectives and the impact of their behaviours on patients with long-term conditions. The students appeared engaged having had to prepare work before the session. This session was clearly important to students providing a valuable learning experience.

The Year 3 consolidation exercise focussed around Parkinson's Disease was a useful session where the students drew together learning from several modules. It was a complex case which the students found sufficiently challenging.

The session involving Years 1 and 3 students focussed on the NMS was delivered at the appropriate level, and was highly interactive which the team agreed was helpful to both cohorts of students in understanding this service

The IPE session for the Year 4 students with the NMP nurses on safer prescribing was a straightforward session which worked well with both sets of students being fully engaged.

The IPE session with Year 3 students learning with medical students represented a valuable session in which it was clear that both sets of students were engaged. These sessions were clearly appreciated by the students who articulated this in the Student Meeting. The team recommended that the Department should consider the comments from the team relating to case study referencing, in line with contemporary clinical practice.

The responding to symptoms session consisted of students working in small groups on exploring differential

diagnosis. Although the session was not well attended, it provided the students an opportunity to apply their knowledge of other subject areas, and was delivered at an appropriate level for Year 1 students.

The EPS session represented a useful opportunity for students to understand the link between EPS, SCR and the drugs, medicines and devices.

Conclusions

The visit comprised meetings at the University on 22 and 23 March 2017 and also the satellite visits made by GPhC team members in advance of this visit. The accreditation team took all activities into account in preparing its conclusion.

The purpose of this interim visit was:

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

Feedback on individual standards

Interim visits cover selected topics and not all standards are discussed. The team did not discuss to any great depth Standards 1, 2, 3, 4, 6, 7, 8 and 9.

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

The team had opportunity to observe a number of activities during the visit and on the various satellite visits. The range of activities observed gave the team an insight into opportunities available to the Huddersfield students to develop their skills. The satellite visits provided the team members with opportunities to see the students in a range of environments and activities.

The interim event was designed to monitor the progress that has been made since the 2014 reaccreditation. At that time the visiting team had reservations about the course structure in that true integration only appeared to develop in the later years of the provision. It agreed that it was sufficiently integrated to meet the standard. Nevertheless, the previous team agreed that the provision could benefit from a re-consideration of course design and structure and that the present team would consider this at the current visit. The team acknowledged that there has been significant progress made, particularly around integration of the assessments since 2014 but recognised from what it learned during the visit that this remains a developing course, with the course team continually reviewing the programme to improve and enhance the provision. The team encouraged the University to continue with this journey. When the GPhC accreditation team returns in 3 years' time, the team will look forward to observing what progress has been made.

Finally, the team expressed its pleasure at meeting the MPharm students who presented themselves as intelligent, articulate and mature in their engagement with the team. They clearly appreciated the support

they receive from the staff at Huddersfield, particularly the coordination and support they receive with practice activities and placements.

Appendix 1 - Activities

Observed activities

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

Activity number	Activity	Year/Level
1.	Identification of health needs and service development	2/Intermediate
2.	Expert patient	3/Higher
3.	Work-based placement	4/Master
4.	Patient and public involvement	2/Intermediate
5.	Consolidation case study (Parkinson's)	3/Higher
6.	NMS and simulated patient exercise	1/Foundation and 3/Higher
7.	Safer prescribing IPL workshop	4/Master
8.	Response to symptoms	1/Foundation
9.	Electronic prescription services and dispensing	1/Foundation
10.	Joint case-based learning with medical students	3/Higher

Appendix 2 - Standing conditions

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

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

Appendix 3 – Standards

GPhC standards for the initial education and training of pharmacists

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

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

Or by clicking on the following link:

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