

# Reaccreditation of a Master of Pharmacy degree course (MPharm)

## University of Huddersfield

Report of a reaccreditation event, 1-2 May 2014

### Introduction

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). 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.

This reaccreditation 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'.

### Background

The University of Huddersfield successfully underwent a Step 7 accreditation event for the accreditation of new MPharm degrees in February 2012. This concerned the first part of the two-part step 7 accreditation event. The second part of the event was a successful return visit to the University by the team leader and the QA Manager of the GPhC to confirm the appropriate conduct of the assessment process for the 2011/12 academic year in June 2012. In reaching its conclusion based on the Step 7 visit, the accreditation team made two separate judgements: 1) whether or not the Division met the criteria for a new provider delivering a new MPharm degree; and 2) whether or not the Division met the criteria for an established provider delivering an existing MPharm degree. The accreditation team agreed that both sets of criteria had been met. Consequently, the accreditation team agreed to recommend to the Registrar of the GPhC that the University of Huddersfield be permitted to progress from the process for the accreditation of a new MPharm degree to the process for the accreditation of an existing MPharm degree. The recommendation was to accredit for a period of two years to allow the University to further develop its MPharm degree to be compliant with the GPhC education and training standards. In reaching this

decision the team welcomed the full commitment and support of the Vice-Chancellor to the MPharm degree. In addition, the team noted two strengths of the provision: 1) the organisation of the placement scheme, and 2) the clear mature and professional behaviour of the students.

## Documentation

The provider submitted submission documentation to the GPhC in line with agreed timescales and a pre-visit took place at the University of Huddersfield on 1 April 2014. During the pre-visit the schedule of meetings and timings for the reaccreditation event were confirmed and the GPhC requested that a number of documents be submitted and resubmitted ready for the event.

## The event

The event began with a private meeting of the accreditation team and GPhC representatives on 30 April 2014. The remainder of the event took place on site at the University of Huddersfield on 1-2 May 2014, and comprised a series of meetings with staff and students of the University and included a tour of the University facilities.

## Accreditation team

The GPhC's accreditation team ('the team') comprised:

Name	Designation at the time of accreditation event
Professor Terry Healey*	Accreditation team leader, former Head of School, The Robert Gordon University
Professor Brenda Costall	Accreditation team member (Academic), Professor of Neuropharmacology
Professor Jane Portlock	Accreditation team member (Academic), Professor of Pharmacy Education, University College London
Professor Chris Langley	Accreditation team member (Academic), Professor of Pharmacy Law and Practice, Deputy Head of School, Associate Dean for Taught Programmes, Aston University
Mr Ian Smith	Accreditation team member (Pharmacist), Lecturer in Pharmacy Practice, Keele University
Mrs Gail Curphey	Accreditation team member (Pharmacist), Pharmacy Consultant (Education and Training), CPPE tutor
Mr Javaad Ayub	Accreditation team member (Recently-qualified pharmacist), Medical Affairs Manager, Guerbet Laboratories
Mrs Sylvia Hikins	Accreditation team member (Lay), Non-executive Director, Urgent Care 24

along with:

Name	Designation at the time of visit
Ms Joanne Martin*	Quality Assurance Manager (Education), General Pharmaceutical Council

Professor Ian G Marshall  
 Dr Katie Maddock  
 Ms Christina Funnel

Rapporteur, Emeritus Professor of Pharmacology, University of Strathclyde  
 Observer, Senior Lecturer in Clinical Pharmacy, Keele University  
 Observer, Lay Member of the Council of the General Pharmaceutical Council

\*attended pre-visit meeting on 1 April 2014

### Declaration of potential conflicts of interest

Professor Costall declared that Professor Chrystyn, Dr Hawksworth, Dr Patel and Dr Javid had worked in her previous School of Pharmacy at Bradford University when she was Head of School.

### Meeting the accreditation standards

<b>Accreditation team's commentary</b>	
<p><b>Standard 1 – Patient and public safety</b></p> <p>There must be clear procedures to address concerns about patient safety arising from initial pharmacy education and training. Concerns must be addressed immediately.</p>	<p><b>The team was satisfied that the one criterion to meet this standard was met</b></p> <p>The documentation submitted stated that the overall ethos of the course is that students are being prepared for practice as health care professionals and that there is an emphasis on patient safety in all parts of the teaching, delivery and assessments. The principles of professionalism and the GPhC Code of Conduct for Pharmacy Students are introduced during the induction week by way of an interactive activity and then reinforced as part of the teaching on Pharmacy Practice I before students take part in any external activities. Also, all students must take part in a Health and Safety induction and complete a test of their understanding before they can take part in laboratory classes. Prior to attending placements students are briefed about their purposes and the need for continuous supervision and sign up to a Placement Learning Agreement. The team was told that students are instructed to ask the question “who is my patient” before undertaking any piece of work. Students are issued with an identity badge which they are instructed to wear whenever outside the University to identify them as ‘pharmacy student’ so that patients or members of the public are not misled and are aware of their student status.</p>
<p><b>Standard 2 – Monitoring, review and evaluation of initial education and training</b></p>	<p><b>The team was satisfied that the one criterion to meet this standard was met</b></p> <p>Pharmacy, delivered from within the School of Applied Sciences, is led by the Head of School who oversees the academic and administrative management of the Department of Pharmacy. All members of teaching staff are required by the University to</p>

<p>The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic way.</p>	<p>be Fellows of the Higher Education Academy or to be working towards this status. All courses are governed by a Course Committee which meets at least three times per year (once per term). This committee provides course management and approves any changes to the course. Entry requirements are made public on the University website. The quality of provision is monitored and assessed through a range of tools and procedures. All modules are evaluated annually through a standardised University procedure whereby evaluations are distributed by email towards the end of the teaching period in each academic year. Peer observation of teaching takes place every year. Annual Evaluation of the course takes place through a standardised process across the University. Placements are evaluated via a healthcare placement website. Students access the website to complete an evaluation and print their certificate which they need for their assessed portfolio. The responses for each location are put together to provide feedback for the location.</p>
<p><b>Standard 3 – Equality, diversity and opportunity</b></p> <p>Initial pharmacy education and training must be based on principles of equality, diversity and fairness. It must meet the requirements of all relevant legislation.</p>	<p><b>The team was satisfied that the two criteria to meet this standard were met</b></p> <p>Equality and Diversity training is mandatory for staff and is available for online completion supported by staff training opportunities. The application process for the MPharm takes no account of race, religion, sex or any other discriminatory factors. Equality and diversity data is collected from the student application form and managed through the University Planning and Information Services. The Department, including teaching staff and students, is culturally diverse and the team was told that West Yorkshire is especially aware of cultural and ethnic differences within its population. Student appreciation of the wide cultural background of students is encouraged and cultural competence is a feature of specific teaching. An example given was the prevalence of certain diseases in different ethnic groups in the teaching on public health. Openness and discussion about race, ethnicity and culture is encouraged to promote an ethos of mutual understanding.</p>
<p><b>Standard 4 – Selection of students and trainees</b></p> <p>Selection processes must be open, fair and comply with relevant legislation. Processes must ensure students and trainees are fit to practise at the point of selection. Selection includes recruitment and admissions.</p>	<p><b>The team was satisfied that the three criteria to meet this standard were met</b></p> <p>The University provides applicants with details of the course and the admissions process via its website and prospectus, updated for each academic year. Additionally, the website provides information about student and staff activities and achievements. Open days are publicised well in advance; staff provide presentations about the course, Q and A sessions and tours of the facilities. Campus tours, financial advice and accommodation visits are also available. All students are interviewed by nominated members of the pharmacy team who have undergone a briefing as to what is required and how applicants are to be assessed. Entry criteria are A Levels in Chemistry, Biology and one other subject which ideally would be a science subject such as Maths or Physics. Offers are in the region of ABB at A Level or 320-360 tariff points and are influenced by subjects being studied, predicted grades and performance at a selection day. Students with alternative qualifications are advised to consult the entry profile on the UCAS website and contact the admissions tutor. All students whose first language is not English are required to provide evidence of meeting the IELTS standard at a score of 6.5 in each section which equates to 7.0 overall. At the pre-visit it was noted that the IELTS threshold appeared to be at the lower end of the sector norm. As a</p>

	<p>result, the Department has stated that it intends to review the threshold, although it has only a small number of overseas students. All students are required to have passed GCSE Maths at grade C or above (or equivalent). The test run on Applicant Day includes some numerical scenarios which enable the admissions staff to identify any applicant who is unable to perform simple numerical manipulations that would identify the student as unsuitable for an offer. The team was told that the standard of numeracy is variable even in students with good A-level grades. As a result, calculations are included in each year of the MPharm including in lectures and workshops. Additionally, the University has recently funded a computing graduate to help MPharm students with calculations by developing an online resource planned to be ready for implementation by September 2014.</p>
<p><b>Standard 5 – Curriculum delivery</b></p> <p>The curriculum for MPharm degrees and the pre-registration scheme must deliver the outcomes in Standard 10. Most importantly, curricula must ensure students and trainees practice safely and effectively.</p>	<p><b>The team was satisfied that the eleven criteria to meet this standard were met</b></p> <p>The accreditation team was informed that the MPharm programme presented for re-accreditation was not a new course but a development of the course that had been accredited in 2012 at the final step visit for the accreditation of new degrees. The team was told that although the course was accredited to the previous set of standards in 2012, it had been designed by taking into account the present standards. As such, the team was told that it did not present any problems of transferring students already on-course to the newer iteration. The team was told that the course structure was designed with the practice of pharmacy as the organisational force with a progression from simple one-item dosage forms to more complex multi-item medication as the course develops. The approach is that pharmacy is the only subject studied; the individual modules are vehicles for the delivery of the components which make up the complete subject. The accreditation team noted that the course comprises a set of mainly 20-credit modules and questioned if this arrangement militated against the development of a fully integrated course. It was explained that integration was achieved mainly through a temporal co-ordination of the course material in the different parallel modules. The provider did not indicate the level of integration in terms of “Harden’s ladder” classification, but the team concluded that integration was at the lower end according to this classification, probably according to the “temporal” level. The accreditation team explored the level of integration of the course material by asking small groups of teaching staff to describe and discuss how they delivered and assessed a series of themes in the course; these were: diabetes, cardiovascular, mental health, healthcare needs of older people, sexual health, and pain. The team was satisfied that the teaching staff worked closely together in determining the order of delivery of material to ensure that material was taught contemporaneously in different modules, consistent with the temporal form of integration described above. Students 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 the criterion. Nevertheless, the team agreed that the provision could benefit from a re-consideration of course design and structure. The team will look forward to seeing any developments emanating from the current accreditation visit at the interim visit in three years’ time.</p>

In year 1 there are placements in both hospital and community pharmacy; in year 2 and 3 students undertake placements at which they may interact with nurses, doctors (hospital outpatient clinics and GPs) and podiatrists as well as pharmacists. Year 2 students participate in Information governance training which is followed up by interdisciplinary workshops with nursing students. In year 3 students spend time with specifically-trained 'Expert Patients'; the experience in year 3 is further enhanced by involvement of former drug-misusers. The Year 4 placement is in pharmacies; this is scheduled as a 4-day placement but the team was told that, in essence, it amounts to a week spent in a pharmacy environment, the exact time being dependent on the arrangements with the specific supervising pharmacist. The team was told that the Department had never had serious problems with student non-attendance at placements; any non-attendance is investigated by the placement co-ordinator as this is regarded as a serious transgression by the Department. Placements can be re-scheduled, but students missing more than one placement cannot pass the portfolio element of the assessment. Stakeholder pharmacists told the team of their positive experiences of the MPharm students during their placements. A recent development is the use of a group of retired pharmacists who will act as volunteer 'patients' to provide support for students in developing their consultation skills in a caring and empathetic way whilst maintaining professionalism. Students interviewed considered the placements an important part of the course and expressed a desire for an increase in the placement provision.

The team heard that in terms of interprofessional learning MPharm students work with students and staff of podiatry, physiotherapy and nursing. For example, in Year 2 MPharm students work alongside podiatry students, staff and patients in the nearby Podiatry Clinic mainly meeting patients suffering from diabetes and arthritis. Students are able to obtain nursing home experience on a voluntary basis. Students interviewed valued the contact with staff and students of other healthcare professions; they considered that the amount of interprofessional learning was adequate but that the course could benefit from an increase in this aspect of the provision, particularly as they did not have any joint learning with medical or dental students.

The documentation stated that a wide range of assessment types are used, appropriate to the levels of knowledge and ability required of the GPhC standards. There is an emphasis on simulated environments and experiences throughout to provide students with confidence in a variety of practice situations; these are assessed by portfolio submission and, in later years once confidence is established, as OSPI examinations (observed, structured, pharmaceutical interventions). The team was told that although the formal OSPI is placed late in the course, students are exposed to elements of assessment throughout the course that prepare them for the formal OSPI assessment. Students interviewed agreed with this approach and did not agree with the accreditation team's suggestion that perhaps OSPIs should be introduced earlier in the course. The traditional assessment methods include first level assessment based on 'knows' by MCQ, essay, laboratory report and short answers to direct questions. At the second level the assessment is based on 'knows how' and assessments used are essays, laboratory reports, complex MCQs, written answers to contextual questions, handling data, calculating doses and regimes, reflective writing. At the third level 'shows how' assessments used are essays, laboratory reports, oral reports, independent project

	<p>work, interactive simulations, complex MCQs, dispensing, case studies, assembling a product, delivering a service, pharmaceutical care planning, reflective writing which demonstrates insight and critique. At the final level, 'does' students are assessed by practical ability: by performing research, independent or group project work, presentations, case related problems, OSPI, simulated medicines optimisation, problem-solving, rationalising treatment, complex MCQ, complex dose calculations, self-directed learning.</p>
<p><b>Standard 6 – Support and development for students and trainees</b></p> <p>Students and trainees must be supported to develop as learners and professionals during their initial education and training.</p>	<p><b>The team was satisfied that the one criterion to meet this standard was met</b></p> <p>Students on the MPharm have access to a wide range of support. All students have personal tutors who will be the first point of contact. Personal tutors are allocated on enrolment and play a role in induction week providing feedback on the first week's diagnostic exercises. Each staff member is allocated personal tutees and each staff member will arrange to see tutees on a regular basis to monitor progress, identify problems. All staff have 'surgery hours' when they are available for drop-in meetings, and other appointments can be made by email. The professional nature of the course is supported by the use of practising specialist pharmacists. The University uses the VLE 'Unilearn' which is used by all staff and every module as a means of communication, dissemination of information and provision of resources. Students interviewed regarded highly the level of support offered by the Department. Staff members were described as genuinely helpful and open and students indicated that they could talk to anyone in the Department, including in vacation time.</p>
<p><b>Standard 7 – Support and development for academic staff and pre-registration tutors</b></p> <p>Anyone delivering initial education and training should be supported to develop in their professional roles.</p>	<p><b>The team was satisfied that the three criteria to meet this standard were met</b></p> <p>The documentation submitted stated that the teaching staff members have all been appointed for their experience and expertise. All MPharm teaching staff members are supported in completing a teaching qualification and all are FHEA or working towards this if they are recently appointed. The team was told that it is a policy of the Vice Chancellor that all teaching staff should hold a teaching qualification and that this policy has been adopted within the Department of Pharmacy such that all staff members are now qualified teachers in higher education. A recent policy of the Vice Chancellor is that all staff members should hold a PhD degree (or equivalent). As a result, several staff members have registered to study for this qualification. New staff members are accommodated in shared offices with more experienced members of staff, which enables immediate support to be provided on a day to day basis and enables peer support in providing advice to students. Teaching loads are reduced for new staff and early career staff to allow them time to develop their research and teaching and establish networks. Induction programmes are well established and tailored for individual needs. Non-pharmacists are offered shadowing experience with practising pharmacists to help them to contextualise their teaching. In addition, they work alongside pharmacists in the teaching team and have ready access to a range of pharmacists both inside and outside the School. Further training needs identified are addressed via staff development programmes within the University.</p>

<p><b>Standard 8 – Management of initial education and training</b></p> <p>Education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage</p>	<p><b>The team was satisfied that the one criterion to meet this standard was met</b></p> <p>The team was told that a recent development has been the creation of three separate autonomous departments within the School of Applied Sciences whose Acting Dean is also the PVC (Teaching and Learning); these are Chemistry, Biology and Pharmacy, each with its own budget. Central services including laboratories and technical services are provided by the School. The Head of Department expressed himself as content with the working of the system within the School. The documentation submitted stated that the University has a strategic plan in the form of a Strategy Map and Key Performance Indicators, 2013 – 2018 which provides a five-year development plan within which all Schools operate. The University’s Annual Evaluation process, which has a different theme each year, provides a focus for quality assurance of all taught programmes enabling shared evaluation both across the School and from other subject areas. The process uses a standard format and requires courses to share reflections on experiences with other courses and with representatives from other Schools providing input and opinion. The MPharm course is administered by the Course Committee which meets at least three times a year and agrees developmental changes. Quality assurance procedures within the University are well established and quality management processes are in place at course level, School level and University level. These provide a consistent framework but are flexible enough to support individual variation such as that which is required for an accredited and managed course.</p>
<p><b>Standard 9- Resources and capacity</b></p> <p>Resources and capacity are sufficient to deliver outcomes.</p>	<p><b>The team was satisfied that the one criterion to meet this standard was met</b></p> <p>Within the devolved financial structure in the School of Applied Sciences each Department (Chemistry, Biology and Pharmacy) is able to have distinct income and expenditure streams. This system allows autonomy in decision-making in relation to spending both in year and within a plan. The Head of Pharmacy told the team that the Vice Chancellor had agreed to fund 4 new members of staff for one year, with the Department taking over the funding after one year. The Dean told the team that the University is in a strong financial position being rated top in the HESA Security Index. He told the team that the Department had a healthy surplus in relation to income versus expenditure, hence he considered that the Department would be able to continue the funding for the aforementioned 4 new members of staff. The total permanent University staff involved with curriculum delivery numbers 25 of which 13 are pharmacists which includes one part-time member of staff funded by Boots. There are two lecturer practitioners who share their time with local hospitals, one Boots teacher-practitioner plus another 0.5 FTE pharmacist who works in primary care with responsibility for the clinical care of patients in nursing homes, a 0.5 FTE who works for a research-based organisation, is a member of the EPB and a NICE fellow. One part-time pharmacist is also LPF lead, heavily involved with the RPS Faculty, a CPPE tutor and a committee member for the MHRA.</p> <p>Most of the teaching for MPharm takes place in the School of Applied Sciences which currently constitutes the Science Building and West Building which are connected. The Science and West Buildings have tiered lecture theatre accommodation</p>

	<p>and classrooms and seminar facilities for teaching and group work such that MPharm students can be taught as a single group or as smaller groups within the School. All teaching rooms are equipped with whiteboards, networked PCs and data projectors. The Science building also offers modern laboratory facilities for chemistry, Class II and III laboratories are available for biological sciences and microbiology as well as recently refurbished pharmacy research laboratories for pharmaceuticals, molecular biology, pharmacology and analytical science. Earlier redevelopment in the Science Building included a major refurbishment of the pharmaceutical formulation facilities to make them suitable for teaching the larger groups of undergraduates studying MPharm and a significant expansion of the facilities for physiology and pharmacology. A new pharmacy practice suite comprising dispensary, consultation room, aseptic suite with changing area, tutorial room and office space was recently provided in the West Building which is now the hub for Pharmacy staff and students. The team agreed that all the accommodation and facilities viewed in the different buildings of the campus were of very high standard.</p>
<p><b>Standard 10 - Outcomes</b></p>	<p>The team scrutinised the learning outcomes by discussions with the teaching staff in two integration and outcomes meetings. Rather than examining each of the 58 outcomes in these sessions, a selection of nine outcomes was chosen for detailed discussion. The outcomes selected were 10.2.1.g, 10.1.g, 10.2.1.c, 10.2.1.e, 10.1.b, 10.2.1.h, 10.2.2.f, 10.2.2.h, and 10.1.i. Additional outcomes were covered in discussions addressing Standards 1-9 and by the team's scrutiny of the documentation. For each of the nine outcomes scrutinised in detail, the evidence provided by the discussions with the staff gave the team confidence that these outcomes would be met at the required level for the MPharm programme, and the team was confident that all other outcomes would be similarly met. The team agreed that following the satisfaction of the nine outcomes tested that it was confident that all 58 outcomes would be delivered at the appropriate level.</p>
<p><b>Indicative Syllabus</b></p>	<p>The team was content with the School's use of the Indicative Syllabus to inform its curriculum.</p> <p>The team agreed that the MPharm degree met the requirements of Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications for the initial education and training of pharmacists.</p>

## Summary and conclusions

The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council that the University of Huddersfield should be reaccredited to provide an MPharm degree for a further period of six years, with a practice visit to take place in three years. There were no conditions or recommendations.

As a result of this event, a private record and a public report will be prepared and sent to the University for comment on matters of factual accuracy. Once agreed by the Registrar, both documents will be sent to the University for its records and the report, along with a formal response from the University, will be posted on the Council's website for the duration of the accreditation period.

The University was reminded that the full record and report includes other comments and observations from the team and the Registrar regards the record and report in its entirety as the formal view on provision. The University must ensure that it takes all comments into account as part of the reaccreditation process. These will be discussed at the debrief meeting once the report and record have been received.

The team's recommendations are not binding on the Registrar, who may accept, modify or reject them. Also, the accreditation team's feedback is confidential until it has been ratified by the Registrar of the General Pharmaceutical Council but it may be shared with staff and students internally.

### **Standing condition of accreditation:**

These are the conditions which will apply in all circumstances of degree accreditation:

1. The school or department of pharmacy always seeks approval from the General Pharmaceutical Council for curriculum amendments and always at least informs the General Pharmaceutical Council of significant changes to pharmacy undergraduate student numbers or resources for their teaching, learning support and assessment, including any change from internal to teaching, learning and assessment from outside the school or department;
2. The school or department of pharmacy produces and submits to the General Pharmaceutical Council annually requested data on student numbers and progression and degree awards;
3. The school or department of pharmacy produces and submits to the General Pharmaceutical Council annually requested information about the extent of human and physical resources it enjoys for the delivery and support of the degree course;
4. The school or department of pharmacy or the university makes students and potential students aware of the existence and Internet address where they can view the General Pharmaceutical Council's summary reports of degree accreditation exercises, main after- actions therefrom and of the timetable for future accreditation exercises.

The *Pharmacy Order 2010* states:

Part 5 Education, training and acquisition of experience and continuing professional development, Information to be given by institutions or other providers, 46. ...

(3) Whenever required to do so by the Council, any institution or other provider to which this article applies must give to the Council such information and assistance as the Council may reasonably require in connection with the exercise of its functions under this Order.

(4) Where an institution or other provider refuses any reasonable request for information made by the Council under this article, the Council may, in accordance with article 47 ('Refusal or withdrawal of approval of courses, qualifications and institutions'), refuse to approve or withdraw approval from, any course of education or training, qualification, test or institution or other provider to which the information relates.

It is a requirement of accreditation that institutions or other providers provide the GPhC proactively and in a timely manner with any information which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to: changes in staffing, changes in funding, and/or substantial changes in curriculum or delivery.

**Reference:** <http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Caution: Preregistration and employment as a pharmacist:

- In respect of all students, 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.

**Following the above reaccreditation event, the Registrar of the General Pharmaceutical Council agreed with the accreditation team's recommendation and approved the University of Huddersfield MPharm degree for reaccreditation a further period of 6 years. Reaccreditation will take place in six academic years' time; with an interim visit in three academic years' time (2016/17).**

## Appendix 1 – Standards for the initial education and training of pharmacists

### Standard 1 – Patient and public safety

**1. There must be clear procedures to address concerns about patient safety arising from pharmacy education and training. Concerns must be addressed immediately.**

**1.1.** There must be effective systems in place to ensure that students *and trainees*:

**1.1.a** do not jeopardise patient safety;

**1.1.b** only do tasks for which they are competent, sometimes under supervision;

**1.1.c** are monitored and assessed to ensure they always practise safely. Causes for concern should be addressed immediately;

**1.1.d** have access to support for health, conduct and academic issues;

**1.1.e** must not be awarded an accredited degree *or pass pre-registration training* if they might pose a risk to patients or the public;

**1.1.f** understand what is and what is not professional behaviour and are familiar with the GPhC's *Code of Conduct for Pharmacy Students (2010) Standards of conduct, ethics and performance (2010)*;

**1.1.g** understand what fitness to practise mechanisms apply to them. All schools of pharmacy must have fitness to practise procedures to deal with student causes for concern;

**1.1.h** undergo required health and good character checks;

**1.1.i** understand that it is an offence to impersonate a pharmacist. Pharmacists are registrants of the GPhC.

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

### **2. The quality of pharmacy education and training must be monitored, reviewed and evaluated in a systematic and developmental way.**

#### **2.1** There must be systems and policies in place covering :

**2.1.a** information about roles & responsibilities and lines of accountability;

**2.1.b** university information on:

**2.1.b.i** entry requirements;

**2.1.b.ii** the quality of teaching, learning and assessment;

**2.1.b.iii** the quality of placements and other practice learning opportunities;

**2.1.b.iv** appraisal and feedback systems for students and trainees;

**2.1.b.v** supervision requirements;

**2.1.b.vi** educational resources and capacity;

These must be monitored, reviewed and evaluated systematically. When an issue is identified it must be documented and dealt with promptly;

**2.1.c** *pre-registration tutors evaluating trainees. To do this, tutors must have access to reliable evidence about a trainee's performance. Tutors must be competent to assess the performance of trainees;*

**2.1.d** *the quality and development of pre-registration tutors.*

## **Standard 3 – Equality, diversity and fairness**

### **3. Initial pharmacy education and training must be based on principles of equality, diversity and fairness. It must meet the requirements of all relevant legislation.**

**3.1** systems and policies for capturing equality and diversity data. Concerns should be documented, addressed and disseminated;

**3.2** strategies for staff training in equality and diversity

## Standard 4 – Selection of students *and trainees*

- 4. Selection processes must be open, fair and comply with relevant legislation. Processes must ensure students *and trainees* are fit to practise at the point of selection. Selection includes recruitment and admissions.**
- 4.1** Selection process must give applicants the information they need to make an informed application.
- 4.2** Selection criteria must be explicit. They should include:
- 4.2.a** meeting academic and professional entry requirements;
  - 4.2.b** meeting English language requirements appropriate to MPharm degree study. Guidelines issued by English language testing bodies should be followed to ensure that admissions language requirements are appropriate;
  - 4.2.c** meeting numeracy requirements;
  - 4.2.d** taking account of good character checks, such as Criminal Records Bureau (CRB)/Disclosure Scotland checks;
  - 4.2.e** passing health checks (subject to reasonable adjustments being made). Health checks could include self-evaluations and/or evaluations by healthcare professionals;
  - 4.2.f** recognising prior learning, where that is appropriate
- 4.3** Selectors should apply selection criteria fairly. They should be trained to do this. Training should include equality and diversity matters

## Standard 5 – Curriculum delivery and the student experience

- 5. The curriculum for MPharm degrees *and the pre-registration scheme* must deliver the outcomes in Standard 10. Most importantly, curricula must ensure students *and trainees* practise safely and effectively. To ensure this, pass criteria must describe safe and effective practice.**
- 5.1** Curricula must be integrated.
- 5.2** Curricula must be progressive, dealing with issues in an increasing more complex way until the right level of understanding is reached.
- 5.3** An MPharm must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally. *Pre-registration training must be delivered in a professional environment which requires trainees to conduct themselves professionally.*
- 5.4** An MPharm must be delivered in an environment informed by research. This means that whether or not all staff are engaged in research, their teaching must be informed by research.
- 5.5** An MPharm degree teaching and learning strategy must set out how students will achieve the outcomes in Standard 10. Learning opportunities must be structured

to provide:

**5.5.a** an integrated experience of relevant science and pharmacy practice;

**5.5.b** a balance of theory and practice;

**5.5.c** independent learning skills.

**5.6** The MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals. Practical experience should increase year on year.

**5.7** There must be a clear assessment strategy for the MPharm degree. Assessment methods must measure the outcomes in Standard 10.

**5.8** The MPharm degree assessment strategy should include:

**5.8.a** diagnostic assessments;

**5.8.b** formative assessments;

**5.8.c** summative assessments;

**5.8.d** timely feedback.

**5.9** Academic regulations must be appropriate for a degree that is both academic and professional and may lead to further professional training. As a general principle, all assessments must be passed. This means that condonation, compensation, trailing, extended re-sit opportunities and other remedial measures should be extremely limited, if they are permitted at all. MPharm degree academic regulations may be more stringent than university norms. This may include higher than usual pass marks for assessments demonstrating knowledge and skills essential to safe and effective pharmacy practice.

**5.10** Marking criteria must be used for all assessments and all pass criteria must reflect safe and effective practice.

**5.11** Patient safety must be paramount in assessments: any evidence of an assessment demonstrating unsafe practise must result in failure.

**5.12** A pre-registration training plan must describe how the learning outcomes for pre-registration will be delivered.

**5.13** A pre-registration training plan must describe all assessments, including tutor evaluations and tutor sign-offs.

## **Standard 6 – Support and development for students *and trainees***

**6. Students *and trainees* must be supported to develop as learners and professionals during their initial education and training.**

**6.1.** A range of mechanisms must be in place to support students *and trainees* to develop as learners and professionals.

## **Standard 7 – Support and development for academic staff *and pre-registration tutors***

**7. Anyone delivering initial education and training should be supported to develop in their professional roles.**

**7.1.** There must be a range of mechanisms in place to support anyone delivering initial education and training to develop in their role.

**7.2.** Induction programmes are provided *for tutors* and university staff as appropriate. This should include induction programmes for non-pharmacists working on MPharm degrees.

**7.3.** Everyone involved in delivering the curriculum should have:

**7.3.a** effective supervision;

**7.3.b** an appropriate and realistic workload;

**7.3.c** effective personal support;

**7.3.d** mentoring;

**7.3.e** time to learn;

**7.3.f** continuing professional development opportunities.

**7.4.** *Tutors have an identified source of peer support.*

## **Standard 8 – Management of initial education and training**

**8. Initial pharmacist education and training must be planned and maintained through transparent processes which must show who is responsible for what at each stage**

**8.1.** All education and training will be supported by a defined management plan with:

**8.1.a** a schedule of responsibilities

**8.1.b** defined structures and processes to manage the delivery of education and training

## **Standard 9 – Resources and capacity**

### **9. Resources and capacity are sufficient to deliver outcomes.**

**9.1** There must be:

**9.1.a** robust and transparent mechanisms for securing an appropriate level of resource for delivering an accreditable MPharm degree;

**9.1.b** sufficient staff from relevant disciplines to deliver the curriculum to students *and trainees*. Staff must be appropriately qualified and experienced. The staffing profile must include:

**9.1.b.i** sufficient numbers of pharmacists – registrants of the GPhC – with experience of teaching in higher education to ensure that an MPharm degree can produce students equipped to enter pharmacist pre-registration training in Great Britain.

**9.1.b.ii** sufficient numbers of pharmacists to act as tutors and professional mentors at university *and in pre-registration*. Not all personal tutors must be pharmacists.

**9.1.b.iii** pharmacists who are leaders in the profession and in their university, who can influence university policy relevant to pharmacy

**9.1.b.iv** non-pharmacist academics who can influence school and university policy relevant to pharmacy

**9.1.b.v** staff who are sufficiently experienced to supervise research. It would be unusual for anyone to supervise research at a particular level unless they had researched to that level or beyond. New research supervisors must be mentored and signed off as being fit to supervise after a period of mentoring

**9.1.b.vi** science academics who understand the relevance of their discipline to pharmacy and deliver their area of expertise in a pharmaceutical context

**9.1.b.vii** academic pharmacists and other experienced MPharm degree staff who are able to act as mentors to non-pharmacist colleagues

*9.1.c pre-registration tutors who meet the GPhC's standards for pre-registration tutors.*

**9.1.d** career pathways in universities for all staff teaching on MPharm degrees, including pathways for practice staff

**9.1.e** clear lines of authority and responsibility for the strategic organisation and day-to-day management of placements

**9.1.f** training and ongoing support for all non-pharmacists involved in the delivery of MPharm degrees which must help them understand:

**9.1.f.i** help and understand the relevance of their work to pharmacy

**9.1.f.ii** how to deliver their area of expertise in a pharmaceutical context

**9.1.g** appropriate learning resources

**9.1.h** accommodation and facilities that are fit for purpose

*9.1.i pre-registration premises which meet the GPhC's standards for pre-registration premises*

## Standard 10 - Outcomes

### 10.1 Expectations of a pharmacy professional

Learning outcome	MPharm	Pre-reg
<b>10.1.a</b> Recognise ethical dilemmas & respond in accordance with relevant codes of conduct and behaviour	<b>Shows how</b>	<i>Does</i>
<b>10.1.b</b> Recognise the duty to take action if a colleague's health, performance or conduct is putting patients or public at risk	<b>Knows how</b>	<i>Knows how</i>
<b>10.1.c</b> Recognise personal health needs, consult and follow the advice of a suitably qualified professional, and protect patients or public from any risk posed by personal health	<b>Does</b>	<i>Does</i>
<b>10.1.d</b> Apply the principles of clinical governance in practice	<b>Knows how</b>	<i>Does</i>
<b>10.1.e</b> Demonstrate how the science of pharmacy is applied in the design and development of medicines and devices	<b>Shows how</b>	<i>Knows how</i>
<b>10.1.f</b> Contribute to the education and training of other members of the team, including peer review and assessment	<b>Shows how</b>	<i>Does</i>
<b>10.1.g</b> Contribute to the development of other members of the team through coaching and feedback	<b>Knows how</b>	<i>Shows how</i>
<b>10.1.h</b> Engage in multidisciplinary team working	<b>Knows how</b>	<i>Does</i>
<b>10.1.i</b> Respond appropriately to medical emergencies, including provision of first aid	<b>Knows how</b>	<i>Shows how</i>

### 10.2 The skills required in practice

#### 10.2.1 Implementing health policy

Learning outcome	MPharm	Pre-reg
<b>a.</b> Promote healthy lifestyles by facilitating access to and understanding of health promotion information	<b>Shows how</b>	<i>Does</i>
<b>b.</b> Access & critically evaluate evidence to support safe, rational & cost effective use of medicines	<b>Shows how</b>	<i>Knows how</i>
<b>c.</b> Use the evidence base to review current practice	<b>Shows how</b>	<i>Does</i>
<b>d.</b> Apply knowledge of current pharmacy-related policy to improve health outcomes	<b>Knows how</b>	<i>Shows how</i>
<b>e.</b> Collaborate with patients, the public and other healthcare professionals to improve patient outcomes	<b>Knows how</b>	<i>Shows how</i>
<b>f.</b> Play an active role with public and professional groups to promote improved health outcomes	<b>Knows how</b>	<i>Knows how</i>
<b>g.</b> Contribute to research & development activities to improve health outcomes	<b>Knows how</b>	<i>Knows how</i>
<b>h.</b> Provide evidence- based medicines information	<b>Shows how</b>	<i>Does</i>

### 10.2.2 Validating therapeutic approaches and supplies prescribed and over-the-counter medicines

Learning outcome	MPharm	Pre-reg
a. Identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health	Knows how	<i>Shows how</i>
b. Identify inappropriate health behaviours and recommend suitable approaches to interventions	Shows how	<i>Does</i>
c. Instruct patients in the safe and effective use of their medicines and devices	Shows how	<i>Does</i>
d. Analyse prescriptions for validity and clarity	Shows how	<i>Does</i>
e. Clinically evaluate the appropriateness of prescribed medicines	Shows how	<i>Does</i>
f. Provide, monitor and modify prescribed treatment to maximise health outcomes	Shows how	<i>Does</i>
g. Communicate with patients about their prescribed treatment	Shows how	<i>Does</i>
h. Optimise treatment for individual patient needs in collaboration with the prescriber	Shows how	<i>Does</i>
i. Record, maintain and store patient data	Shows how	<i>Does</i>
j. Supply medicines safely and efficiently, consistently within legal requirements and best professional practice. NB This should be demonstrated in relation to both human and veterinary medicines.	Shows how	<i>Does</i>

### 10.2.3 Ensuring safe and effective systems are in place to manage risk inherent in the practice of pharmacy and the delivery of pharmaceutical services

Learning outcome	MPharm	Pre-reg
<b>10.2.3.a.</b> Ensure quality of ingredients to produce medicines and products	Knows how	<i>Shows how</i>
<b>10.2.3.b.</b> Apply pharmaceutical principles to the formulation, preparation and packaging of products	Shows how	<i>Shows how</i>
<b>10.2.3.c.</b> Verify safety and accuracy utilising pharmaceutical calculations	Does	<i>Does</i>
<b>10.2.3.d.</b> Develop quality management systems including maintaining appropriate records	Shows how	<i>Shows how</i>
<b>10.2.3.e.</b> Manage and maintain quality management systems including maintaining appropriate records	Shows how	<i>Does</i>
<b>10.2.3.f.</b> Procure and store medicines and other pharmaceutical products working within a quality assurance framework	Knows how	<i>Does</i>
<b>10.2.3.g.</b> Distribute medicines safely, legally and effectively	Knows how	<i>Does</i>
<b>10.2.3.h.</b> Dispose of medicines safely, legally and effectively	Knows how	<i>Does</i>
<b>10.2.3.i.</b> Manage resources in order to ensure work flow and minimise risk in the workplace	Knows how	<i>Shows how</i>

<b>10.2.3.j.</b>	Take personal responsibility for health and safety	<b>Does</b>	<i>Does</i>
<b>10.2.3.k.</b>	Work effectively within teams to ensure safe and effective systems are being followed	<b>Knows how</b>	<i>Does</i>
<b>10.2.3.l.</b>	Ensure the application of appropriate infection control measures	<b>Shows how</b>	<i>Does</i>
<b>10.2.3.m.</b>	Supervise others involved in service delivery	<b>Knows how</b>	<i>Does</i>
<b>10.2.3.n.</b>	Identify, report and prevent errors and unsafe practice	<b>Shows how</b>	<i>Does</i>
<b>10.2.3.o.</b>	Procure, store and dispense and supply veterinary medicines safely and legally	<b>Knows how</b>	<i>Knows how</i>

#### 10.2.4 Working with patients and the public

<b>Learning outcome</b>	<b>MPharm</b>	<i>Pre-reg</i>
<b>a.</b> Establish and maintain patient relationships while identifying patients' desired health outcomes and priorities	<b>Shows how</b>	<i>Does</i>
<b>b.</b> Obtain and record relevant patient medical, social and family history	<b>Shows how</b>	<i>Does</i>
<b>c.</b> Identify and employ the appropriate diagnostic or physiological testing techniques to inform clinical decision making	<b>Knows how</b>	<i>Shows how</i>
<b>d.</b> Communicate information about available options in a way which promotes understanding	<b>Shows how</b>	<i>Does</i>
<b>e.</b> Support the patient in choosing an option by listening and responding to their concerns and respecting their decisions	<b>Shows how</b>	<i>Does</i>
<b>f.</b> Conclude consultation to ensure a satisfactory outcome	<b>Shows how</b>	<i>Does</i>
<b>g.</b> Maintain accurate and comprehensive consultation records	<b>Shows how</b>	<i>Does</i>
<b>h.</b> Provide accurate written or oral information appropriate to the needs of patients, the public or other healthcare professionals	<b>Shows how</b>	<i>Does</i>

#### 10.2.5 Maintaining and improving professional performance

<b>Learning outcome</b>	<b>MPharm</b>	<i>Pre-reg</i>
<b>a.</b> Demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour	<b>Does</b>	<i>Does</i>
<b>b.</b> Reflect on personal and professional approaches to practice	<b>Does</b>	<i>Does</i>
<b>c.</b> Create and implement a personal development plan	<b>Does</b>	<i>Does</i>
<b>d.</b> Review and reflect on evidence to monitor performance and revise professional development plan	<b>Does</b>	<i>Does</i>
<b>e.</b> Participate in audit and in implementing recommendations	<b>Knows how</b>	<i>Shows how</i>
<b>f.</b> Contribute to identifying learning and development needs of team members	<b>Knows how</b>	<i>Does</i>

<b>g.</b> Contribute to the development and support of individuals and teams	<b>Knows how</b>	<i>Does</i>
<b>h.</b> Anticipate and lead change	<b>Knows how</b>	<i>Shows how</i>

## Indicative syllabus

### A1.1 How medicines work

#### Therapeutics

- Routes of administration
- New therapeutic advances
- Infection control
- Complementary therapies
- Clinical therapeutic uses of drugs

#### Applied Physical, Chemical and Biological sciences

- Sources and purification of medicinal substances
- Physicochemical characteristics of drugs and biological systems
- Thermodynamics and chemical kinetics
- (Bio)Analytical principles and methods
- Drug design and discovery
- Cell and molecular biology
- Biochemistry
- Genetics
- Microbiology
- Immunology
- Pharmaceutical chemistry
- Drug identification
- Drug synthesis

**Pharmacology, pharmacokinetics & pharmacodynamics**

- Contraindications, adverse reactions and drug interactions
- ADME
- Prediction of drug properties
- Pharmacogenetics and pharmacogenomics
- Drug and substance misuse
- Clinical toxicology and drug-over-exposure
- Molecular basis of drug action
- Metabolism

**Pharmaceutical technology including manufacturing & engineering science**

- Biotechnology
- Manufacturing methods
- Quality assurance processes
- Sterilisation and asepsis
- Environmental control in manufacturing

**Formulation and material science**

- Materials used in formulations and devices
- Biopharmaceutics, developmental pharmaceuticals, pre-formulation and formulation studies
- Design and standardization of medicines
- Microbiological contamination
- Contamination control
- Product stability
- Medical devices

## **A1.2 How people work**

### **Normal & abnormal structure & function**

- Nutrition
- Physiology
- Pathology
- Infective processes

### **Sociology**

- Social and behavioural science

### **Health psychology**

- Health promotion
- Disease prevention
- Behavioural medicine

### **Objective diagnosis**

- Differential diagnosis
- Symptom recognition
- Diagnostic tests

### **Epidemiology**

- Aetiology and epidemiology of (major) diseases

## **A1.3 How systems work**

### **Healthcare management**

- Public health
- Organisations: NHS, DH, govt priorities
- Other professionals
- Health care systems

### **Evidence-based practice**

- Health information systems/ resources
- Health policy and (pharmaco)economics

### **Professional regulation**

- Legislation
- Professional ethics and fitness to practise
- Sale and supply of medicines
- CPD
- Political and legal framework

### **Medicines regulation**

- Evaluation and regulation of new drugs and medicines
- Pharmacopoeial specifications and biological standards
- Medicines licensing
- Product quality, safety and efficacy
- The supply chain
- Packaging, labelling and patient information

### **Clinical governance**

- SOPs
- Research methodology / research ethics
- Risk & quality management
- Good manufacturing/dispensing practice
- Good clinical practice
- Health policy, clinical and science research methods

### **Clinical management**

- Disease management
- Chronic medicines management
- Medicines use review
- Care planning

## **Workplace Regulation**

- Health & Safety
- Sexual boundaries
- Independent Safeguarding Authority
- Data protection
- FOIA
- Consumer protection incl. complaints procedures

## **A1.4 Core and transferable skills**

### **Professionalism**

### **Research and research methods**

#### **Critical appraisal**

- Audit and learning from errors

#### **Problem solving**

- Study skills
- Team-working skills

#### **Clinical decision making**

- Leadership skills

### **Accurate record keeping**

### **Reflective practice (incl. continuing professional development)**

### **Effective communication**

- Interpersonal skills
- Medical terminology

### **Interpret & interrogate clinical data**

### **Analyse & use numerical data**

### **Pharmaceutical numeracy**

## **Technological literacy**

### **A1.5 Attitudes and values**

See the GPhC *Code of Conduct for pharmacy students (2010)* and *Standards of conduct, ethics and performance (2010)*