



Master of Pharmacy
degree (MPharm)

King's College London
Report of an interim event
March 2017

Event summary and conclusions

Provider	King's College London
Course	Masters of Pharmacy degree (MPharm)
Event type	Interim event
Event date	13 - 14 March 2017
Accreditation period	2014 - 2020
Outcome	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that King's College London should continue to be accredited to provide an MPharm degree for the remainder of the accreditation period, subject to one condition.
Conditions	Once the review of management in the Faculty of Life Sciences and Medicine in relation to Pharmaceutical Sciences has been completed, the University must submit formal documentation to the GPhC detailing how this will impact on the MPharm degree. This relates to standards 2, 4, 8 and 9.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made.
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the continued accreditation of the programme for the remainder of the accreditation period, subject to meeting one condition
Key contact (provider)	Professor Graham Davies, Professor of Clinical Pharmacy & Therapeutics
Accreditation team	Professor Andrew Husband (Team Leader), Professor of Clinical Pharmacy Head of School, Newcastle University Mr Mark Brennan (Team member – Academic), Director of Pharmacy Education and Deputy Head of School of Pharmacy, Lincoln University Professor Paul Gard (Team member – Academic), Deputy Head of School, University of Brighton Ms Gail Fleming (Team member – Pharmacist), Pharmacy Dean, Health Education England (London and South East)
GPhC representative	Ms Joanne Martin, Quality Assurance Manager, GPhC
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

Introduction

Role of the GPhC

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

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

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

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

Purpose of this event

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

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

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

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

The interim event

The interim event is divided into four components:

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

Background

The MPharm at KCL is currently delivered by the Department of Pharmacy and Forensic Science within the Faculty of Life Sciences and Medicine which is responsible for delivering professionally-accredited health care programmes in Nutrition & Dietetics, Medicine, Pharmacy and Physiotherapy. The MPharm was last reaccredited by the GPhC in April 2014 with no conditions or recommendations.

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 1 March 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 on 11 November 2016, 20 January 2017, 25 January 2017, and 6 February 2017, to allow accreditation panel members to observe off-site activities in advance of the main visit.

The main visit

The main visit itself took place on site at King's College London on 13-14 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, 3 and 7 were not addressed 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.

This standard was not discussed specifically during the interim visit.

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

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

Shortly after the 2014 reaccreditation, there was a major reorganisation at King's College London, so that the Department of Pharmacy and Institute of Pharmaceutical Science now reside within the Faculty of Life Sciences & Medicine, along with Medicine, Nutrition & Dietetics and Physiotherapy. A further change was that the Department of Forensic Science and Drug Monitoring was subsumed into the Department of Pharmacy, creating the Department of Pharmacy & Forensic Science, which offers the MPharm degree programme. Quality assurance of the programme involves the School Bioscience Education Committee which reports to the College Academic Standards Committee. The College conducts a programme review every six years; this last took place for Pharmacy in 2015.

There are strong relationships with stakeholders, with whom engagement takes place through supervisor events and the Community Education Provider Networks (CEPNs). Outcomes of stakeholder engagement include reviews of professional skills classes, integration of final year students into the GP practice environment, development of students' consultation skills, and the incorporation of key tasks into placements. Patient involvement has developed through patient experience workshops, where patients with chronic disorders tell of their experiences of pharmacy as a profession. Teacher-practitioners within hospitals, community pharmacy and the University play an important role in the design of placements, and in the supervision of students and are the main route of communication between placements and the University.

Standard 3: Equality, diversity and fairness

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

This standard was not discussed specifically during the interim visit.

Standard 4: Selection of students

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

The admissions process has been centralised since 2014/15; offers are now made to students presenting A-level qualifications on pre-agreed criteria without the interviews that had been used previously. The progression and attainment of those students admitted since interviews were abandoned will be evaluated, and a decision will be made as to whether to reintroduce bespoke multiple mini-interviews (MMIs) for all applicants, which would be very staff-intensive; however, this would be manageable in a process that brought applicants in for MMIs in a focussed manner.

Standard 5: Curriculum delivery and student experience

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

The programme is based on integrated therapeutic modules covering body systems in years 2 and 3; these build on the first year which provides the essential scientific basis, and covers the principles of health care. The final year includes the research project, along with two other modules, one of which deals with novel advances in therapeutics. By the end of year 3 and in year 4 students can prepare comprehensive pharmaceutical care plans based on drug histories and present these plans as though in a multidisciplinary team meeting.

Assessments in each year comprise coursework based on clinical judgements (OSCEs, care plans and clinical reasoning) and end of module, integrated examination papers. Core competencies are identified and must be achieved on a pass/fail basis to progress/graduate; these are assessed through OSCEs, calculations tests, placement attendance and a fit-to-practise (FTP) portfolio, and there is an automatic fail for any action that would result in patient harm. The FTP portfolio is embedded in specific academic modules and includes the

core competencies that must be passed.

The School has developed a programme of experiential learning and inter-professional education. Experiential learning covers a broad range of activities including community and hospital placements in years 1 and 2, patient visits, clinical reasoning workshops, and ward visits. Placement activities progress from shadowing in year 1 in both hospital and community pharmacy, through problem solving in the middle years to the provision of holistic pharmaceutical care in the final year; they progress from dealing with patients with single conditions to complex patients with multi-system disease or requiring specialised therapies. Year 3 incorporates a novel socialisation internship, designed to enable students to understand the patient experience and develop empathy, relationship-building skills, resilience and an appropriate work ethic. These involve students working in one of a number of identified charities, such as those supporting people affected by HIV, or providing support to people who are homeless or otherwise vulnerable.

Inter-professional learning (IPE) is centrally coordinated across KCL health programmes through a Steering Group on which Pharmacy is represented. The activities involve students from nursing, medicine, dentistry, midwifery and physiotherapy and include promotion of patient safety (year 1), pain workshops (year 2), exploration of the different healthcare professional roles in patient care (year 3) and problem-based learning on medication safety and risk management (year 4). Year 3 now includes patient experience workshops involving patients with, for example, cancer or diabetes and there have been IPE placements in GP practices as part of an HEE pilot; the latter will be evaluated with a view to rolling it out. A new, Faculty-wide appointment has been made, whose role is to bring coherence to IPE activities across the College.

Standard 6: Support and development for students

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

The students valued the well-established personal tutor system, which required them to meet their tutors twice per semester; this was regarded as important because it allowed tutors to get to know their students well, thus facilitating their ability to write references, these being informed by the students' portfolios which form the basis of tutor meetings. The portfolios, which must be discussed with tutors before they can be submitted, include reflections on examinations from previous years, records of immunisations, annual CV updates, and reflections on placements, IPE, communication skills workshops, and final year projects, as well as CPD records. Records of discussions taking place during one-to-one personal tutor meetings, including how matters are to be progressed, are kept both by tutors and students. While personal tutors primarily provide pastoral support, any member of academic staff was available to provide academic advice, and their tutors could readily signpost students to the relevant person.

Standard 7: Support and development for academic staff

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

There was no specific discussion concerning this standard during the interim visit.

Standard 8: Management of initial education and training

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

The Faculty of Life Sciences & Medicine is to be reconfigured into a number of research-based 'domains' in which the way in which the MPharm will be delivered and managed is unknown; there is to be a comprehensive review of the Institute of Pharmaceutical Sciences which may impact on delivery of teaching. The review of Pharmaceutical Sciences will look at the demands of research versus education. The organisation of the rest of the Faculty has resulted in a matrix management structure, with vertical research management and horizontal management of teaching; for example, the Head of Pharmacology draws in people from all areas to deliver teaching. To date, this had little impact on pharmacy which has mostly been taught from within the Department. If Pharmacy changes to the type of management seen elsewhere, the Head of Department role will be essential in a dual line-management system, where research is under the management of a research dean. In view of the uncertainty that this creates, the team imposed a condition

that the GPhC should be informed about any changes to the management of the MPharm as soon as the review has been completed (see condition).

Standard 9: Resources and capacity

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

The refurbishment of the dispensary, originally scheduled for 2014/15 and promised at the 2014 reaccreditation, had been deferred because of an unanticipated HEFCE investment in chemistry, which had resulted in reprioritisation of infrastructure projects. Consequently, the refurbishment of the dispensary will now take place across the summer of 2017, with an approved budget of £400k and scheduled completion by September. This will be phase 3 of the refurbishment of clinical facilities, the first phase of which was the completion of the clinical pharmacy skills suite; the second phase was the refurbishment of IT facilities which had been completed in the summer of 2016.

The students were entirely satisfied with the facilities and physical spaces to which they had access, including computer rooms and laboratories. Resources were constantly being improved and upgraded and students were listened to. Online resources were good, especially the KEATS VLE, on which all course material is posted, including module content, placement information, recorded lectures that can be revisited, as well as assessments including calculations tests and quizzes, for example, on law and chemistry. KEATS is the conduit for communications between the staff and the students.

Standard 10: Outcomes

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

Evidence of meeting these outcomes was obtained during the observations of student activities described below.

Observation of student activities

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

The activities observed covered inter-professional learning, consultation and patient experience workshops, practical laboratory sessions, as well as lectures in the form of mini-symposia. A year 2 IPE session on pain management utilised the expertise of a pain management specialist nurse, with students fully engaged in the discussions. In the year 4 IPE session with nursing and medical students, which was centred on root cause analyses, students explored the factors contributing to medication errors from each profession's perspective. The year 2 consultation skills workshop, involving actors playing patients and pharmacists, offered an opportunity for students to gain confidence in consultation in a safe environment as preparation for their later interactions with patients. Meeting patients with either chronic kidney failure or diabetes allowed students to be exposed to real patients, enabling them to gain insight into how patients with long-term conditions manage their lives, both in relation to the management of their conditions and the psychological impact of these conditions. The year 3 aseptic manufacturing laboratory class provided students with the opportunity to explore aspects of sterile production, and gave them an insight into the importance of preservation of sterility when assembling sterile medicines. The interactive year 4 session on mental health was a valuable learning experience, in which students benefitted from the expertise of a visiting specialist pharmacist.

Conclusions

The purpose of this interim visit was to:

- (a) provide the GPhC with additional assurance around progress on implementation of the IET standards for pharmacists.
- (b) provide some support and input to HEIs as the nature of education and training developed

- including patient experience and inter-professional education
- (c) respond to any specific risks which might relate back to the IET standards for pharmacists
 - (d) monitor the progress made with delivering the MPharm degree since the last reaccreditation against the GPhC's initial education and training standards;
 - (e) observe a range of educational activities that relate to practice and the student outcomes in standard 10.
 - (f) take the opportunity to speak to students.

Feedback on individual standards

Interim visits cover selected topics and not all standards were discussed; thus, the discussions did not specifically address standards 1, 3 or 7.

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

The range of activities observed during the main and satellite visits gave the team an insight into opportunities available to King's 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 year 2 IPE session on pain management was considered to be a high quality learning experience utilising the expertise of a pain management specialist nurse, with students fully engaged in the discussions. There was clear collaboration throughout, with a strong focus on the patient and potential outcomes from each professional perspective; the students confirmed to the team how much they valued this activity. The year 2 consultation skills session as part of the forum theatre was also observed. These workshops offered an opportunity for students to gain confidence in a safe environment as preparation for their later interactions with patients; this valuable, well-placed activity directly impacts on the achievement of a range of the standard 10 learning outcomes linked to communication at a later stage in the programme. In the year 4 IPE session with nursing and medical students, which was centred on root cause analyses, students explored the factors contributing to medication errors from each profession's perspective; again, this was a valuable learning experience which would allow students meet a number of outcomes. The students articulated how much they gain from these sessions in developing confidence, as well as in achieving a deep understanding of how they approach therapeutic areas compared with the approaches used by other healthcare profession students. The year 3 aseptic manufacturing was a highly interactive and interesting session, providing students with the opportunity to explore the aspects of sterile production, and giving an insight into the importance of preservation of sterility when assembling sterile medicines. The interactive year 4 session on mental health was a valuable learning experience, in which students benefitted from the expertise of a visiting specialist pharmacist. The years 2 and 3 patient experience sessions allowed students to be exposed to real patients with, respectively, renal disease and diabetes. The students were fully engaged and the team found these to be high fidelity experiences, allowing students to gain insight into how patients with long-term conditions manage their lives, both in relation to the management of their conditions and the psychological impact of these conditions. The students confirmed how much they value these interactions and clearly articulated that such exposure to patients helps them to develop their professional identity and to appreciate the importance of their role in patient welfare.

Standards 2, 4, 5, 6, 8 and 9

The team noted the discussion about the upcoming review of management in the Faculty in relation to Pharmaceutical Sciences, which may impact on how teaching is delivered. It is unclear to the team how matrix management, with vertical management of research and horizontal management of teaching, will affect the MPharm degree on a number of levels. Clear leadership and management of the MPharm degree is explicit in the initial education and training standards, because of their impact on each of the standards, particularly concerning quality assurance, admissions, student/staff support, governance/accountability and resources to support the delivery of the MPharm programme. The standing conditions for all approved providers require them "to 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". As a consequence, the team requires that when the Faculty review is completed, the University must submit formal documentation to the GPhC detailing how this will impact on the MPharm degree. This will be subject to

scrutiny by this team, which may make further recommendations to the Registrar relating to continuous accreditation.

Regarding admissions, the team understands that this is also undergoing a review and the team advises that, whatever the outcome, the admissions process must be open, fair, equitable and consistent.

The team notes that the assessment strategy is also under review; therefore when the GPhC accreditation team returns in 3 years' time, it will look forward to reviewing the assessment strategy with a focus on integration.

Finally, the team was pleased to meet with King's students, who came across as intelligent, articulate and mature in their engagement with the team. They clearly appreciate the support that they receive from the staff in the Department, particularly in relation to the 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.	Inter-Professional Education Workshop: Medication Safety (Involving final year Pharmacy, medicine and nursing students).	MPharm-4
2.	Consultation Skills Forum Theatre Workshop.	MPharm-2
3.	Inter-Professional Education Workshop: Promoting Patient Safety; Patient Centred Communication within a Team Approach.	MPharm-1
4.	Inter-Professional Pain Workshop.	MPharm-2
5.	Patient Experience Workshop.	MPharm-3
6.	Aseptic manufacture: validation and quality control Practical.	MPharm-3
7.	Mental Health Symposium.	MPharm-4
8.	Biopharmaceutics lectures. These are the final 2 in a series of 8.	MPharm-1
9.	Principles based reasoning.	MPharm-1
10.	Managing patients with renal disease and dysfunction.	MPharm-2

Appendix 2 - Standing conditions

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

1. The record and report include other comments from the team, and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
 - a. the content, structure or delivery of the accredited programme;
 - b. ownership or management structure of the institution;
 - c. resources and/or funding;
 - d. student numbers and/or admissions policy;
 - e. any existing partnership, licensing or franchise agreement;
 - f. staff associated with the programme.
4. The provider must produce and submit to the GPhC on an annual basis:
 - a. requested data on student numbers and progression and degree awards;
 - b. requested information about the extent of human and physical resources it enjoys for the delivery and support of the degree course.
5. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of a placement for a pre-registration year or of future employment as a pharmacist.

6. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.
7. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

Appendix 3 – Standards

GPhC standards for the initial education and training of pharmacists

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

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

Or by clicking on the following link:

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