MPharm Interim Visit

Medway School of Pharmacy, Universities of Kent & Greenwich

February 25-26 2016

Master of Pharmacy degree course (MPharm) interim visit

Medway School of Pharmacy, Universities of Kent & Greenwich

Report of an interim visit, 25-26 February 2016

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.

The Pharmacy Order 2010 requires that the 'nature, content and quality' of education and training provision is reported to the GPhC by its accreditation panel. As such the GPhC has incorporated interim visits within its accreditation methodology to provide suitable opportunities for the accreditation panel to review MPharm course provision in this way. The GPhC carried out a series of pilot interim visits in the early part of the 2013-14 academic year to help inform the development of the structure and content of the interim visits to ensure that they would be fit for purpose. Five schools of pharmacy took part in the pilot phase.

The purpose of an interim visit 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.

Interim visits take place three years after a main successful accreditation or reaccreditation visit and the report of the visit forms an appendix to the main accreditation report. Prior to the visit, a School is provided with the document 'MPharm degree interim visits: guidance for providers' and asked to submit the necessary documentation and to describe, and give dates for, a range of student activities that will be taking place both on-site at the university as well as off-site. The visit date is selected so that there are suitable opportunities for the accreditation team to observe activities that had been timetabled to take place that day, without the need to make special arrangements. Prior to the visit, a number of satellite visits are arranged to allow one or more members of the accreditation team to observe the off-site activities. Findings from the satellite visit, as well as information and observations gleaned on the day of the visit, help to inform the accreditation team's overall view on developments since the last visit as well as the quality of education and training being delivered.

This document summarises the visit activities and accreditation team's conclusions following the interim visit to the Medway School of Pharmacy.

Background

The Medway School of Pharmacy was established as a collaborative venture between the University of Greenwich and the University of Kent. In 2009, the University of Kent became the Primary Administering University (PAU) in accordance with the Memorandum of Understanding between the two universities. This states that the normal expectation is that PAU responsibilities are handed over to the partner institution at the end of the fifth year; the University of Greenwich accordingly took over this role in 2014 (see section 1). The MPharm programme was reaccredited in May 2013 for a full six year period with no conditions or recommendations.

Satellite visits

In advance of the interim visit three satellite visits took place in December 2015, January 2016 and February 2016 to allow team members to observe off-site activities in advance of the main visit.

The interim visit

The interim visit itself took place on site at the Medway School of Pharmacy on 25-26 February 2016, and comprised a series of meetings with staff and students of the university, along with observations of a number of teaching and learning activities.

Meeting number	Meeting	Time
	Day 25 February 18 2016	
1.	Private meeting of accreditation team and GPhC representatives	13:00 – 15:30
2.	Presentation and meeting with academic staff	15:30 – 17:30
3.	Private meeting of accreditation team and GPhC representatives	17:30 – 17:45
	Day 26 February 19 2016	
4.	Observation of activities 5, 9	09:00 – 11:00

5.	Private meeting of accreditation team and GPhC representatives	11:00 – 12:00
6.	Meeting with students	12:00 – 13:15
7.	Private meeting of accreditation team and GPhC representatives	13:15 – 14:00
8.	Observation of activities 6, 7, 8	14:00 – 15:00
9.	Meeting with senior staff	15:00 – 15.30
10.	Private meeting of accreditation team and GPhC representatives	15:30 – 16:45
11.	Feedback to representatives of the Medway School of Pharmacy	16:45 – 17:15

Accreditation team

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

Name	Designation at the time of accreditation event	Workshop observed
Professor Andy Husband*	(Team Leader) Dean of Pharmacy and Professor of Education, Durham University	Activities 6, 9
Dr Ruth Edwards	(Team member – Academic), senior lecturer and MPharm Course Leader, Robert Gordon University	Activities 5, 7
Professor Helen Howe	(Team member – Pharmacist), retired hospital chief pharmacist	Activity 8, 9
Mr Scott Downham	(Team member – Pharmacist recently registered), clinical pharmacist	Activities 5, 7

along with:

Name	Designation at the time of visit	Workshop observed
Ms Joanne Martin *	Quality Assurance Manager (Education), General Pharmaceutical Council	Activity 9
Professor Brian Furman	(Rapporteur) Emeritus Professor of Pharmacology, University of Strathclyde	Activities 5, 8

*participated in the pre-visit meeting by teleconference on 20 January 2016

Additionally, four satellite visits (Activities 1, 2, 3 and 4 – see section 8) were undertaken, two on 14 December 2015, one on 20 January 2016 and one on 3 February 2016. These were undertaken respectively by Ms Sabina Khanom, Mr Michael Petit and Mr Surinder Bassan, who are all members of the GPhC Accreditation Panel.

Course provider

The team met with the following representatives of the Medway School of Pharmacy:

Name	Designation at the time of accreditation event	Meetings attended
Ashenden, Dr Stuart	Faculty Operating Officer, Faculty of Engineering and Science, University of Greenwich	9
Branch, Dr Cleopatra	Clinical Lecturer/Numeracy lead	2
Corlett, Dr Sarah	Clinical Lecturer	2
Cumming, Professor Iain*	Head of School/Integrated Module Convenor	2, 9
Durodie, Mr Jerome	Clinical Lecturer/Integrated Module Convenor	2
Edwards, Dr Alison	Senior Lecturer in Pharmaceutical Chemistry/Integrated Module Convenor	2
Gammie, Dr Shivaun	Clinical Lecturer/MPharm 4 Module Convenor	2
Gibbs, Dr Bernhard	Senior Lecturer in Biological Science/Senior Tutor	2
Gill, Dr Tarlochan*	Director of Undergraduate Study/Integrated Module Convenor	2
Kelley, Dr Stephen	Director of Undergraduate Study/BSc Physiology Pharmacology Programme Lead	2
Lall, Dr Gurprit	Director of Graduate Studies	2
Lea, Mr Andrew	Clinical Lecturer/Pre-Registration Support Lead	2
Lee, Mr Daniel	Clinical Lecturer	2
Loo, Dr Ruey-Leng	Clinical Lecturer/Undergraduate Placement Co-ordinator	2
Manfrin, Mr Andrea	Clinical Lecturer/MPharm 1 Module Convenor	2
Mathie, Professor Alistair	Director of Research	2
Temperton, Dr Nigel	Senior Lecturer in Biological Science/Integrated Module Convenor	2
Thomas, Dr Trudy	Clinical Lecturer	2, 9
Wildman, Dr Scott*	Director of Learning and Teaching	2, 9

* participated in the pre-visit meeting by teleconference on 2 February 2015

The accreditation team also met with a group of 16 students, comprising four from each of years 1-4. These students had been selected from those volunteering.

The visit

In meeting 2, 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 2013. As described below, this provided an overview of the programme and covered changes made since the 2013 reaccreditation, as well as aspects of patient-facing activities

and inter-professional learning. Points raised in the presentation, as well as other matters, were discussed with the staff (meeting 2), with the senior staff (meeting 9) and with students (meeting 6) and the following narrative incorporates those discussions.

1. Changes in the Primary Administering University (PAU) (standards 2, 8, 9)

A major event since the 2013 reaccreditation had been the change in the Primary Administering University (PAU), whereby this role had been transferred from the University of Kent to the University of Greenwich, in accordance with the Memorandum of Understanding. The team was told that this meant that all records were now held by the University of Greenwich, with Greenwich systems now applying to the MPharm. There are some changes that affect the students, for example, in relation to appeals and to the change of the e-portfolio from MyFolio (the Kent system) to Mahara (the Greenwich system) but these do not affect the quality of the student experience. Moreover, the degree regulations, which were originally established jointly by both institutions to take account, for example, of competency assessments and the non-allowance of compensation, remain in place. All members of academic staff, other than the Head of School, remain employees of the University of Kent, which remains responsible for research infrastructure and administration of research overheads, while members of the technical and administrative staff are members of staff of the University of Greenwich. The change of administering University has been highlighted as a major issue and the team learned that the Joint Pharmacy Planning Group (JPPG) has established a working group to consider the future administration of the MPharm, with the intention of fixing this at one University, while retaining the degree as a joint award; there is a project manager to facilitate progress. This approach would ensure the constancy of some systems such as the e-portfolio, acknowledging that some systems run better in one institution compared with the other. The composition of the JPPG was described in meeting 9; it comprises the Head of School together with three senior representatives of each University at Deputy Vice-Chancellor/Pro-Vice-Chancellor/Dean level, together with Finance Directors, and is also attended by the School's senior Management Group, including the Director of Research. The staff (meeting 2) emphasised the advantages to the MPharm students of having a shared campus, enabling them to mingle with the students of both institutions and having access to many shared facilities between the two universities, including the libraries and other campuses. This was confirmed by the students (meeting 6) who valued the access to the libraries and campuses of both Universities, which was facilitated by the operation of an inter-campus shuttle bus.

2. Financial matters, including student recruitment and retention (standard 9)

In response to the team's wish to learn about the admissions strategy and the use of values-based recruitment, the staff explained that prospective applicants are invited to visit the School during open days, where tours of the School are provided and the use of values-based recruitment is publicised. The School is looking for academically able students offering ABB at A-level but the School has always had the culture of recognising NHS values such as honesty and integrity; these, together with a passion for pharmacy are brought out during assessments and interviews using standardised questions which cover previous employment in pharmacy, discussions of fitness to practise and applicants' understanding of the profession. Where candidates' responses during interviews had raised major concerns, for example, in areas relating to fitness to practise, offers have not been made. As this was the first year of using values-based recruitment, it was too early to evaluate its impact; however, the School hoped that its use would add value to the previous system and enhance the student population. Whether values-based recruitment would impact on the attrition rate was unknown but, although anecdotal, there appears to have been no attitudinal problems since its introduction; previously, some students had arrived with incorrect impressions of pharmacy. The underlying causes of attrition were multifactorial. The impact of numeracy on attrition had been addressed but students admitted with BTEC remained a problem as some had no recent experience of examinations; this was being addressed through better preparation, including the provision of many formative assessment opportunities before the summative assessment and the use of peer mentoring.

The team had noted the business plan with its reducing number of pharmacy students, and wished to understand the School's strategy to maintain the intake, bearing in mind the flat number of students wishing to enter pharmacy, as well as the competitive environment, with Medway's proximity to Russell-group universities offering MPharm programmes. The senior staff (meeting 2) confirmed that the School would not drop its entry requirements below 300 points and explained that the focus was on conversion days, the use of interviews and maximising intake from local students, which, was surprisingly low. In the last context, the School's own graduates and students are being used to visit schools and spread the message about Medway. Students were aware that Medway was not a Russell Group university but were also aware that it offered a more engaging environment, with greater staff-student contact and a higher standard of clinical teaching. Postcode analysis had revealed that the School was not recruiting students from its local areas of Kent and Medway and there was a strategy in place to tap into those areas in order to increase the School's recruitment capacity. Recruitment to the new BSc Pharmacology & Physiology degree (see below) had gone well with good home/EU recruitment and the target being exceeded. The Applied Bioscience Foundation degree programme was recognised by the Skills Funding Agency which is providing funding for appropriate learners. The team also discussed with the staff (meeting 2) how realistic was the School's plan to markedly increase its research income to £1M with a requirement for a 15% per year increase over the next five years; this would require a £50k grant per staff FTE every five years. Acknowledging the challenge, the team was told that a strategy was in place, with the availability of sabbaticals and mini-sabbaticals to allow the preparation of grant applications. All new academic appointments would be made to teaching/research posts, although these would be confined to lecturer/senior lecturer with no professorial posts being planned. With research income underpinning the business plan, the team looked forward to seeing the developments over the next three years but remained concerned at the workload that this would place on the staff, along with the pressure to address the turnaround of marking to provide student feedback (see section 4). The team had also noted the School's activities in supporting its graduate pre-registration trainees including the organisation of a conference, and was concerned to know the workload associated with this. The team was told that this event, which had grown from very small beginnings to attract 130 attendees this year, including people from the Midlands and elsewhere, had been challenging but the School was lucky with its graduates who formed a cohesive group; the costs were absorbed by the School. Technology was used in supporting graduates, including an external version of the Moodle VLE providing year 4 learning material to those students who had graduated. The previous use of text messaging to contact graduates, which last year had resulted in the dispatching of 15,000 texts, had been replaced by the use of 'Whatsapp', which reduced the pressure in answering the questions that were sent every day; the graduates support each other's learning.

The team's concern about workload had been exacerbated by the staffing situation and inconsistencies between information presented to the team in meeting 2 and that shown in the business plan. The presentation (meeting 2) and the documentation had shown a total of 41 academic staff, including seconded staff and sessional dispensing support pharmacists; in the presentation, the team was told that four members of academic were to be recruited and this was confirmed by the Head of School, who also told the team that while the University of Kent imposed no budgetary restriction on promotions, replacement of staff who left was at the bottom of the scale. However, the business plan had shown a planned teaching staff FTE of 35.3 for 2014/15 reducing to 30.9 for 2015/16 onwards, with no mention of the four posts. This was clarified in meeting 9, where it was explained that the original staff FTE number had been 33.7, but losses had taken the academic staff FTE to the current value of 29. The four staff to be recruited (one in chemistry/drug discovery; two in pharmacy practice and one in biological sciences), for which advertisements had gone live on 26 February, would restore the staff FTE to 33, approximating to the previous value. The submitted business plan was a year old and the forecast had been lower than in the plan; the team was told of the annual pharmacy planning cycle involving the JPPG, where an annual forecast is created, against which a plan is implemented and subject to monthly reporting. During the first six months, student numbers are modelled, the actual numbers being used following the HESA return. The team had expressed nervousness about the future, as there had been a large reduction in the total student FTE from 830 in 2013/14 to 725 and the planned income until 2017/18 was predicated on increased recruitment to the BSc Pharmacology and Physiology programme to compensate for the reduction in MPharm intake, as well as an increased research income. In the latter context, the team had noted that the staff losses referred to previously included two good researchers. An institutional

commitment was required to underwrite the MPharm, signed off by both the University of Kent and the University of Greenwich. Acknowledging the uncertainty about the future, the senior staff (meeting 9) stated that there would be no further massive MPharm intake but it was planned to settle at a total FTE of 740-750, including an annual undergraduate intake comprising 100 MPharm, 40 BSc Pharmacology and Physiology and 20 Foundation Year students. The team was reassured that a University priority was the protection of externally accredited programmes, which are regarded as sacrosanct. Teaching is shared and the programme is supported by cross-teaching. While the concerns about staffing and student numbers had been allayed, the team imposed a condition (See 'Conclusions') that the School must submit a current and accurate business plan to represent the financial health of the Medway School of Pharmacy; this should be accompanied by a risk analysis.

A new BSc (Hons) Pharmacology and Physiology degree had been introduced in September 2014, which also included the possibility of a foundation year, to support the School strategy in decreasing target numbers on the MPharm programme and focussing on high quality MPharm entrants. The first year of the BSc included the same three modules as the first year of the MPharm, with the pharmacy practice module being replaced by two 15 credit modules dealing with analytical techniques and laboratory skills; in this context the team learned from the students (meeting 6) that they shared lectures, but no other classes, with students on the BSc Pharmacology & Physiology programme. In 2015/16 the School had allowed exceptional students to progress from stage 1 of the BSc to stage 1 of MPharm, subject to obtaining an average mark of > 60% and a successful interview. The School now wished to allow exceptional BSc students to take the 'Introduction to Pharmacy' pharmacy practice module from the MPharm and then transfer to the second year of the MPharm. The team explained (meeting 9) that such an approach would not be permitted (See 'Conclusions') as the BSc year 1 was not part of an accredited programme; students could, of course, transfer to year 1 of the MPharm but would be required to take all modules within that year.

3. Overview of the MPharm and changes since the reaccreditation (standard 5)

The presentation (meeting 2) provided an overview of the MPharm, the current version of which commenced in September 2013. The first year comprised three main science modules (Physiology & Pharmacology; Pharmaceutics and Chemistry; Cell Biology and Biochemistry), spanning both terms with a pharmacy practice module (Introduction to Pharmacy) commencing in term 1 but weighted towards term 2. The revised second and third years, which had commenced respectively in September 2014 and September 2015, were each based on three 'body systems'-themed modules; these covered the same body systems ('joints, infections, lungs, cancer skin'; 'brain, psychiatry, eyes'; 'heart, renal, endocrine') in each year but at different levels. The final year comprised the 'sustained research project' (SRP) occupying two to two and a half days per week, a large 'integrated patient care module' designed as preparation for practice and spanning both terms, and a choice of one from four science electives. Integration seminars are now employed in years 1, 2 and 3 to highlight integration and the course uses core drugs from a list comprising 150 of the most commonly prescribed NHS drugs. The team was told that teaching about responding to symptoms and core minor ailments is continually being improved to ensure that teaching builds on that undertaken in previous years; this approach ensure the coverage of the necessary clinical skills and the science that underpins clinical practice.

Noting the use of student-led peer mentoring to support learning in relation to pharmaceutical calculations, the team wished to learn how oversight of this activity was undertaken. The staff (meeting 2) explained that this had started with Moodle-based teaching and students working in groups on calculations; during face-to-face teaching, members of staff had seen students explaining material to their peers. The progression of each student was followed and better students were offered the opportunity to mentor students in the year below. Mentors are screened, and to be selected must consistently obtain over 70% during the year. The mentors address basic arithmetic operations. Staff guidance is provided for student mentors and members of staff ensure that students are correctly mentored. The process works well

and the staff see the difference in the students. The team was told that peer mentoring is now also being used within years. The value of peer-mentoring was confirmed by the students (meeting 6) who told the team that they had numeracy classes comprising lectures and workshops and tests with a pass-mark of 70% in all years, with students teaching other students in the first, second and third years overseen by members of staff. Students who have passed in the first term can become mentors, mentoring either students in their own year or in the year behind; the mentors see the change in the students as a result of mentoring, noting the progress of students who had failed initially. Sometimes students do not understand the material, even though they have the ability, and recognise through reflection that they need help in the form of extra classes with mentors. Students scoring in the range 50-59% are given the option of receiving mentoring, while those scoring less than 50% are highly recommended to engage. By the final year, mentoring is almost entirely optional but four mentors were available to iron out problems. The team was told that the activity was also beneficial to the mentors themselves, as it helped to keep their mathematics fresh. Many other sources were available to provide help to students who were struggling with numeracy, including online mathematics quizzes ('Moodle Fridays'), drop-in sessions offered by lecturers, and the Student Learning Advisory Service, which offers assistance in basic mathematics.

Quality assurance (standard 2)

Noting the poor engagement of students with feedback mechanisms, the team sought information on how student feedback within the annual monitoring process has been used to develop the programme and facilities. The staff stated that feedback on the integrated sessions had indicated that these were working well. The very low response rate on feedback questionnaires was a University-wide problem and the staff took the view that a low response rate may indicate contentment as students were more likely to respond if they were dissatisfied; anecdotal feedback was positive. The students (meeting 6) confirmed that while they understood the importance of providing feedback, few responded to the evaluation questionnaires, explaining that they were too long, they sometimes came before delivery of the relevant module, and also often appeared at the end of the year when they were busy with examinations. Although some students liked the format of the questionnaires, most would prefer to speak about issues directly to staff members, who had an open-door policy and most, but not all, of whom were very approachable; students know the lecturers and know to whom they could speak, including giving feedback to their tutors. The staff responded quickly to issues raised and the students gave the example of an examination where the format had not been specified; when the issue was raised, the information was provided very quickly and benefited the entire cohort. Final year students told the team that they could take issues to representatives of each group, who would then discuss matters with the Year 4 Lead, who would either help or explain why no help could be offered; the representatives would then take the message back to the whole class, although these discussions were not formally recorded. Year 3 students informed the team that they had some sessions, part of which were devoted to feedback and involved the whole class. The staff (meeting 2) told the team that feedback through the Staff-Student Liaison Committee (SSLC) was effective and issues raised were acted upon. The staff gave the example of feedback through the SSLC from year 3 and year 4 students concerning obtaining pre-registration placements, where students told the staff that they wanted pharmacy-trained tutors to guide them. The team was told that, accordingly, from the next academic year, all MPharm students will each have a pharmacy-qualified tutor, with other staff members looking after students on other programmes. Additionally, in response to students' request for assistance with getting short-listed for posts and help with interviews, the School, had prepared a presentation on preparation for interviews. The students (meeting 6) also confirmed the use of the SSLC, and told the team that they received explanations through this committee where actions had, or had not, been taken in response to issue raised in that forum; the feedback mechanisms identified above by year 3 and year 4 students were independent of the SSLC.

The team had noted an issue arising from last-session's second year examination where there had been a post hoc mark adjustment in light of a high failure rate and expressed concerns about the quality assurance of the paper, which had been set by the staff and reviewed by external examiners. In meeting 2, the staff explained that

this had arisen because of the realisation that the examination had been too demanding, requiring students to attempt 50 MCQs (which the team was informed were reused but not released to students), as well as four out of six long answer questions, each marked out of 100% and comprising two parts, which many students had answered separately, rather than in an integrated way; the marks on the long answer questions were clearly out of line with other marks and historical data, suggesting a problem with the examination paper. The students (meeting 6) confirmed that this examination, which was on a body systems module, had tested too much information, covering material that had been addressed in the course three months previously. As a result of this, the format of the examination had now been changed so that students were required to attempt only three long answer questions, which were no longer divided into parts and were much more integrated; the students emphasised to the team that the problem with the examination had simply related to the volume of work, not the content, which had been as expected. The team's review of the examination paper in question suggested that it had been acceptable and sufficiently challenging. In light of its concerns about retrospective mark adjustment, the team recommended the university team review the QA around assessment to ensure it is sufficiently robust and consistent with safe and effective practice.

Integration, independent learning skills (standards 5.1, 5.5)

In response to the team's wish to gain an understanding of how the integrated course was working and how the integrated modules were designed, the staff explained that the year 2 integrated modules had been run for the first time during the last year and this had required learning on the part of both students and staff; based on the initial experience, the second year was now being revised and improvements had been made. The core drugs list was used to facilitate integration, with discussions taking place between pharmacy, chemistry & drug delivery, and biological science colleagues to ensure that all staff members were using the same drugs to illustrate their teaching. New drugs are introduced as the course progresses and these are used to reinforce previous knowledge. The students (meeting 6) confirmed the use of this core drugs list, with 25 drugs being introduced each year, and lecturers illustrating their teaching using examples from the list; the students told the team that while the core drugs list builds each year, they were still required to know drugs from earlier years, which are revisited in more detail. The staff (meeting 2) explained that 'responding to symptoms' was a linchpin of integration throughout and that the design of the integrated modules was based on using the standard 10 learning outcomes to define the knowledge and skills required to serve patients; these skills were mapped to 'responding to symptoms' with learning based on clinical scenarios and the core drugs list. Different members of staff cover different material in parallel, with the integration seminars used to pull everything together, for example, around a case study. Case studies, pulling together practice, pharmaceutics, biology, chemistry, are designed with all the relevant members of staff working together on the case. Each integrated module has three conveners, one from each discipline. Students find it challenging initially and as time goes on they learn from their peers and seniors. Once introduced to the first integration seminar, there is a lot of positive feedback from both tutors and students and the students see how material fits together. In these sessions, different staff members from the various disciplines ask questions in rapid succession, this is working well and enabling students to see the links. In meeting 6, the students confirmed the value of the integration seminars, telling the team how these integrate knowledge from different fields, for example, microbiology and pharmacology; integration started from year one and builds every year, with progressively increasing complexity, for example, in relation to the cases used, with single conditions being addressed in year 2 and complex conditions, such as rheumatoid arthritis, with comorbidities and associated multiple drugs being addressed in later years in the integration seminars. The students illustrated this spiral learning with reference to diabetes, where type 1 diabetes was considered in the second year, while type 2 diabetes with related conditions was addressed in year 3. Third year students, who were the first to go through the new course, explained (meeting 6) that while previously they had difficulty in fitting material together and had found chemistry harder than biology, the integrated programme allowed them now to contextualise chemistry in relation to pharmacy and to understand its importance, as well as linking it with their work experience in pharmacy. The students also referred to the use of

a ‘street’ comprising families coming from different backgrounds and a number of complex patients from these families that the students encountered repeatedly over the programme.

In seeking to learn the rationale for the School’s abandonment of the ‘topic blueprints’ described during the 2013 reaccreditation, and the use of the ‘therapeutic frameworks’, the team was told that it had become apparent that the module guides essentially fulfilled the role of the blueprints. The therapeutic frameworks had been developed through working with the core module conveners from successive years and constituted an element of spirality building year on year. While these had been initially used only in the final year, where students were required to bring all relevant material together to address, for example, a therapeutic area using the evidence base, the staff had realised the need for these to be used earlier, although in a different format. In the first and second years, students choose a couple of drugs from the core drugs list to look at in more detail through completion of a template. Third and fourth year students complete therapeutic frameworks, again choosing appropriate drugs; the therapeutic frameworks are more evidence-based in year 4, requiring reference to NICE guidelines. In meeting 6, the students confirmed the use of the therapeutics frameworks, in which they were required to complete templates integrating knowledge from core conditions and core drugs, identifying information concerning, for example, the mode of action of drugs, with the detailed information being sought for themselves from BNF monographs and other sources, as well as being derived from lectures where brief information was provided. The team’s concern that students might simply pass these down from year to year, rather than doing them independently was allayed when the staff explained that different topics are used each year, although topics from other years such as stroke are used for formative exercises. This was confirmed by the students (meeting 6) who told the team that undertaking the therapeutic framework exercises was helpful for revision, as knowledge of the drugs was required for the examinations, and it therefore did not help them to get the material from the year above. One student gave a good account of the mode of action of salbutamol in response to a spontaneous question from the team.

When asked how they developed as independent learners, the students (meeting 6) described a smooth transition from the first year into the intense second and third years, with the final year being much less intense, as by that stage students were used to working on their own and finding information for themselves. However, even in first year, students were completing drug templates on their own. There was a progressive increase in independent working from year 1 to year 4, where learning was more self-directed and students worked independently on their research projects. Lecturers recommended wider reading in textbooks, papers and web-based resources. The underpinning self-directed learning in earlier years provided a good preparation for their final year sustained research projects (SRPs). While in first year coursework was easy, for example, in relation to writing up laboratory reports, because the answers were known, this ramped up as the course progressed with consideration of case studies in the second year and the construction of therapeutic frameworks in years 3 and 4; the therapeutic frameworks in the final year required the use of NICE guidelines and students were required to use the evidence-base in different scenarios to explain why they would or would not use particular treatments. The progressive increase in the coursework across the years and the requirement to synthesise knowledge occurred subtly, so that students were unaware of the increasing demands.

The team explored the use of Mahara, which the staff (meeting 2) explained was the University of Greenwich e-portfolio tool, while previously the University of Kent MyFolio had been employed. The staff told the team that there were planned entries for each year and the use of the e-portfolio was supported by personal tutors and signed off by them at the end of week 29 of the academic year; the involvement of personal tutors had been helpful in orientating academic staff towards pharmacy practice. The use of the tool was explained to students along with expectations and the tasks were self-directed, with opportunities to write about aspects of teaching and learning, including group work, and their controlled drugs registers and ‘Responsible Pharmacist’ logs from their dispensary work; they were also required to make entries relating to their placements. The e-portfolio entries increased in difficulty as the course progressed, with year 3 and year 4 entries becoming geared towards CPD as professional pharmacists. The e-portfolio was attached to the pharmacy practice module in year 1 and to the integrated modules in years 2, 3 and 4, and assessed as

pass/fail, assessment being undertaken by their personal tutors and through peer review. Peer assessment had been tried ad hoc in a classroom setting but had not always worked; tools had been developed to help with peer review. The students (meeting 6) confirmed the use of the Mahara e-portfolio, telling the team that they used it to reflect on everything and anything, including aspects of their learning that worked well, in addition to those that needed improvement; the use of an electronic system was helpful. They were required to keep diaries and complete workbooks from their placements, and to make an e-portfolio entry on every placement; whenever they learned something they added it to the portfolio. The students confirmed that there was a pass/fail element associated with the portfolio in every year and the assessment included reflection and CPD. They regarded its use in reflection, with self-directed learning for improvement, as good preparation for CPD as pharmacists, with the final year requiring the submission of a full CPD record as coursework. The use of Mahara started in year 1 in collaboration with their personal tutors when they familiarised themselves with the website.

When asked about their workload, the students (meeting 6) told the team that sometimes they were in classes from 9:00 a.m. to 5:00 p.m. four days per week, while at other times there was more time for independent working; the workload was more intense in the first term, with consolidation of knowledge in term 2. Different students coped differently with workload, which was sometimes heavy and could seem overwhelming. However, members of staff were very caring and encouraging, and a great deal of student support was available. They were well-resourced and any problems with, for example, the availability of heavily-used library books could be addressed and resolved through the SSLC and the Resource Committee. Sessions on the use of e-books had been requested and instructions on the use of this resource had been provided.

4. Assessment and feedback (Standard 5.8)

The presentation described the use of a combination of assessment methods, including for example: coursework; essays; laboratory reports; and therapeutic frameworks; as well as examinations incorporating MCQs, long answer questions and competency assessments. The students (meeting 6) confirmed the assessment of coursework with one-two pieces from each module being submitted, as well as competency based assessments with a pass-mark of 70% relating, for example, to the core drugs list and to calculations; there were practice-based assessments and they were also required to complete workbooks from their placements. The students told that team that a large, final year OSCE comprising eight stations, brought together everything that had been covered across the course. OSPEs/OSCE's comprising four and six stations were also held respectively in years 2 and 3 and there was a dispensing exam in year 2, and the final dispensing exam in year 3; the students appreciated that OSCEs were designed to assess their competencies. In response to the team's wish to learn more about the implementation of the assessment strategy, the staff (meeting 2) explained that assessment of competency was now aligned to the registration assessment. In order to ensure that students can achieve success, there are practice assessments and mock examinations, including practice for the OSCEs and students appreciate how these help them; this was confirmed by the students (meeting 6) who told the team about mock assessments as well as preparatory workshops covering, for example, the cardiovascular and respiratory systems. Students are encouraged to engage and it has always been the intention to push and stretch students, and not to use assessments as a means of removing students from the programme. There are integrated assessments across disciplines and staff members have had to learn how to work across disciplines to set and mark scenario-based integrated questions. The documentation had referred to OSPE/OSCE assessments being used to determine whether students are 'minimally competent' and the team was concerned to understand how this would equate to safe and effective practice, as well as how the term would be perceived by the public. The staff (meeting 2) explained that this simply related to the determination of the cut scores in these competency-based assessments in relation to what was expected of students in order to demonstrate competence to progress.

The team sought the staff's views on student concerns about the timeliness of feedback, including a consideration of whether this related to student expectations, and how the School was addressing this aspect of the NSS results. The staff explained that mapping and tracking of feedback was undertaken and issues had emerged with certain assessments. For example, in marking one set of laboratory reports there had been 120 students and two members of staff involved in marking, collating the marks and turning around the feedback to students. In relation to managing students' expectations, the staff told the team that there was communication with students to explain the process and warnings were issued when feedback was to be delayed; the students (meeting 6) confirmed that they received e-mails if the staff feedback was not to be provided in time. Students will always receive feedback in time when this is needed. Generalised feedback can be provided relatively quickly before the final marking is complete and individual feedback is available; members of staff were not willing to provide inadequate feedback just for the sake of speed. In meeting 6, the students told the team that feedback had improved with the School trying hard, and confirmed that they now receive individual feedback; while previously they had simply received the mark, feedback now allowed them to determine where they had gone wrong so that they could improve. They also had the marking criteria so that they could understand the detailed feedback. The staff (meeting 2) informed the team that the School is working towards the use of electronic submission and marking, although the team cautioned against unrealistic expectations that this would resolve the problem; the students (meeting 6) confirmed the use of Turnitin to provide more rapid feedback in year 3, as well as being used to check for plagiarism. In relation to the NSS, the staff told the team that the survey reflected what had happened two years previously in a year when there had been a glitch and the School had underestimated the size of the task for year 4. The timing of the NSS is also important, as it occurs when final year students are submitting drafts of their project reports. Students interpret timeliness of feedback in terms of the quality of their effort. In meeting 6, however, in response to the team's wish to learn about the timeliness of feedback in compliance with the School's 'three week policy' the students told the team that feedback on MCQs was provided within three days and that other feedback was quite rapid unless there was an issue, reiterating that warnings were issued if feedback was to be late. The students acknowledged that three weeks is quite a short timeframe in light of the volume, and told the team that staff members would provide more feedback if they had time.

Noting from the documentation and the presentation (meeting 2) of the alignment of the School's assessment policy to that of the GPhC Registration Assessment, including the introduction of a 70% pass-mark for all stage-4 competency assessments (numeracy, OSCEs and closed-book MCQs), the team cautioned the staff that the School should not simply follow the regulator but should be encouraged to set its own standards and not regard a 70% pass-mark as the goal.

5. Inter-professional education (IPE) (standard 5.6)

The staff (meeting 2) explained that the expansion of inter-professional education into years 1 and 4 was a top priority for the 2016/17 academic year and an Inter-Professional Education Committee had been established. Currently, IPE was introduced in year 2, where students talked about their professions in groups with exercises as a preparation for the main IPE activity in year 3; the first time that the year 3 IPE event had been run, it had been recognised that pharmacy students had no knowledge of IPE, while others, such as nursing students, had been much further ahead in this regard. The second year IPE activity, previously held in term 1, was now in term 2 by which time students had more experience. The main focus of IPE was the one-day IPE event held each November in year 3; essentially, this comprised a one-day conference organised with the School of Health and Social Care involving individuals and students from many different healthcare professions, including medical students. This conference is held off-site to ensure a captive audience and comprises plenary sessions, including students talking about their different professions and talks from service users, and teamwork activities designed around cases; service user talks have used, for example, stroke survivors talking about the patient experience of other healthcare professions from the ambulance onwards. In the teamwork sessions, students in multidisciplinary teams are presented with a case, which is presented in three increasingly complex parts, each part building on the previous one, and involving discussions, based on, for example, questions on the roles of

different professionals in managing the case. The intention is to have cases with no single correct or incorrect answer to encourage students to talk and incorporate safeguarding issues in the discussions. The theme for the cases differs each year and these have covered stroke, cerebral palsy and stigma such as post-natal depression. Expansion of IPE into the final year was currently at the planning stage and the focus had been on optimising the year 3 activity. The students (meeting 6) confirmed the format of the IPE conference, including the talks from two to three patients on their experiences and the discussion of scenarios in multi-disciplinary groups, where they challenged the NHS culture to progress to a patient-centred approach. The students also told the team about their inter-professional engagement while out on placements. For example, one student referred to a placement in a pharmacy next to a surgery where there had been a lot of interaction with the doctor, while others told of their experiences in hospitals, in which there were many excellent opportunities for interacting with nurses on the wards, including respiratory and gastrointestinal wards, where they had talked to the nurses and consultants who had been very helpful.

6. Placements and engagement with patients (standard 5.6)

The team was told (meeting 2) that all students undertake placements in the first three years, with a community placement in year 1 (Boots – see activity 4), and both community and hospital placements in years 2-3 (See activity 3), as well as being encouraged to obtain placements in their vacation periods, the last also being confirmed by the students. The students (meeting 6) described the first year community placement as a half-day experience, although mostly off the shop floor, while the second year placements comprised one day in hospital and one week in community, where the experience in the latter environment depended on the particular pharmacy and what was allowed, with activities ranging from stocking shelves, through dispensing and counselling patients, for example, on inhaler use, to undertaking MURs and NHS health checks; one pharmacy was involved in the hospital outsourcing of mental health dispensing. Students watched activities, as well as participating and told the team that the experience enabled them to see and learn various processes in practice. In year 3, students spent a week in each of community and hospital. The team was told (meeting 2) that placements are supported by workbooks, with students then having to make presentations to their peers, as well as undertaking reflections through e-portfolio entries and subsequent discussions with their personal tutors. When asked about their contact with patients the students (meeting 6) told the team there was no interaction with patients in year 1, and little real interaction in year 2, although in year 3 they were given more responsibilities on placements where the interaction was greater than in year 2; their experience on the wards had been excellent and they had spoken to patients, including taking drug histories, although some hospitals were reluctant to allow students to undertake these activities. In years 1 and 2, they practised OTC activities with each other. Actors who had been trained in this role were used to play patients in OSCEs and these examination situations were the first time students had met 'patients', although they had experienced preparation for the OSCEs in other sessions with lecturing staff, and actors were used in the mock OSCEs. The students told the team that there were no placements or real patient contact in the final year, unless students were undertaking a pharmacy practice-related research project. One day per week placements had been experienced by students during the Foundation Year where they had become part of the team.

8. Observation of student activities (standards 5 and 10):

The following summarises comments made by those team members who observed the activities both on the satellite visits and during the interim visit itself.

Activity 1: Dispensing and OTC workshop stage 3
This session was designed to build on and enhance the students' clinical, legal and professional decision making skills from stage 2. It also aimed to develop their practical skills to prepare them for their competency assessments. The theme of this workshop was 'infections and antibiotics' and the session was delivered in two

parts, with students split into two groups, considering review of community and hospital prescriptions in each part respectively, and then swapping over. The community prescription session reviewed six antimicrobial-related prescriptions. If students deemed the prescriptions suitable for dispensing, they would generate labels using labelling software and dispense the item(s), followed by checking by the tutors. If it was considered inappropriate to dispense the prescriptions, the rationale was discussed with the tutors. Although the session was intended to be interactive, most students initially worked independently but became much more interactive in discussing the prescriptions as the session progressed. The hospital session followed a similar structure to the community session and the students worked interactively in small groups to discuss prescriptions and document their decisions. Each group then fed back its allocated scenario to the whole group. Although the theme was antimicrobials, each scenario required students to apply clinical and therapeutic knowledge from other disease areas and also from other subject areas such as pharmaceutics and microbiology. The students were very engaged and were encouraged to look things up in the BNF by the thought-provoking and probing questions posed by the tutor.

Activity 2 Dispensing and OTC workshop –stage 2

This second year session builds on stage 1, and is designed to develop the students' clinical, legal and professional decision-making skills. It also aims to develop their practical skills. In the session the group undertook three activities, the first of which was completion of pre-session work for those who had not completed this prior to the session. The other two activities were prescription review and professional decision-making and a role play in a mock pharmacy outside the dispensing laboratory facilitated by a non-academic pharmacist. The pre-session work required students to complete a CNS Drug Revision Tool, in which they considered the formulations, common side effects, interactions, cautions, and contraindications during pregnancy and breastfeeding for a number of centrally active drugs. They also had to review four prescriptions and to complete various aspects. Prescription review and professional decision-making required scrutiny of four prescriptions for, for example, legality and clinical appropriateness, and then generating labels and dispensing those that they decided could be dispensed; these were then subjected to accuracy checking. They were required to provide their rationale for any decisions for not dispensing a prescription. In addition to the prescription review and dispensing activities, the students also worked in groups to consider four professional decision-making scenarios. Role play involved students playing pharmacists and patients in practice-related scenarios. After completing all the activities, there was a summary session in which there was a general discussion on prescriptions and professional decision-making scenarios, with students making presentations. Students were engaged and participated in the activities and discussions with a large number of students volunteering and feeding back the outcome of their reviews to the whole group.

Activity 3: Hospital placement stage 2

This placement was the last day of a week-long activity that included a one day introduction to hospital pharmacy practice, where the roles of the pharmacy team and other healthcare professionals are discussed and students undertake role play in prescription review and taking medication histories. The overall aim was to enable students to gain an insight into the role of hospital pharmacists through introducing students to the professional work environment and allowing students to gain knowledge of how the pharmacy staff promotes safe, effective and economic use of medicines. The placement was observational, and following a brief pharmacy department induction covering patient confidentially, dress code, infection control, and health and safety, the three students observed the different work of pharmacy technicians and pharmacists. The students also observed the dispensing process, and labelled and dispensed one item for a hospital in-patient. The students were questioned on the therapeutics of some of the prescribed medicines and their indications and were asked for their views on the possible diagnosis of the patient. The students were knowledgeable and, with reference to the BNF, were able to identify the patient's diagnosis. The students are required to present a reflective account of their visit to their peers at the end of the week.

Activity 4: Community pharmacy placement stage 1
The overall aim of this placement, which took place at Boots, was to provide an introductory overview of how a community pharmacy operates, enabling students to gain an insight into the role of the community pharmacist. There were three activities, through which students rotated in groups of five to six. The first was a tour of the pharmacy, which included an in-house GP surgery. During the tour, students discussed the roles of the various members of the GP team, such as receptionists, nurses, physiotherapists and GP specialists. They also encountered the in-house optometrist and discussed the health care area and the workings of the dispensary, where they considered the roles and responsibilities of dispensing assistants, technicians, accredited checking technicians and pharmacists, including the 'Responsible Pharmacist'. The second activity required students to read and review each step of two standard operating procedures (SOPs) concerned with receiving a prescription from a customer and labelling a prescription, where they had to identify potential areas of weakness where mistakes could occur, discuss options for improvement and make notes. The importance of learning from near misses and errors and updating SOPs regularly was explained. The final activity required students to record the ingredient, strength, dose, indication, counselling/advice for each of nine OTC medicines, as well as their suitability for children. The workshop ended with the teacher-practitioner inviting the students to offer their answers to the pre-visit tasks that had been set and summarising the key learning points of the day. All students here were fully engaged in fruitful discussions, with clarification being sought from the supervisor when necessary.

Activity 5: Medicinal products workshop stage 1
The session aimed to explore the importance of pharmaceutical analysis and pre-formulation studies to the chemical science of pharmacy. Specifically, the workshop focused on the use of infra-red spectroscopy, especially in identifying the functional groups of acetaminophen and those of its hydrolytic products and the product formed by catalytic photo-degradation. The workshop also looked at the thin layer chromatography of these compounds and of the opioids codeine, heroin and morphine. The students worked in eight self-selected groups of four to five with one member of staff; a register was taken. Eight questions were provided on which the students worked for the first hour of the workshop, the questions being discussed in the second hour. The material had been covered in lectures and practical classes but the pharmacology of the drugs had not yet been covered. They had dispensed paracetamol the day previously and were planning to complete their paracetamol template in their own time that week. All the students engaged with the activity, with some groups actively discussing the problems, while in other groups the students tended to work quietly as individuals. The students could contextualise this workshop in relation to previous laboratories concerning acetaminophen. They understood the rationale for undertaking medicinal chemistry in order to relate this to other aspects of the course and could explain how this knowledge contributed to pre-formulation and were aware that they would study formulation later.

Activity 6: Molecules, cells and body systems laboratory Stage 1
This laboratory class (over two sessions) aimed to translate the principles of gene expression and genetic engineering from lecture material into a practical context. A particular focus is the role of such technologies in the production of recombinant drugs and diagnostics. The session was preceded by a short lecture covering safety, as well as the purpose of the session and how it related to the production of drugs using biotechnology. Practical work focused on plasmids incorporating two genes, one being neuraminidase and the other a fluorescent gene. The students were using PCR to amplify DNA and the laboratory was well-equipped with PCR machines. The session met the learning outcomes, which focused on an understanding of the basics of genetic manipulation.

Activity 7: Introduction to pharmacy workshop stage 1
The main aim of this workshop was to introduce students to the role of the pharmacist as a source of medicines information and the importance of effective communication skills in pharmacy practice skills in pharmacy practice. The session involved rotating around three activities comprising improving knowledge around cold and flu remedies, where they looked at active ingredients of products, and considered their purpose and modes of action, role play relating to responding to symptoms, and improving knowledge around common symptoms using various reference sources. The students were well engaged with the activity and seemed keen to learn. It was slightly unfortunate that feedback was attempted on the role play while students were still completing the other tasks. In addition, students were asked to role play in front of 40 students which must have been intimidating for a first 'responding to symptoms' experience. The students could contextualise this workshop in relation to previous dispensing activities (for example, of paracetamol) and also to three previous lectures on responding to symptoms and one lecture on communication skills. It was clear that the session met its objectives and that the activities contributed to the meeting of the stated standard 10 learning outcomes.

Activity 8: Medicines and disease laboratory stage 2
This laboratory session was mostly devoted to various aspects of tableting but also looked at the hydrolysis of aspirin using spectroscopy. The session comprised five practical experiments running concurrently, with students working in pairs within groups, the groups rotating around the experiments across a five-week period. The aspects of tableting covered included granulation, tablet making using a single punch machine, tablet dissolution, and determination of tablet weight and content uniformity. Each experiment was supported and closely supervised by a technician/demonstrator who introduced the particular experiment; a member of academic staff was in charge. The students had been trained in GLP and were comfortable in the environment and with the work set; the students had prepared ahead of the session as directed in detailed workbooks. Completed laboratory books were stamped by the lecturer when students had met the required standard, although due to running out of time, students often completed the work at home. The session followed its aims, and the learning outcomes, which all related to standard 10.1, were met.

Activity 9: Integrated therapeutics lecture (Optimising medicines for older people)
This session, attended by approximately 50 students, comprised a lecture aimed at bringing together knowledge about medication issues in older people, enabling students to apply this knowledge to making clinical decisions to optimise medicines for the elderly. The lecture was to be complemented a few weeks later by a case-based, decision-making workshop. The lecture was a systematic approach to medicines optimisation in the elderly. Students were asked to use an interactive audience response system to answer MCQs presented on some slides; approximately 85% of students participated. The lecturer undertook some signposting to teaching and evidence but the observers did not see integrated teaching during the 30 minute observation period. The lecture was systematic, although the level seemed somewhat low for level 3 students. The relevant standard 10 outcomes listed would link to the building blocks in this lecture, but they will link better to the workshop.

Conclusions

Feedback on individual standards
Interim visits cover selected topics and not all standards are discussed. On this occasion, the team did not address standards 1, 3, 4, 6, 7 and 8 in any great depth but focused on standards 2, 5, 9 and 10. The team observed a number of activities during the visit itself and on the satellite visits; the range of activities observed gave the the team an insight into the opportunities available to the Medway students to develop their skills. The satellite visits allowed observation of the year 3 students in the dispensing class and year 2 students in a professional practice class. In both sessions the students were engaged and in the year 3 class they were encouraged by the thought-provoking and probing questions of the tutor to interact and refer to the BNF. Although not formally assessed, these sessions were preparatory for later OSCE

assessments. The visits to hospital and community placements were helpful to understand the nature of these experiences. It is acknowledged that year 2 is a more meaningful experience, as in that year students partake in a number of activities; this was also confirmed by discussions with the students (meeting 6). However, the students confirmed that the experience across all community placements can vary from very interactive and meaningful activities, to those that provide no more than observational experiences or mundane activities, such as shelf stacking. Therefore, it will be a **condition** of this visit that the School should implement a QA process that is robust and that includes feedback systems for students; this is to meet standard 2.1b. This condition must be met before the start of the next cohort in autumn 2016.

The activities observed during the interim visit itself showed how the students are learning the importance of functional group chemistry to knowledge about medicinal products; this was appropriate for year 1 students. The year 3 interactive session on medicines optimisation for older people provided a good grounding for students and was appropriate as a lead-in to a subsequent workshop. The students confirmed (meeting 6) that these sessions are integral in developing their understanding. The team also observed some good, solid practical sessions, in which all the students were engaged and enjoyed a good relationship with the tutor. The 'introduction to pharmacy session' was of the appropriate level and students appeared engaged.

The team was concerned about the issue relating to the assessment in year 2 that had arisen last year, and heard that while there had been a sound academic process in developing the assessment, the students' performance had been poor. Having reviewed this assessment, the team formed the view that it was acceptable and sufficiently challenging. The retrospective mark adjustment was regrettable but the team understands the reasons for this action. Nevertheless, to prevent this situation from recurring, the School should review the quality assurance relating to assessment to ensure that it is sufficiently robust and is consistent with safe and effective practice.

With regard to inter-professional education, the team heard a lot of the 'about' but very little of 'with' and 'from.' (The CAIPE definition of inter-professional education is learning with, from and about) The team's view is that although there are good examples of IPE in the curriculum, for example, the year 3 conference, it is not consistent and does not increase year on year. The level of patient engagement is limited and inconsistent, particularly the over-reliance on the placement provision for this patient exposure, or indeed on work experience undertaken outside the curriculum. There was evidence from the visit that the students clearly benefitted from this patient engagement to develop their confidence. Standard 5.6 states that working with patients and carers should increase year on year; this is currently not the case.
The students shared with the team how much they benefitted from the placements, but the team was concerned about the inconsistency of the experience. Therefore, it will also be a **condition** that the School must implement a meaningful inter-profession education and patient engagement strategy; this is to meet standard 5.6. This condition must be met before the start of the next cohort in autumn 2016.

In 2013 the visiting team heard that the curriculum was outcome-focussed and was designed to be transformational for the student, with the three-pronged thematic model, integrated around body systems that form the core curriculum being delivered predominantly from stage 2 onwards. While the team was concerned about the apparent lack of integration in year 1, team members were convinced by the School's explanation that the fortnightly integration sessions using case studies to place the science in the context of patient-focussed pharmacy practice provided the necessary integration at that stage. The students (meeting 6) gave several examples of how they are developing as integrative learners. Their enthusiasm for this way of learning was clear, with students understanding at an early stage what they are learning and why. The School's commitment in 2013 to continue to integrate the first year and to include clinical experience, meaningful patient exposure, and inter-professional education must continue and the team expects this to have progressed at the next visit.

In light of the evidence submitted from this interim visit and the main accreditation about the integrated programme, the School's request to permit exceptional students on the BSc Pharmacology and Physiology degree to be admitted to year 2 of the MPharm degree is refused. Such students may still be allowed to enter year 1, subject to good character checks being undertaken, but these students must have the equitable integrated experience, which would include the clinical experience, patient exposure and inter-professional education.

Following extensive discussions about the financial matters with the senior staff, the team is imposing a **condition** that the School must submit a current and accurate business plan to represent the financial health of the Medway School of Pharmacy; this should be accompanied by a risk analysis. This is to meet standard 9.1a. This must be submitted to the GPhC for review and approval by the team by 31 May 2016.

The team was pleased to meet with the School's students, who came across as intelligent, articulate and mature in their engagement with the team. They clearly appreciate the support they receive from the staff at Medway who are enthusiastic and act as good role models.

Following the above interim visit, the Registrar of the General Pharmaceutical Council agreed with the accreditation team's recommendation that 3 conditions be imposed. The condition surrounding QA processes must be met before the start of the next cohort in autumn 2016. The condition surrounding the Schools IPE strategy must be met before the start of the next cohort in autumn 2016. The condition surrounding the Schools business plan must be met by 31 May 2016.