## Event summary and conclusions

<table>
<thead>
<tr>
<th>Provider</th>
<th>Newcastle University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course</td>
<td>Masters of Pharmacy degree (MPharm)</td>
</tr>
<tr>
<td>Event type</td>
<td>Accreditation</td>
</tr>
<tr>
<td>Step</td>
<td>1-3</td>
</tr>
<tr>
<td>Event date</td>
<td>5-6 October 2016</td>
</tr>
<tr>
<td>Accreditation period</td>
<td>Working towards accreditation: next visit due 2017/18</td>
</tr>
<tr>
<td>Outcome</td>
<td>The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council that Newcastle University should be permitted to progress from step 3 to step 4 of the modified MPharm accreditation process, subject to 2 conditions.</td>
</tr>
</tbody>
</table>

### Conditions

1. There must be an early decision on the School leadership. The team recognises that a School of Pharmacy is being created at Newcastle but does not see how this can proceed unless a Head of School is in place. This appointment must be made as soon as practicable and the condition must be met by 31 January 2017. This relates to standard 2, 7, 8 and 9.

2. The team is mindful that this is a high risk endeavour and although all the plans that are in place leading up to September 2017 seem reasonable, the team is setting a condition that contributes to ensuring that standards are met
   a. The University must develop a complete risk analysis and contingency plan
   b. The University must develop an approved and collaborative agreement that is contractual as confirmed at the meeting on 12 August 2016 with the GPhC and Newcastle and Durham.

   Evidence to meet this condition must be submitted to the GPhC for approval by the end of January 2017. This is to meet standards 2, 6, 7, 8 and 9.

### Standing conditions

Please refer to Appendix 1

### Strengths

i. The commitment of Newcastle University, demonstrated in the support for the transfer;

ii. The potential evident in the development of the curriculum at Newcastle University; this includes the healthcare environment, professional practice, and research opportunities;

iii. The enthusiasm of staff and students for the transfer; the strong student support for the degree at Newcastle University is based, in large part, on the notion that the current Durham staff will move with them

iv. The proposed support and individual consideration given to students;

### Registrar decision

At the accreditation visit to Newcastle University on 6 October 2016, the
accreditation team were asked to consider two outcomes. These were:

i. Newcastle University maybe provisionally approved as a new MPharm degree provider; and

ii. The outcomes of a step 1-3 will be met and therefore they be permitted to progress to step 4 of the accreditation process.

The accreditation team concluded both outcomes had been achieved and therefore recommended to the Registrar of the General Pharmaceutical Council that Newcastle University be provisional approved as a new MPharm degree provider having met the outcomes of step 1-3 and therefore be permitted to progress to step 4 of the accreditation process.

The Registrar of the GPhC reviewed the accreditation reports and agreed with the accreditation team’s recommendations. Newcastle University is provisionally approved as an MPharm degree provider and is permitted to progress to Step 4 of the MPharm accreditation process.

Key contact (provider)  
Professor Andrew Husband, Professor of Pharmacy Education, Durham University

Accreditation team  
Professor Stephen Denyer Team Leader, Pro-Vice-Chancellor (Learning and Teaching) University of Brighton
Professor Brenda Costall (Academic) Professor of Neuropharmacology
Former Pro-Vice Chancellor Planning Research and Resources and former Deputy Vice Chancellor and Head of Pharmacy, University of Bradford
Dr Ruth Edwards (Academic), Senior Lecturer and MPharm Course Leader, Robert Gordon University
Ms Raminder Sihota (Pharmacist), Senior Manager and Professional Development, Boots UK
Mr Owen Wood (Pharmacist – recently registered), Pharmaceutical Manager – Emergency Medical Team, GOAL Global
Ms Leonie Milliner – by proxy (Lay member), Chief Executive Association for Nutrition

GPhC representative  
Ms Joanne Martin, Quality Assurance Manager (Education), 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 reaccreditation event was carried out in accordance with the GPhC’s 2011 MPharm Accreditation Methodology and the course was reviewed against the GPhC’s 2011 education standards ‘Future Pharmacists: Standards for the initial education and training of pharmacists’.

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

Background

Durham University had approached the GPhC in April 2010 with a view to entering the process for accrediting a new MPharm degree to be delivered by the School of Medicine, Pharmacy and Health (formerly the School of Medicine and Health), which comprises the Division of Pharmacy and the Division of Medicine. Following a successful step 1 event in September 2011, the University appointed a Director of Education to develop the programme with a plan to admit the first cohort of students in 2013. The University progressed successfully through step 2 (June 2012) and step 3 (February 2013) events, without any conditions or recommendations, subsequently admitting its first students in October 2013. Successful step 4, step 5 and step 6 events took place in June 2014, January 2015 and December 2015 respectively, again without any conditions and recommendations. However, on July 13, 2016, the GPhC received a letter from the Vice-Chancellors of Durham University and Newcastle University informing them that the respective universities’ governing councils had agreed a transfer of Durham’s School of Medicine, Pharmacy and Health, including the Division of Pharmacy and its provisionally accredited MPharm degree, to Newcastle. This transfer, which is planned for the 2017/18 academic session, was underpinned by a refocusing of Durham’s strategic plan around academic areas other than medicine and pharmacy, and Newcastle’s desire to strengthen its healthcare portfolio, which already includes courses in medicine, dentistry, biomedical sciences and psychology. A meeting took place on August 12 with Pro-Vice-Chancellors of both universities (one of whom will become Vice-Chancellor of Newcastle University in January 2017) to discuss this transfer; this constituted part of step 1 of the accreditation process for a Newcastle MPharm. During this meeting, the GPhC learned of the background underlying the proposed transfer, which was predicated on a long-standing relationship between Newcastle and Durham Universities, including a partnership whereby Durham University delivered phase I (the first two years) of the Newcastle medical degree, followed by completion at Newcastle. At that meeting, the GPhC presented a revised GPhC accreditation methodology, which has been developed to accommodate the transfer of an existing, provisionally-accredited MPharm degree to a new provider; this had been confirmed as legally valid. Accordingly, it was agreed that steps 1-3 of the accreditation process, which cover all standards, ensuring the preparedness of the institution for admission of students to an MPharm programme, would be held as a single event at Newcastle University. The justification for collapsing steps 1-3 into one is that both the curriculum and the staff delivering it were known quantities, which is not usually the case in the early stages of the new course accreditation. The areas to be explored during the visit would be primarily the mechanics and oversight of transferring the course and the resource base supporting delivery at Newcastle. The event therefore explored the commitment of the universities to the transfer, what has been agreed to date and what remains outstanding in the agreement, the locus of academic and legal responsibility for the course, the resources for course delivery, and the impact the transfer will have on the students enrolled on the Durham course in 2016-2017, as well as how any impact might be mitigated. The following constitutes a report of that event.

Key findings
**Standard 1: Patient and public safety**

The team was satisfied that all of the criteria relating to this standard will be met. (See Appendix 2 for criteria)

There are mechanisms, systems and procedures in place to ensure that, throughout their programme, Newcastle University MPharm students will practise safely and will not jeopardise patient safety; this includes understanding their individual responsibilities in this area. These systems are all built on the practice established at Durham University over the past few years. Students will be educated in the importance of patient safety and their general conduct, including professionalism, particularly within the external placement and clinical skills environments, where patient confidentiality will be emphasised; the development of students starts at induction and continues throughout the programme. In the context of patients, students will only do tasks for which they are competent, sometimes under supervision; they will be briefed before placements and participate in debriefing sessions afterwards, allowing them to reflect on experiences and contextualise what they have observed. Early in the course, clinical skills sessions will allow students to practise on each other and participate in simulations using computerised mannequins, while as the course progresses these sessions will involve staff volunteers, actors, and ultimately patient volunteers in a safe environment; dispensing sessions will follow a similar pattern and throughout all activities students will be monitored and assessed to ensure that they always practise safely. Specific issues relating to concern about a student’s safety will be managed through appropriate mechanisms. While the Faculty of Medical Sciences with cognate disciplines, has fully developed, robust and comprehensive mechanisms for addressing fitness to practise.

The team noted that the Newcastle University Faculty of Medical Sciences Fitness to Practise procedures are comprehensive, and although were written for medicine and dentistry will be appropriate for pharmacy with the inclusion of academic pharmacy staff.

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

The team was satisfied that all of the criteria relating to this standard will be met

The MPharm programme will operate within Newcastle University’s well-defined quality management framework and will be delivered by a newly-formed School of Pharmacy, which will be an Academic Unit within the Faculty of Medical Sciences, along with the Schools of Medical Education, Dental Sciences, Psychology, Biomedical Sciences and the Graduate School. These Schools, each of which has its own head, deliver teaching and scholarship and are overseen by Undergraduate and Postgraduate Deans. Research, on the other hand, is delivered within seven research institutes overseen by the Deans of Research and Innovation and of Translational Research. There is a Faculty Executive Board, comprising the Faculty Pro-Vice-Chancellor, Faculty Deans, Heads of Schools, Directors of Institutes, Heads of Faculty Professional Services and the Chief Executive of the NUTH NHS Foundation Trust; the Head of the School of Pharmacy will be a member of this Board. The School itself will operate through a Board of Studies, which will be accountable for the operation and quality of teaching and learning, and which will be chaired by the Head of School. However, while responsibility for day-to-day academic management and administration and for quality assurance, including annual monitoring and review of the MPharm, will rest with Newcastle University, Durham University will retain overall responsibility for meeting GPhC and national quality assurance requirements for years 2-4 initially and will continue until the Durham programme is taught out, ending in 2020-21 academic year The programme has been fully validated by Newcastle University. The Newcastle University Board of Studies in Pharmacy will include two members of Durham academic staff, appointed by Durham University, thus providing dual assurance. Durham representation on this Board will continue to the point where all students admitted to the programme via Durham University have graduated.

While the team was confident that this standard will be met, the team was concerned that no decision had been taken on the appointment of the Head of School, a post essential to the development and maintenance of a School of Pharmacy; this resulted in the setting of a condition (See ‘event summary and General Pharmaceutical Council, MPharm step 1-3 accreditation report)
conclusions’, condition 1). Moreover, the team considered that this transfer is a high risk endeavour and wished to see a risk analysis and contingency plan (See ‘event summary and conclusions’, condition 2a). Finally, while the documentation had included a draft quality assurance agreement for the Durham University MPharm to be delivered at Newcastle University, this did not meet the requirements of an approved, contractual collaborative agreement as specified at the meeting between the GPhC and the universities held on August 12 2016. The team therefore set a condition requiring the development of such an agreement (See ‘event summary and conclusions’, condition 2b).
Standard 3: Equality, diversity and fairness

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

Newcastle University is committed to its responsibilities for all diversity and equality issues as defined in the Equality Act of 2010; the University currently holds a silver level Athena Swan award at University level and most academic units in the faculty of Medical Sciences hold awards at either silver or bronze level. In relation to pharmacy, this commitment extends to the inclusion in the curriculum of the Equality Act 2010 and the concept of protected characteristics, as well as discussions with students throughout all years of matters of diversity and bias, and how cultural and genetic differences in people may influence their response to treatment. Data on protected characteristics will be analysed and considered routinely through the Board of Studies, and the School of Pharmacy intends to establish an Athena Swan champion who will lead the School’s Athena Swan submission. The University are currently considering whether to continue with Athena Swan submissions at academic unit level or in the future to submit for an overall Faculty level award. All staff members are required to undertake training in equality and diversity issues and will undergo periodical retraining every three years, with additional training sessions being run on specific topics, such as unconscious bias, where appropriate. Additional training in equality and diversity is provided for staff members involved in the selection and admission of students.

Standard 4: Selection of students

The team was satisfied that all of the criteria relating to this standard will be met

Detailed material has been published allowing prospective students to obtain information on the entry requirements, course content, and career opportunities relating to the MPharm programme. All students must produce a good conduct declaration and undergo an enhanced Disclosure and Barring Service (DBS) clearance, with alternative arrangements to the DBS clearance in place for those students who have not been resident in the UK, or who have been here for less than six months; students must also undergo a health evaluation as part of their induction process on arrival. In its advertisement for the MPharm programme, Newcastle University has been explicit that its MPharm was originally offered by Durham University.

Standard 5: Curriculum delivery and student experience

The team was satisfied that all of the criteria relating to this standard will be met

The programme comprises single 120-credit modules at each of Stages 1 to 3, organised around a series of patient case studies, with two final-year 60-credit modules, one of which is the research project for which extensive opportunities will be provided within the Faculty of Medical Sciences. The curriculum is progressive in complexity and is integrated to the level of being complementary/multi-disciplinary/inter-disciplinary, providing an appropriate balance of theory and practice. The team was satisfied that the curriculum, as well as the course delivery, will be broadly similar to that undertaken at Durham, apart from the changes that occur as part of the natural evolution of a degree programme. Some changes in the order of delivery may occur as a result of timetabling constraints, and the availability of additional expertise at Newcastle may result in changes in work-based learning and in the personnel delivering particular material; the curriculum certainly will not suffer. There will be a better integration with primary care practice and the engagement of GP pharmacists, along with the ability to use real data gathered from patients in general practice. E-learning is embedded at Newcastle, with students having access to a VLE and an e-portfolio, and there is also good IT support for students within the Faculty of Medical Sciences, for example, through teaching students to use particular programmes. The MPharm will be delivered within the Faculty of Medical Sciences, which will allow study to be placed in a professional and academic context and will require students to conduct themselves professionally. There
are opportunities for work-based learning and inter-professional education (IPE) at all four stages of the programme, these being enhanced by the relocation of the programme to Newcastle. Work-based learning includes experience in hospital and community pharmacy, as well as in general practice and in a mental health facility. The transfer to Newcastle will enhance the opportunity for students to gain industrial experience. Similarly, the IPE in all four years, covering aspects such as anatomy, patient safety, drug history taking, pain management and end-of-life care, will be enhanced by the fact that students will now be located with all years of medical and dental students on the same site, as well as other healthcare profession students, rather than only the first two years of medicine as was the case at Durham. Students will also have access to a much greater patient population at Newcastle. The Faculty of Medical Sciences has its own PPI group and there is a strong involvement of healthy ageing patients through VOICENorth, which collaborates with the Faculty in both teaching and research. The progress regulations and assessment criteria will assure that students graduate only if they can demonstrate safe and effective practice.

### Standard 6: Support and development for students

**The team was satisfied that the one criterion relating to this standard will be met**

Support for students during the transfer and transition period is a key priority for both institutions. Special consideration will be given to address issues of individual students, for example in relation to the need for childcare and the costs of transport and accommodation costs. Although it should be noted whilst every effort will be made to address these issues it is possible that a small number of students will nonetheless find the move to Newcastle difficult because of particular personal circumstances e.g carer responsibilities. Students in whatever year will be guaranteed a place in halls of residence and there is good communication between Newcastle University and the students regarding accommodation and other matters. Individual student academic needs will be catered where necessary through additional tutorials and special timetabling. Although the loss of the Durham college system is a disadvantage of the move, students will retain their Durham college membership in the transition period. Moreover, the students are highly enthusiastic about the prospect of moving to Newcastle, and view the numerous advantages of the move as greatly outweighing the future loss of the college system. The pastoral care offered by the colleges will be subsumed in the Newcastle University personal tutor system which has the additional support of a senior tutor to co-ordinate activities and a great deal of student support will be available through the Newcastle University Student Wellbeing Service, as well as through the Students’ Union and the student Pharmacy Society.

While the team was confident that this standard will be met, the team considered that the transfer of the programme between institutions is a high risk endeavour and wished to see a risk analysis and contingency plan (See ‘event summary and conclusions’, condition 2a). Moreover, while the documentation had included a draft quality assurance agreement for the Durham University MPharm to be delivered at Newcastle University, this did not meet the requirements of an approved, contractual collaborative agreement as specified at the meeting between the GPhC and the universities held on August 12 2016. The team therefore set a condition requiring the development of such an agreement (See ‘event summary and conclusions’, condition 2b).

### Standard 7: Support and development for academic staff

**The team was satisfied that all of the criteria relating to this standard will be met**

The Faculty of Medical Sciences with its structure of teaching schools and research institutes will provide a comprehensive and well-established structure for personal staff support. Extensive support will be provided to academic staff through the Faculty of Medical Sciences Unit for Education Research, Practice
and Development; this supports teaching activities of all staff members whether in the Schools or Research Institutes, and includes a regular programme of learning and teaching activities, journal clubs, a seminar programme, learning and teaching fora, and support for research bid writing and writing for publication. Members of staff from Durham have identified alignment of their research with activities already taking place at Newcastle; discussions with potential collaborators have already commenced. The research of all staff members will fit into one of the research institutes and there is the possibility in the longer term of forming a new institute, for example, in the area of drug development. Initially they will be exploring to seek synergies with research across the broad spectrum covered by the existing institutes particularly with the School of Chemistry. There are already research collaborations between Durham pharmacy staff members and the Newcastle teaching hospitals, as well as other research collaborations between members of academic staff of both universities. Research leave is available to all academic staff in the form of ‘academic sabbatical leave’. There is a small grants scheme for the funding of learning and teaching projects, as well as for short study visits. Newcastle University has resources for supporting the transfer project, and will ensure that pharmacy staff members are made welcome. There will be support for staff costs incurred such as travel and relocation and these costs will be met through transitional funding. Newcastle University will organise a series of orientation and induction sessions at both University and Faculty level to allow the staff to become familiar with the Newcastle systems. The Head of School of Pharmacy will be the line manager of all staff members and his/her remit will also include the responsibility for supervision and development of staff; staff development will be supported through the annual performance and development review (PDR).

While the team was confident that this standard will be met, the team was concerned that no decision had been taken on the appointment of the Head of School, a post essential to the development and maintenance of a School of Pharmacy and, in the specific context of this standard, to support the staff in the School; this resulted in the setting of a condition (See ‘event summary and conclusions’, condition 1). Moreover, the team considered that this transfer is a high risk endeavour and wished to see a risk analysis and contingency plan (See ‘event summary and conclusions’, condition 2a). Finally, while the documentation had included a draft quality assurance agreement for the Durham University MPharm to be delivered at Newcastle University, this did not meet the requirements of an approved, contractual collaborative agreement as specified at the meeting between the GPhC and the universities held on August 12 2016. The team therefore set a condition requiring the development of such an agreement (See ‘event summary and conclusions’, condition 2b).

Standard 8: Management of initial education and training

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

A Pharmacy Project Group has been established to manage the transfer of the MPharm to Newcastle University; this Group reports directly to the Project Board which is responsible for the wider transfer of medicine and pharmacy. The MPharm programme will be managed and governed through the School of Pharmacy, led and overseen by the Head of School and the School’s Board of Studies, with the Degree Programme Director having day-to-day responsibility for the programme. The two universities are discussing and finalising a collaborative agreement, which will include clear lines of responsibility for the delivery of the Durham MPharm by Newcastle staff at Newcastle; this will include detail on how the quality management of the programme will be overseen by Durham and how Newcastle will report progress via the annual monitoring process into the Durham system. An interim Degree Programme Director is in place and a successor will be identified when another member of staff has significant experience to fulfil that role. Although the documentation had included a draft quality assurance agreement for the Durham University MPharm to be delivered at Newcastle University, this did not meet the requirements of an approved, contractual collaborative agreement as specified at the meeting between the GPhC and the universities held on August 12 2016. The team therefore set a condition requiring the development of such an agreement (See ‘event summary and conclusions’, condition 2b).
While the team was confident that this criterion will be met, the team was concerned that no decision had been taken on the appointment of the Head of School, a post essential to the development and maintenance of a School of Pharmacy, and, in the context of this standard, to provide the necessary leadership; this resulted in the setting of a condition (See ‘event summary and conclusions’, condition 1). Moreover, the team considered that this transfer is a high risk endeavour and wished to see a risk analysis and contingency plan (See ‘event summary and conclusions’, condition 2a).

**Standard 9: Resources and capacity**

**The team was satisfied that all of the criteria relating to this standard will be met**

From 2017/8, the mechanisms to ensure appropriate resource for the MPharm programme will be through the well-established Newcastle University resource planning process; the annual budget and a five-year plan, including student number targets, are normally agreed in planning meetings taking place annually in November/December. The Faculty of Medical Sciences receives all income earned, with infrastructure costs being charged against agreed cost drivers; this allows the Faculty to invest strategically, while enabling the Head of School to see income generated by each undergraduate programme, the central University top-slice, and the direct costs of delivering the programme, as well as the financial surplus on each teaching programme, which is used to underpin the research activity in the Faculty. All of the costs of the transfer of the MPharm from Durham to Newcastle University, including the purchase of equipment, will be met through a central transitional funding package. The Head of School will be a member of the Faculty Executive Board through which he/she will influence Faculty policy, as well through participation in the University Heads of Units forum. Moreover, the cross-cutting Pro-Vice-Chancellors meet with each Head of School and other senior staff members within the School. The School Director of Excellence in Learning and Teaching will also influence Faculty and University policy in relation to teaching and learning, with similar mechanisms operating across all core activities, including research; the School will be represented on all relevant Faculty committees. The team was concerned that no decision had been taken on the appointment of the Head of School, a post essential to the development and maintenance of a School of Pharmacy, and in the context of this standard, ensuring that sufficient resource, including staffing, was available to run the programme; this resulted in the setting of a condition (See ‘event summary and conclusions’, condition 1).

Although it appears that there will be sufficient members of staff, including sufficient pharmacists, as well as staff members who can supervise final year research projects, it was acknowledged that some staff members may not wish to relocate to Newcastle; this has been identified as a risk that will be mitigated by the fact that there is extensive relevant expertise among current Newcastle staff members and plans to make new appointments for academic year 2017/18.

Initially, the School of Pharmacy will be housed in the King George VI (KGV) Building, in close proximity to the Royal Victoria Infirmary. This building, which will include two large laboratory spaces, will be refurbished by August 2017 to house the School. The facilities in the refurbished KGV building will be augmented by access to high quality teaching space both in the Medical School (clinical skills suite, anatomy, biochemistry and microbiology laboratories), and in the adjacent Chemistry Department. In the unlikely event that the refurbishment will not be complete in time, other facilities are available and alternative ways of delivering learning outcomes could be developed. The perception of both staff and students is that Newcastle University facilities, including access to computers and the multiple libraries with ample study space, are much larger and better than the corresponding ones at Durham. Pressure on study, library and social space, already running at full capacity, will be addressed through effective timetabling.

While the team was confident that this standard will be met, the team considered that this transfer is a high risk endeavor, and, although hearing that a risk register has been produced, wished to see a risk analysis and contingency plan (See ‘event summary and conclusions’, condition 2a).
analysis and contingency plan (See ‘event summary and conclusions’, condition 2a). Finally, although the documentation had included a draft quality assurance agreement for the Durham University MPharm to be delivered at Newcastle University, this did not meet the requirements of an approved, contractual collaborative agreement as specified at the meeting between the GPhC and the universities held on August 12 2016. The team therefore set a condition requiring the development of such an agreement (See ‘event summary and conclusions’, condition 2b).

**Standard 10: Outcomes**

The learning outcomes were not scrutinised during this event but will be considered at a later step in the accreditation process.

**Indicative syllabus**

**The team was satisfied with the School’s use of the Indicative Syllabus to inform its curriculum**

The team agreed that the MPharm degree met the requirements of Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications for the initial education and training of pharmacists.
Appendix 1 - 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;
   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 timetable 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 2 – Standards

GPhC standards for the initial education and training of pharmacists

Standard 1: Patient and public safety

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

1.1 There must be effective systems in place to ensure that students:
   1.1.a do not jeopardise patient safety;
   1.1.b only do tasks for which they are competent, sometimes under supervision;
   1.1.c are monitored and assessed to ensure they always practise safely. Causes for concern should be addressed immediately;
   1.1.d have access to support for health, conduct and academic issues;
1.1.e must not be awarded an accredited degree if they might pose a risk to patients or the public;
1.1.f understand what is and what is not professional behaviour and are familiar with the GPhC’s Code of Conduct for Pharmacy Students (2010) Standards of conduct, ethics and performance (2010);
1.1.g understand what fitness to practise mechanisms apply to them. All schools of pharmacy must have fitness to practise procedures to deal with student causes for concern;
1.1.h undergo required health and good character checks;
1.1.i understand that it is an offence to impersonate a pharmacist. Pharmacists are registrants of the GPhC.

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

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

2.1 There must be systems and policies in place covering:
2.1.a information about roles and responsibilities and lines of accountability;
2.1.b university information on:
   2.1.b.i entry requirements;
   2.1.b.ii the quality of teaching, learning and assessment;
   2.1.b.iii the quality of placements and other practice learning opportunities;
   2.1.b.iv appraisal and feedback systems for students and trainees;
   2.1.b.v supervision requirements;
   2.1.b.vi educational resources and capacity;
These must be monitored, reviewed and evaluated systematically. When an issue is identified it must be documented and dealt with promptly.

**Standard 3: Equality, diversity and fairness**

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

3.1 Systems and policies for capturing equality and diversity data. Concerns should be documented, addressed and disseminated;
3.2 Strategies for staff training in equality and diversity

**Standard 4: Selection of students**

4. Selection processes must be open, fair and comply with relevant legislation. Processes must ensure students are fit to practise at the point of selection. Selection includes recruitment and admissions.

4.1 Selection process must give applicants the information they need to make an informed application.
4.2 Selection criteria must be explicit. They should include:
   4.2.a meeting academic and professional entry requirements;
   4.2.b meeting English language requirements appropriate to MPharm degree study. Guidelines issued by English language testing bodies should be followed to ensure that admissions language requirements are appropriate;
   4.2.c meeting numeracy requirements;
   4.2.d taking account of good character checks, such as Criminal Records Bureau
4.2.e passing health checks (subject to reasonable adjustments being made). Health checks could include self-evaluations and/or evaluations by healthcare professionals;

4.2.f recognising prior learning, where that is appropriate.

4.3 Selectors should apply selection criteria fairly. They should be trained to do this. Training should include equality and diversity matters.

Standard 5: Curriculum delivery and the student experience

5. The curriculum for MPharm degrees must deliver the outcomes in Standard 10. Most importantly, curricula must ensure students practise safely and effectively. To ensure this, pass criteria must describe safe and effective practice.

5.1 Curricula must be integrated.

5.2 Curricula must be progressive, dealing with issues in an increasing more complex way until the right level of understanding is reached.

5.3 An MPharm must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally.

5.4 An MPharm must be delivered in an environment informed by research. This means that whether or not all staff are engaged in research, their teaching must be informed by research.

5.5 An MPharm degree teaching and learning strategy must set out how students will achieve the outcomes in Standard 10. Learning opportunities must be structured to provide:

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

5.5.b a balance of theory and practice;

5.5.c independent learning skills.

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

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

5.8 The MPharm degree assessment strategy should include:

5.8.a diagnostic assessments;

5.8.b formative assessments;

5.8.c summative assessments;

5.8.d timely feedback.

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

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

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

Standard 6: Support and development for students

6. Students and trainees must be supported to develop as learners and professionals during their initial education and training.
6.1 A range of mechanisms must be in place to support students to develop as learners and professionals.

**Standard 7: Support and development for academic staff**

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

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

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

7.3. Everyone involved in delivering the curriculum should have:
   - 7.3.a effective supervision;
   - 7.3.b an appropriate and realistic workload;
   - 7.3.c effective personal support;
   - 7.3.d mentoring;
   - 7.3.e time to learn;
   - 7.3.f continuing professional development opportunities.

**Standard 8: Management of initial education and training**

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

8.1. All education and training will be supported by a defined management plan with:
   - 8.1.a a schedule of responsibilities
   - 8.1.b defined structures and processes to manage the delivery of education and training

**Standard 9: Resources and capacity**

9. Resources and capacity are sufficient to deliver outcomes.

9.1 There must be:
   - 9.1.a robust and transparent mechanisms for securing an appropriate level of resource for delivering an accreditable MPharm degree;
   - 9.1.b sufficient staff from relevant disciplines to deliver the curriculum to students Staff must be appropriately qualified and experienced. The staffing profile must include:
     - 9.1.b.i sufficient numbers of pharmacists – registrants of the GPhC – with experience of teaching in higher education to ensure that an MPharm degree can produce students equipped to enter pharmacist pre-registration training in Great Britain.
     - 9.1.b.ii sufficient numbers of pharmacists to act as tutors and professional mentors at university. Not all personal tutors must be pharmacists.
     - 9.1.b.iii pharmacists who are leaders in the profession and in their university, who can influence university policy relevant to pharmacy
     - 9.1.b.iv non-pharmacist academics who can influence school and university policy relevant to pharmacy
     - 9.1.b.v staff who are sufficiently experienced to supervise research. It would be unusual for anyone to supervise research at a particular level unless they had researched to that level or beyond. New research supervisors must be mentored and signed off as being fit to supervise after a period of mentoring
9.1.b.vi science academics who understand the relevance of their discipline to pharmacy and deliver their area of expertise in a pharmaceutical context
9.1.b.vii academic pharmacists and other experienced MPharm degree staff who are able to act as mentors to non-pharmacist colleagues

9.1.c

9.1.d career pathways in universities for all staff teaching on MPharm degrees, including pathways for practice staff
9.1.e clear lines of authority and responsibility for the strategic organisation and day-to-day management of placements
9.1.f training and ongoing support for all non-pharmacists involved in the delivery of MPharm degrees which must help them understand:
9.1.f.i help and understand the relevance of their work to pharmacy
9.1.f.ii how to deliver their area of expertise in a pharmaceutical context
9.1.g appropriate learning resources
9.1.h accommodation and learning resources that are fit for purpose

Standard 10: Outcomes

10.1 Expectations of a pharmacy professional

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

10.2 The skills required in practice

10.2.1 Implementing health policy

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2.1.a Promote healthy lifestyles by facilitating access to and understanding of health promotion information</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.1.b Access &amp; critically evaluate evidence to support safe, rational &amp; cost effective use of medicines</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.1.c Use the evidence base to review current practice</td>
<td>Shows how</td>
</tr>
</tbody>
</table>
10.2.1.d Apply knowledge of current pharmacy-related policy to improve health outcomes

10.2.1.e Collaborate with patients, the public and other healthcare professionals to improve patient outcomes

10.2.1.f Play an active role with public and professional groups to promote improved health outcomes

10.2.1.g Contribute to research & development activities to improve health outcomes

10.2.1.h Provide evidence-based medicines information

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

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2.2.a Identify and employ the appropriate diagnostic or physiological testing techniques in order to promote health</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.2.b Identify inappropriate health behaviours and recommend suitable approaches to interventions</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.2.c Instruct patients in the safe and effective use of their medicines and devices</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.2.d Analyse prescriptions for validity and clarity</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.2.e Clinically evaluate the appropriateness of prescribed medicines</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.2.f Provide, monitor and modify prescribed treatment to maximise health outcomes</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.2.g Communicate with patients about their prescribed treatment</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.2.h Optimise treatment for individual patient needs in collaboration with the prescriber</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.2.i Record, maintain and store patient data</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.2.j Supply medicines safely and efficiently, consistently within legal requirements and best professional practice. NB This should be demonstrated in relation to both human and veterinary medicines.</td>
<td>Shows how</td>
</tr>
</tbody>
</table>

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

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

### 10.2.3 \( \text{j} \) Take personal responsibility for health and safety  
**Does**

### 10.2.3 \( \text{k} \) Work effectively within teams to ensure safe and effective systems are being followed  
**Knows how**

### 10.2.3 \( \text{l} \) Ensure the application of appropriate infection control measures  
**Shows how**

### 10.2.3 \( \text{m} \) Supervise others involved in service delivery  
**Knows how**

### 10.2.3 \( \text{n} \) Identify, report and prevent errors and unsafe practice  
**Shows how**

### 10.2.3 \( \text{o} \) Procure, store and dispense and supply veterinary medicines safely and legally  
**Knows how**

### 10.2.4 Working with patients and the public

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2.4.a Establish and maintain patient relationships while identifying patients’ desired health outcomes and priorities</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.4.b Obtain and record relevant patient medical, social and family history</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.4.c Identify and employ the appropriate diagnostic or physiological testing techniques to inform clinical decision making</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.4.d Communicate information about available options in a way which promotes understanding</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.4.e Support the patient in choosing an option by listening and responding to their concerns and respecting their decisions</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.4.f Conclude consultation to ensure a satisfactory outcome</td>
<td>Shows how</td>
</tr>
<tr>
<td>10.2.4.g Maintain accurate and comprehensive consultation records</td>
<td>Shows Does</td>
</tr>
<tr>
<td>10.2.4.h Provide accurate written or oral information appropriate to the needs of patients, the public or other healthcare professionals</td>
<td>Shows how</td>
</tr>
</tbody>
</table>

### 10.2.5 Maintaining and improving professional performance

<table>
<thead>
<tr>
<th>Learning outcome</th>
<th>MPharm</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2.5.a Demonstrate the characteristics of a prospective professional pharmacist as set out in relevant codes of conduct and behaviour</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.5.b Reflect on personal and professional approaches to practice</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.5.c Create and implement a personal development plan</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.5.d Review and reflect on evidence to monitor performance and revise professional development plan</td>
<td>Does</td>
</tr>
<tr>
<td>10.2.5.e Participate in audit and in implementing recommendations</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.5.f Contribute to identifying learning and development needs of team members</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.5.g Contribute to the development and support of individuals and teams</td>
<td>Knows how</td>
</tr>
<tr>
<td>10.2.5.h Anticipate and lead change</td>
<td>Knows how</td>
</tr>
</tbody>
</table>

### Appendix 3 – Indicative syllabus
It is expected that education providers will use the indicative syllabus to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

A1.1 How medicines work

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

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

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

**Pharmaceutical technology including manufacturing & engineering science**
- Biotechnology
- Manufacturing methods
- Quality assurance processes
- Sterilisation and asepsis
- Environmental control in manufacturing

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

A1.2 How people work

Normal & abnormal structure & function
- Nutrition
- Physiology
- Pathology
- Infective processes

Sociology
- Social and behavioural science

Health psychology
- Health promotion
- Disease prevention
- Behavioural medicine

Objective diagnosis
- Differential diagnosis
- Symptom recognition
- Diagnostic tests

Epidemiology
- Aetiology and epidemiology of (major) diseases

A1.3 How systems work

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

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

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

Medicines regulation
- Evaluation and regulation of new drugs and medicines
- Pharmacopoeial specifications and biological standards
- Medicines licensing
- Product quality, safety and efficacy
- The supply chain
- Packaging, labelling and patient information
Clinical governance
- SOPs
- Research methodology / research ethics
- Risk & quality management
- Good manufacturing/dispensing practice
- Good clinical practice
- Health policy, clinical and science research methods

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

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

A1.4 Core and transferable skills

Professionalism

Research and research methods

Critical appraisal
- Audit and learning from errors

Problem solving
- Study skills
- Team-working skills

Clinical decision making
- Leadership skills

Accurate record keeping

Reflective practice (incl. continuing professional development)

Effective communication
- Interpersonal skills
- Medical terminology

Interpret & interrogate clinical data

Analyse & use numerical data

Pharmaceutical numeracy

Technological literacy
A1.5 Attitudes and values

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