



Master of Pharmacy
degree (MPharm)

University of Reading
Report of an interim event
March 2017

Event summary and conclusions

Provider	University of Reading
Course	Masters of Pharmacy degree (MPharm)
Event type	Interim event
Event date	8 - 9 March 2017
Accreditation period	2014 - Month 2020
Outcome	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that University of Reading should continue to be accredited to provide an MPharm degree for the remainder of the accreditation period.
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made.
Registrar decision	The Registrar of the GPhC accepted the accreditation team's recommendation and approved the continued accreditation of the programme for the remainder of the accreditation period
Key contact (provider)	Dr Rebecca Green, Head of Pharmacy
Accreditation team	<p>Professor Andrew Husband, (Team Leader), MPharm Programme Director and Professor of Pharmacy Education, Durham University</p> <p>Professor James McElnay, (Team member – Academic), Pro-Vice Chancellor (Research, Enterprise and Postgraduate Affairs), Professor of Pharmacy Practice, Queen's University, Belfast</p> <p>Professor Anne Watson, (Team member – Pharmacist), Postgraduate Pharmacy Dean, NHS Education for Scotland</p> <p>Ms Sabina Khanom (Team member – Pharmacist), Patient Safety Policy Lead (Primary Care), NHS England</p>
GPhC representative	Ms Joanne Martin, Quality Assurance Manager, GPhC
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

Introduction

Role of the GPhC

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

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

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

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

Purpose of this event

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

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

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

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

The interim event

The interim event is divided into four components:

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

- a main visit to the university

Background

The MPharm programme at the University of Reading is delivered by the Reading School of Pharmacy (RSOP), which is a department within the joint School of Chemistry, Food and Pharmacy (SCFP). The programme was last reaccredited in March 2014, when the accreditation team agreed to recommend to that the University should be reaccredited to provide an MPharm degree for a further period of six years, with a practice visit to take place in three years. There were no conditions or recommendations.

Summary of key findings

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

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

Progress since last event

Standard 1: Patient and public safety

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

This standard was not addressed during the interim visit.

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

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

The University has been restructured with the replacement of faculties by new, University-level strategic management of research, teaching and learning; central support is provided for all activities including administration of teaching and learning, admissions, technical support, marketing, teaching quality, finance, human resources, IT, and research and enterprise. Research and teaching are led respectively by research deans and teaching and learning deans. Quality management of the MPharm is the responsibility of the Pharmacy Director of Teaching and Learning. There are effective processes in place for monitoring the quality of placements. The School has received input to the course development from its various stakeholders, including placement providers and students. External examiner reports on the programme and student assessment have been positive.

Standard 3: Equality, diversity and fairness

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

This standard was not addressed during the interim visit.

Standard 4: Selection of students

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

Selection is based on the information provided on the application forms which are screened centrally. Applicants who receive offers are invited to visit the University, where they hear about the course and experience learning and team-building experiences. There is also an online, values-based test to support applicants' decision-making on whether or not to choose Reading for their studies; there are plans to make this a formal part of the application process. The School no longer interviews applicants, as there was no evidence that the process provided any information additional to that given on the application form.

Standard 5: Curriculum delivery and student experience

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

The programme, which had been redesigned at the time of the 2014 reaccreditation, consists of 12 large, integrated modules aligned with therapeutic areas with a focus on patient-centred care. The School has also introduced a personal academic development (PAD) portfolio, which students are required to maintain and which is assessed in year 3 by oral examination. The teaching and learning strategy incorporates experiential learning with a focus on team working. Experiential learning in the programme comprises inter-professional education (IPE), workplace-based learning and patient interactions. IPE is now undertaken across eleven events spanning all four years, with pharmacy students working with students of nursing, physiotherapy, speech and language therapy, food and nutrition, occupational therapy and the physician associates programme; topics addressed include equality and diversity, meeting service users, living with various disorders (for example, diabetes, respiratory, disease and dementia), medicines safety, and health promotion. Workplace-based learning spans all four years, with hospital and community placements in parts 1-3 (years 1-3; 'year' and 'part' are used interchangeably in this context throughout the report). Hospital visits cover ward and pharmacy specialities, observing pharmacists on the ward, undertaking medication-related consultations, and performing patient reviews, as well as undertaking medicines reconciliation and prescription validation. In year 4, students undertake an on-site 'healthy living assessment' using patients who come into the University; here, the students make measurement, for example, of blood pressure, BMI, and blood glucose, and provide lifestyle advice, with the patients coming back in successive years to see their own progress.

The School has commenced an MPharm degree in Malaysia, whereby students take parts 1 and 2 of the programme on the University's Malaysian campus and then transfer to complete their studies in the UK. The first cohort has started on the programme in Malaysia, where teaching and assessment follow those in the UK; formal examinations take place at the same time as the UK examinations with cross moderation by UK staff. IPE and placements for these students are provided in Malaysia and, although not the same as those in the UK, are intended to provide an equivalent experience. A cross-campus experience is provided through staff visits in both directions, shared tutorials using the Blackboard VLE and collaborative sessions linking UK students with those on the Reading Malaysia campus.

Standard 6: Support and development for students

The team was satisfied that the one criterion relating to this standard continue to be met.

Students are supported by personal tutors, whom they meet at least once per term; the tutors act as friends and these meetings cover guidance on academic matters as well as personal issues such as handling the workload, and problems associated with living alone or living in halls. First year students also receive help from senior students; here, they are allocated a mentor who is a student in the second, third or final year who makes contact with them, and who is somebody to whom they can talk when new to the University. University of Reading Malaysia students will be assigned a UK personal tutor early in part 2 of their programme; this will facilitate their transition to the UK. When the Malaysian students transfer to the UK, they will undergo a two-week transition programme, during which they will visit community and hospitals pharmacies, and have taught sessions relating to prescription assessment and medicines supply to

address differences between UK and Malaysian practice and healthcare; they will also have classes focusing on oral/writing skills. During this time, they will spend time with their UK student buddies with whom they will have already interacted before arriving.

Standard 7: Support and development for academic staff

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

The workload in introducing the new, integrated programme had been heavy because everything had been new, especially in relation to IPE, where the number of other programmes on site was small, with the corollary that students from other professions had to be brought from other institutions, such as Oxford Brookes University and the University of West London, with which relationships had to be built. Integration meant that staff members needed to work outside their comfort zones but integrated teaching had been embraced as staff members gained confidence. The administrative load had initially been high but this was now settling down. Some staff time was involved in interactions with the Malaysian campus and staff members were working with module leads in Malaysia; this is acknowledged by the University. When students transfer to the UK, some staff from University of Reading Malaysia will come over to help to support the students.

Standard 8: Management of initial education and training

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

Management of the MPharm teaching and learning is through the Pharmacy Programme Board, chaired by the Pharmacy Director of Teaching and Learning, and to which report the MPharm Programme Development and Evaluation Group (Chaired by the MPharm Programme Director), along with the Staff Student Liaison Committee and committees/groups concerned with postgraduate research and with taught postgraduate programmes. There are management groups for individual modules, and for each year of the programme. The new University structure means that research and teaching/learning are managed by different people at University level, these being respectively the Dean of Research and the Dean of Teaching and Learning.

Standard 9: Resources and capacity

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

In the new University structure, the School has an autonomous budget, with all income going directly to the School, which then repays 50% to the centre to cover centrally-managed facilities and services. The remaining income pays for academic salaries and non-salary costs, and the School is expected to generate a surplus of 1-5%, from which funds can be requested to support specific activities. If the School does well financially, it will now reap the benefits; on the other hand, if it does less well, it will carry the burden. The School has access to facilities for teaching clinical skills and these have recently been expanded.

Standard 10: Outcomes

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

The outcomes in standard 10 were considered through the observation of student activities (see below).

Observation of student activities

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

The team observed three inter-professional education activities. The first two of these involved working with nursing students and covered respectively living with diabetes and management of nutritional conditions, focusing on malnutrition and obesity. The third inter-professional activity was a symposium covering the management and prevention of falls and involving more than 200 students from pharmacy, nursing, occupational therapy, physiotherapy and from a physician associates programme; during this symposium students heard of the experiences of patients exhibiting a fall and hip fracture, primary progressive multiple sclerosis, and stroke. The team also observed students on a hospital placement during which they participated in a number of tasks including prescription review, taking medication histories, calculations, validation of a discharge prescription, and medication transcription of hospital inpatient medication for dispensing in the pharmacy department. Several teaching sessions were also observed in the University; these comprised prescriptions assessment and medicines supply, including patient counselling, a pharmaceutical calculations workshop, a poster presentation based on the design of a medicine, and a laboratory practical class in which students made measurements of various respiratory parameters as part of their learning of basic respiratory physiology.

Conclusions

The purpose of this interim visit was to:

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

The range of activities observed through the main visit, as well as on the satellite visits, gave the team an insight into opportunities available to the students to develop their skills; all of the activities were appropriate to the particular level of study. The sessions included a range of inter-professional activities with nursing students on areas such as diabetes, nutrition and obesity; these were considered high quality activities in which all students were fully engaged. The IPE symposium, with a focus on 'falls', involved students from a range of healthcare professions; this whole-day activity was confirmed by the students to be useful in embedding the knowledge and skills previously gained during their lectures and workshops. The well-organised activity taking place at the Royal Berkshire Hospital involved year 3 students and covered a range of important areas relating to practice, enabling the students to derive maximum benefit. In the first year laboratory class on respiratory measurements, the students worked well together using high quality resources in fit-for-purpose facilities; they were fully prepared for the session, having had a series of preparatory lectures. The first year prescription assessment and medicines supply session, which included consultation skills, was appropriate and the tasks and activities were sufficiently challenging. The year 2 poster session on medicines design was the final step of a project undertaken by the students; here, the team saw the students engaging enthusiastically in the task and heard a number of examples where this activity demonstrated integration of knowledge. The team also observed a final year revision session on pharmaceutical calculations which had clearly been helpful to the students.

In meeting the team, the students articulated how the course enabled them to understand, at an early stage, why they are learning various aspects of the course. They described clear integration within the MPharm curriculum and understood how complexity develops across the programme. The students constantly referred back to the activities of the type observed by the team, and articulated how these were crucial in developing the skills and professional attitudes needed to become a pharmacist. Activities based around patients, other professions and practical experience were greatly valued by the students; while stating that they would like many more such sessions, which embed their knowledge, and develop their

confidence and skills with patients, the students understood the challenges associated with this provision. They told the team that they feel as though they are treated like professionals, and understand their role, including how patient welfare is their primary concern. While aware of the heavy workload in part 3, the students acknowledged that this had been good preparation for the final year. They clearly appreciated the support they received from the members of staff.

The team heard of the attempts to establish IPE with medical students; in recommending that this is pursued, the team will look forward to seeing progress on this activity at the next reaccreditation in three years' time.

The team recognises the challenges of introducing this new course; however, it was clear that the School had listened to feedback from the students and made appropriate changes, although the team cautioned on making changes too soon while a course was evolving.

Appendix 1 - Activities

Observed activities

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

Activity number	Activity	Year/Part
1.	Inter-professional Education Session – Management of Conditions: Living with Diabetes	3
2.	Hospital Visit to Royal Berkshire Hospital	3
3.	Inter-professional Education Session – Management of Conditions: Nutrition & Malnutrition	2
4.	Inter-professional Education Symposium	4
5.	Prescription Assessment & Medicines Supply: Child Health	1
6.	Medicines Design Poster Activity	2
7.	Pharmaceutical Calculations Workshop	4
8.	Understanding Respiratory Disease Practical	1

Appendix 2 - Standing conditions

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

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

Appendix 3 – Standards

GPhC standards for the initial education and training of pharmacists

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

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

Or by clicking on the following link:

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