

MPharm Interim Visit

University of Sunderland

February 2015

Master of Pharmacy degree course (MPharm) interim visit

University of Sunderland

Report of an interim visit, 6 February 2015

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 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 goes on to form 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 as being a day where there are suitable opportunities for the accreditation team to observe activities that had been timetables 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 School of Pharmacy at the University of Sunderland.

Background

Pharmacy has been taught at the University of Sunderland since 1921. The MPharm programme is delivered by the Department of Pharmacy, Health and Well-being, one of four departments within the Faculty of Applied Sciences. This department also covers a wide range of undergraduate and postgraduate teaching including chemistry, biomedical sciences, biotechnology, environmental health and technology, health and social care, community health and nursing, as well as postgraduate research degrees.

The last full accreditation visit was undertaken in June 2011. The school was the first to be accredited against the GPhC's newly introduced Standards for the Initial Education and Training of Pharmacists (2011). Based on the outcome of this visit, the degree was accredited for a full six years with no conditions or recommendations.

Satellite Visit

Two satellite visits were undertaken to allow members of the accreditation team to observe offsite activities. These took place prior to the main visit. The information from these visits helped to shape the teams' overall conclusions.

| Date | Location | Time |
|-----------------|---|-----------|
| 12 January 2015 | St Nicholas Hospital, Jubilee Road, Gosforth, Newcastle-upon-Tyne (activity 1) | 1pm – 4pm |
| 27 January 2015 | Gateshead Queen Elizabeth Hospital, Queens Elizabeth Avenue, Sheriff Hill (activity 2) | 1pm – 4pm |

Interim Visit

The University of Sunderland's interim visit took place at on 6 February 2016. The visit included a series of meetings with staff and students, along with observations of a number of teaching and learning activities.

| 6 February 2015 | Time |
|--|---------------|
| Presentation: Overview of the MPharm degree and progress since 2011 (activity 3) | 8:30 – 9:30 |
| Accreditation team and GPhC representatives split into groups and observed activities which ran concurrently: | 9:00 – 12:00 |
| Dispensing class (activity 4)* | |
| Team - based learning integration session (activity 5) | |
| Inter - professional learning session with speech and language students from Newcastle University (activity 6) | |
| Meeting with students (activity 7) | |
| Clinical skills /clinical reasoning/simulation ward (activity 8) | 12:15 – 13:45 |
| Expert patient session (activity 9) | 14:00 – 15:00 |
| Inter-professional education – team based learning (activity 10) | |
| Lab session – synthesis of paracetamol (activity 11) | |
| Extemporaneous dispensing practical (activity 12) | |
| Clinical skills/medicines management and therapeutics (activity 13) | 15:30 – 16:00 |
| Private meeting of accreditation team and GPhC representatives (including review of all documentation provided (see Appendix 2) | 16:00 – 16:30 |
| Feedback to University of Sunderland MPharm team | 16:30 – 17:00 |

* Team member left the presentation early to attend this session

Prior to the interim visit the University submitted documentation to the GPhC and a pre-visit meeting took place between the GPhC representatives and the University staff via teleconference on 13 January 2015. The purpose of a pre-visit meeting is to help the School of Pharmacy to prepare for the visit, allow for the GPhC and School to ask any questions or seek clarification, and to finalise arrangements for the visit.

Accreditation team

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

| Name | Designation at the time of accreditation event | Meetings attended |
|-------------------------|--|--------------------|
| Professor Ian Marshall* | Accreditation team leader, Emeritus Professor of Pharmacology, University of Strathclyde Proprietor, Caldarvan Research (Educational and Writing Services) | 3, 7, 1 |
| Dr Ruth Edwards | Accreditation team member (Academic), Senior lecturer and MPharm course leader, Robert Gordon University | 3, 5, 6, 7, 8 |
| Dr Paul Grassby | Accreditation team member (Academic), Head of Pharmacy, University of Lincoln | 3, 4, 6, 7, 10, 13 |
| Mr Ian Smith | Accreditation team member (Pharmacist), Lecturer in pharmacy practice, Keele University | 3, 5, 6, 7, 9 |
| Mrs Gail Curphey | Accreditation team member (Pharmacist), Pharmacy consultant | 3, 4, 6, 7 |
| Mr Owen Wood | Accreditation team member (Pharmacist), Community Pharmacist | 3, 5, 6, 7 |

along with:

| Name | Designation at the time of visit | Meetings attended |
|--------------------|---|-------------------|
| Ms Joanne Martin * | Quality Assurance Manager, General Pharmaceutical Council | 3, 7, 10 |
| Paul Stern | Rapporteur, Policy Manager (Education) | 3, 5, 7, 9, 13 |

*attended pre-visit teleconference, 13 January 2015

Course provider

Representatives of the University of Sunderland MPharm degree. The team met with the following staff:

| Name | Designation at the time of accreditation event | Activity attended |
|--------------------------|--|-------------------|
| Professor Tony Alabaster | Head of Department | 3 |
| Dr Adrian Moore | Team Leader pharmacy practice and clinical therapeutics | |
| Mrs Kathryn Davison | MPharm programme leader | |
| Dr Jessica Hardisty | PL - patient centred curriculum development | |
| Dr Paul Carter | SL - MPharm Level 1 leader (module leader MPH116) | |
| Dr Mark Gray | SL - MPharm Level 2 leader (module leader MPH210) | |
| Dr Praveen Bhugra | SL - MPharm Level 3 leader (module leader MPH322) | |
| Mrs Jude Heed | SL - MPharm Level 4 leader (module leader MPH07) | |
| Dr Mark Ashton | SL- Module leader MPH117 | |
| Dr Gabriel Boachie-Ansah | SL- Module leader MPH210 | |
| Mr Paul Hambleton | SL- Module leader MPH327 | |
| Mrs Lindsay Parkin | SL- Module leader MPH13 | |
| Professor Scott Wilkes | Professor General Practice and Primary Care | |
| Professor Roz Anderson | Professor Pharmaceutical Chemistry | |
| Dr Timothy Paget | Team Leader pharmaceutical sciences, Module Leader MPH328 | |
| Mr John Sherwood | Senior Lecturer, Module Leader MPH15 | |
| Dr Keith Holden | Principal Lecturer, Pharmacy Postgraduate Programmes and CPD Coordinator, Module Leader MPH16 | |
| Ms Louise Maquire | SL – Clinical academic practitioner | |
| Mr Andrew Sturrock | Teacher practitioner | |

In addition, the accreditation team met with 19 students, from each of the four years of the MPharm degree. Four students from year one, three from year two, seven from year three and five from year four of the MPharm course.

The visit

The team was given a presentation by the University of Sunderland MPharm Management Team prior to observing the sessions. The presentation built on information provided in the School's submission and provided an update on progress that had been made since the course was accredited in 2011. Below is a summary of some of the key themes covered in the presentation and submission together with corresponding views put forward by students at the student meeting (**activity 7**).

Overview of the MPharm and changes since 2011

The presentation began by outlining the structure of the course. The team was advised that the structure had not changed since 2011 and that the School remains true to the original pedagogic rationale and vision presented at the 2011 accreditation event. Each year still contains two 60 credit modules, except for year three which included a 20 - credit research project. Each module is integrated and the team was given an overview of the horizontal and vertical integration of science and practice throughout the course. The online learning system, known as 'Sunspace', also helped students to navigate through this integration. Students were able to explain clearly how their course was integrated. They stated they could see the connection between science and pharmacy practice. This gave the team confidence that students were being taught in accordance with standards 5 and 10.

Assessment and Feedback

The School explained that it had a patient-focused assessment strategy. Students undertake multiple in - module assessments and then take a final exam at the end of year which covers all they have learned. Students said they liked the assessments as they helped them to see how they were improving. Year four students said they had found the first few years challenging as whether they passed the year, was based on an end- of -year examination which are Based on successful completion of a diverse portfolio of assessments (including end of year integrated theory examinations, OSCEs, individual and group coursework, dispensing and numeracy examination). More generally, students said they liked how they were introduced to real life examples and how what they were learning was always related back to the patient.

Staff explained that assessment and feedback were the weakest areas of their pharmacy programme in the National Student Survey results. The quality measures they currently have in place have not highlighted any issues in terms quality of feedback or range of marks awarded. However, students felt that the the current quality of their feedback was inadequate. This was mentioned by students in the student meeting explaining that they would like more detailed and timely feedback on assessments. They also stated that detailed integrated theory examination feedback was only provided to failing students and they thought that this feedback should be provided to all students: this would help students identify areas of strength and weakness. The school advised that they are looking at a number of strategies to improve feedback to students. The students acknowledged that concerns that they had raised through staff and student forums had mostly been addressed by the School.

Advancements made to offsite placements and inter-professional learning

The team was advised that there had been advances made to offsite placements. Specifically, significant developments since 2011 have been focussed in years two and three of the course. However, the School did acknowledge that the year 1 placements are still largely observational, but are moving towards task-based competencies. The School also advised that each placement was integrated with the modular content of the course. The School also acknowledged that based on feedback from

placements they had undertaken a significant research project looking at the effectiveness of their placement provision. The School acknowledged that some students still had differing experiences on placements. This was reiterated by the students who explained that some students had a poor experience on placements. However, they acknowledged that based on their feedback the School was trying to make improvements to the placements available. Students in year 4 advised that they thought the quality of placements had improved since they had started on the course in 2011-12.

The team was advised that the School runs inter-professional learning sessions across all four years of the degree. There had been a significant increase in the number of sessions since the accreditation visit in 2011. The School described the different types of interprofessional learning sessions undertaken by students across all four years and how this links in with the horizontal and vertical learning on the degree. The team was also advised of developments being made in this area with a plan to expand inter-professional learning sessions for students in years one and two of the degree. During the student meeting, students advised that they had undertaken learning sessions with medical students and nurses and this had helped them to understand the importance of working between professions. This helped them to understand how they each possess complimentary skills and could complement each other and they felt that it was interesting to see the different perspectives of each profession. Overall students felt that the sessions offered were valuable and explained they would like more of these sessions.

Professionalism

The team was advised in the presentation that the concept of professionalism was introduced in year one of the course and this was reinforced by the students at the student meeting. They explained they were advised of the GPhC Code of Conduct at an early stage and that their confidence as professionals is built throughout the course and particularly when on placement.

Team based learning

The team was told that the School is currently piloting team based learning within the course. The School is planning to explore how it can use this to enhance integration sessions. Staff from a range of disciplines are used to allow students to appreciate how science and practice are related; so far this approach had evaluated well. Students also felt that these sessions added value. However, in the student meeting, students did also raise some concerns around the fairness of the allocation of marks as some team members did more work than others. Nevertheless, they did like the ability of coming together to discuss problems with their peers and to see the differences in approaches. Students also explained how these sessions helped to develop their confidence around decision making. The university subsequently explained that the employment of TBL to inform integration sessions is not based on a summative assessment basis. Hence students are not disadvantaged in any way by undertaking TBL as their own individual module marks will not be affected. A scoring system is used as per the principal concept of TBL but solely as a formative tool to allow students to self-assess their progress in the sessions both individually and as part of a peer group

The use of service users and carers in the course

The team was interested in understanding the level of patient involvement in the course and was told that some progress had been made in this area. Initially, standardised patients were introduced in the OSCE and students were limited to interactions with patients during their placements. Since 2014 a part-time staff member has been funded to develop a register of expert patients to support teaching, and to contribute to developing the curriculum. When asked about what role service users play in shaping the curriculum, the team was advised that they ran focus groups with expert patients after their sessions. This enabled them to inform curriculum development. The feedback from the students had been positive. Students felt that having these interactions with patients at an early stage helped to develop communication skills and gave them confidence in preparation for their placements.

Admissions and progression

The team was provided with data on admissions. Staff explained that admissions onto the course had come from a number of different streams including SEGI students, City of Sunderland College and the normal A - level route. The team was told that although the intake for this year was high, all these streams are familiar to the School and therefore this was not a new student profile. The School also advised it had piloted group interviews with 2013-14 applicants, and will also pilot multiple mini interviews for 2014-15 applicants. The admissions process will look to adopt principles of values - based recruitment. The team also reviewed documentary evidence provided by the School and student numbers in the base room and related this to information on the number of full - time staff.

The team was advised that there had been an impact on progression rates since the new degree was introduced. This was due to poor student achievement in assessments. The team was given an explanation of the difference in assessment between the old course and the new course. The team was also advised that progression rates for fourth year students are where the School expects them to be at this stage; given these are the first cohorts of students completing the new degree. Staff also advised that since 2011, they had provided increased support and mock assessments prior to the final end of year exams; staff felt that this contributed to an increase in performance. When discussing progression at the student meeting, students stated that there had been a high attrition rate particularly during the study period of the current fourth year students, but they had felt that support had improved in subsequent years.

Resourcing and staff

The team was advised that since 2011 a number of staff members have left the School, but that these posts had been replaced and that additional posts had been created. The team was told the School had a staffing strategy to include more staff working in pharmacy practice and to use their expertise to help develop the course. The team identified the high number of part- time staff involved with the School and was concerned about the number of days each staff member was onsite. The School advised that part-time staff members have yearly contracts so in terms of their own development and their ability to shape the course; they are also required to attend the University outside of term times. It was noted that these part time staff members are all current professional practitioners and provide academic and professional enhancement to the programme.. Many are employed through SLA agreements with providers including Boots, Well, Lloyds, Norchem, Burdons, and Gateshead Foundation Trust

Given the number of students on the course, the team had some concerns regarding resourcing. The Head of School and Pro - Vice Chancellor explained that staff workloads were monitored to ensure that workloads were managed appropriately throughout the School. This also ensured that staff had time for research and

scholarly activity. Students felt they had access to sufficient resources throughout the years on their course. They explained that library staff members were very helpful in helping to find resources and that the School's online learning system (Sunspace) was also a valuable source of information.

The personal tutor system

The team was advised about advancements that had been made to the personal tutor system. Previously, students had not taken the opportunity to fully engage with their personal tutors. Therefore, the School has introduced two new elements to the role. Students now meet their tutors as part of a timetabled session and personal tutors are now also responsible for marking a key piece of student assessment. When asked about the personal tutor system, students explained that they had found that this worked well and was a good system of support. They also advised that staff in the school were always approachable and if their tutor was not available they could always find other staff who could provide assistance.

For the remainder of the interim visit the team divided into small groups and observed a number of activities. Between sessions, the team also reviewed additional documentation provided by the School.

Observation and findings of student activities:

Below is an outline of all activities observed. Some team members also observed off - site placements prior to the activities observed on the day of the visit.

All activities observed on and off-site are summarised below and further detail of each is provided at Appendix 1.

- **Activity 1: Mental health hospital placement with taught component (satellite visit – Year 3)**

This session was a hospital placement and had been developed with the local mental health trust. The session was three and a half hours long and consisted of an overview of service provision in mental health and the role of the mental health pharmacy team, an overview of a patient's experience from an expert patient, a tour of a 'planned care' ward environment and three classroom - based case studies including a DVD clip. The basis for the session was a module focussing on CNS and musculoskeletal disorders, which students had already covered on their course. All sessions were observed on this visit.

Students engaged well with the activities. They were professional and enthusiastic in their interaction with the patient and with pharmacy and nursing staff. Students also seemed well prepared and talked positively of their course. The students were also able to articulate how the session helped them to reflect on their approaches to practice.

- **Activity 2: Hospital placement with simulated ward component (satellite visit – Year 2)**

This session was based in a hospital, mainly in a simulated ward, but also included a supervised ward visit. This session lasted three and a half hours and was based on three clinical workstations. Each workstation covered cardiovascular, respiratory or gastro-intestinal therapeutics. Dummy patients were placed in each bed and students were provided with sufficient resources and support to complete their tasks.

The ward visit was only observational. Students were escorted through a cardiac ward and were given a talk from a hospital pharmacist about the nature of patients on this ward, the different types of problems encountered and the fact that patients will have multiple conditions that should not be forgotten.

In general, the students were engaged with their activities. The team member observing felt the students could have been more confident in their interactions. However, they accepted the students were only in their second year of the course. They also felt that the simulated ward environment and dummy patients could have been better utilised. For example, students did not introduce themselves to the dummy patients or fully follow principles of infection control.

- **Activity 3: Dispensing class (Year 2)**

This was a normal dispensing class. There were four staff members to 24 students in this class. One of the staff was a pre-registration trainee. The focus of this session was around the legal aspects of the dispensing of veterinary prescriptions, CD requisitions and an FP10 prescription for lithium. There did not appear to be a pharmacy patient medication record system and therefore, students were only observed dispensing labels for these items. All students were assessed individually and feedback was given for each item by individual facilitators. The class was well organised and there was good student engagement. The dispensary was also neat and well resourced. The students were able to articulate how this session built on what they had covered in lectures.

- **Activity 4: Team based learning integration session (Year 2)**

The session integrated pharmacology, pharmaceuticals, medicinal chemistry and pharmacy practice. Students worked in teams to complete a test identifying their readiness for the session. The questions related to a patient who presented with asthma. Students' ability to answer the questions was based on the amount of preparation they had done for the class. Staffing for this session appeared sufficient, being facilitated by four staff, who engaged well with the students. There was also a lot of interaction and meaningful discussions within the student groups, which indicated that students understood the process and were engaged in their learning. The session also worked well as it helped students integrate science and practice.

- **Activities 5 and 8: Inter-professional learning sessions with speech and language therapy (SALT) students from Newcastle University (Year 3)**

The first session was a workshop on consent and covert administration with Newcastle University SALT students. It was listed as a workshop, but was more an interactive lecture. The ratio of pharmacy students to SALT students was six to one in this session. Students were asked questions and examined cases studies. There was sufficient engagement between staff and students during the session. The format of the session allowed both groups of students to understand their roles and their different skill sets however in the session observed, there were some students who were not fully engaged and working together but the team recognised that the

workshop/interactive lecture described was not intended to involve group work .the purpose of this part of the conference was as an information gathering exercise to allow both groups to understand the value of each other's knowledge and the patient types they may both interact with

The second session was a team based learning session with approximately seven students in each team. The session focused on the implications of dysphagia on therapeutic choices and the administration of medicines down an NG tube. Pharmacy and SALT students worked through cases in mixed teams and were asked to make judgements about which drugs they would prioritise. The use of dummies and demonstration of NG tubes and Thick N Easy, was also useful for the pharmacy students.

- **Activity 6: Clinical skills/clinical reasoning/ simulated ward (Year 4)**

The tasks focused on the patient and centred on the theme of the cardiovascular system. The session built on clinical skills learned throughout the course. Students rotated through four different stations. Each station centred around a bed within a simulated ward. Students spent approximately 20 minutes at each workstation and worked through a number of different tasks. The team felt that the session was well designed and had great potential, but that this was not fully realised. For example, principles of infection control were mentioned in the introduction to the session, but not carried out by students. Engagement with the activities was also variable. Facilitators worked hard to guide the students, but the team observed students who were slow at fully understanding the complexity of the tasks and some groups lacked motivation and dynamism. However, as evidenced through discussions with students, they were able to demonstrate that they understood how this session linked to other aspects of the course, with content from cardiovascular lectures and clinical teaching.

- **Activity 7: Expert patient session (Year 3)**

In this session, students talked with patients who had difficulty swallowing, and their carers, about their disease state and how it is managed. Students sat in small groups and asked the patients pre-set questions. This was also an inter-professional learning session run with SALT students. The team thought this was an excellent opportunity for students to meet with real patients, but was disappointed to see that there was a lack of engagement from some students. The discussion with patients took the form of small groups where students could interact and question patients who had speech and hearing difficulties. The sessions were lively and showed the team the good relationship with these patient groups. It was also clear the patients found these sessions very rewarding. The team feel that this is an excellent initiative and has great potential.

- **Activity 9: Clinical skills/ medicines management and therapeutics (Year 1)**

The session focussed on the importance of communication skills, and reviewed the tools needed to structure a consultation. There were approximately 25 students in this session. The tutor spoke about the importance of consultation skills and specifically addressed models of consultation and communication. Students were also

introduced to the Cambridge Calgary model and were told that this session would help them prepare for their OSCE. The team was not able to observe the practical element of this session but felt that the material provided was sufficient. The team felt that the session was sufficiently interactive and that the resourcing for this session was appropriate.

Conclusions

The team's conclusions are based on their observations, discussions with students and staff and documents provided by the School. Overall, the team was satisfied the course was continuing to meet the standards set in the GPhC's standards for the initial education and training of pharmacists. The team had seen very good evidence that there had been progress made since 2011. There are no additional conditions or recommendations as a result of this interim visit and the judgement made by the accreditation team in 2011 still stands.

The team is satisfied that there is good evidence that standard one, standard two, standard three, standard four, standard six, standard seven standard eight all continue to be met. However, it did have some questions regarding standard nine and resourcing. The team noted that the staffing profile and strategy had changed since 2011. The team took particular note of the increase in visiting part time appointments and the challenges that this brings, particular around support and development for these part time staff members. It also questioned to what extent these staff members could contribute meaningfully to the development and further design of the MPharm degree. However, the team was reassured by staff and students that there have not been any difficulties and that staff are aware of these issues and are ensuring they are addressed. The staff team subsequently explained that these staff are all professional practitioners and bring with them a wealth of experience and current practice; this enhances both student learning and teaching, academic development and enhancement of external relationships. All external practitioners are involved in programme studies boards and programme development and are a vital component of our quality assurance process to ensure that we are delivering a contemporary MPharm programme

The team noted the high number of students at the School and the challenges this brings around capacity and resourcing. After a number of discussions regarding the number of full time staff at the school, the team agreed to what could possibly be a staff student ratio that would fall within the accepted range in the sector. The team was also told by the Head of Pharmacy and the Pro Vice Chancellor that staff workload is monitored and checked to ensure that there is time for scholarly activity and research. The students also did not feel that the high number of students impacted on their ability to seek support from their personal tutors or other staff members.

The team noted the research being carried out by the school in to the quality of student experience on placements. The team viewed this to be an example of good practice. The students recognise the current inconsistency of experience and quality during their placement and enhancements in this area would be beneficial to all parties.

Students also felt the IPE sessions offered benefits to their learning and enjoyed these activities. The activities demonstrated an excellent example of engagement with patients and service users. However, during these activities the team did observe some students who did not acknowledge the patient and their needs. The team had also identified groups of students who seemed to be less engaged. Even though the team recognised that the visit was a snap-shot of teaching and learning at Sunderland, the team suggested that staff look for ways to address this. Overall, the team believed that the School is taking a positive step forward in developing inter-professional education and was looking forward for this to be further embedded. The team also saw potential for further development of the patient-orientated exercises.

The team noted that progression had been an issue for the first group of students on the new course, but was pleased to learn that this had now improved. Progression was also discussed with the students who acknowledged that they had received further support as the course progressed. Some of the students told the team they understood they were responsible for their own learning.

The team was satisfied that students understood how they were being assessed. When asked about the level of feedback received on assessments and in general, they felt this could be improved, but acknowledged they could seek feedback from their tutor or other staff members. The team agreed that the School could be more proactive in providing feedback to students, particularly individualised feedback for all students on assessments. The students also articulated that staff members in the school were approachable and always willing to help students if they had any questions.

Overall, the team was impressed with the students in the student meeting and was satisfied that their responses to the questions demonstrated that the School was meeting standards five and 10 of the Future Pharmacist standards.

Appendix 1 – Activities observed on the satellite visit

Activity 1: Mental health hospital placement with taught component (satellite visit – Year 3)

These sessions focus on the role of the clinical pharmacist in the delivery of mental health services. Students rotate around stations working on clinical cases and a ward visit.

Learning objectives

- Show the clinical application of content of MPH322
- Perform tasks to practice therapeutic decision making
- Understand how the pharmacist can contribute to patient safety and improved patient outcomes in a mental health setting.

Standard 10 outcomes

- 10.2.1.b
- 10.2.1.c
- 10.2.2.e
- 10.2.5.a
- 10.2.5.b

Activity 2: Hospital placement with simulated ward component (satellite visit – Year 2)

In these sessions the working environment of a clinical ward based pharmacist is simulated. Students work in groups of 4-5 to determine the appropriate pharmaceutical interventions for simulated patients by accessing their medical notes, NEWs chart, in-patient treatment chart and pathology results. Students also have the opportunity to visit the ward.

Human factors related to the delivery of clinical pharmacy services are explored by imposing time pressures and requiring students to respond to additional queries during the session.

Learning objectives:

- Show the clinical application of content of MPH209 and MPH210
- Perform tasks to practice clinical skills and therapeutic decision making
- Understand how the pharmacist can contribute to patient safety and improved patient outcomes

Standard 10 outcomes

- 10.2.1.b
- 10.2.1.c
- 10.2.2.d
- 10.2.2.e
- 10.2.3.k
- 10.2.3.n

Activity 4: Dispensing class (Year 2)

The focus will be on the legal aspects regarding the dispensing of veterinary prescriptions and CD requisitions. There will also be a patient safety focus on an FP10 prescription for lithium.

Aims and objectives:

- Understanding of the legal supply of medicines and related products, as well as due recognition and appreciation of the legal, statutory and ethical requirements for prescribing.
- Critically assess prescriptions within the context of clinical, current legal, statutory and ethical frameworks and, where necessary, communicate effectively with patients and other healthcare professionals.
- Inspect prescription orders in the context of clinical safety and suitability for the patient, legal requirements and the application of professional ethics; where necessary, communicate effectively with patients and other healthcare professionals.

Standard 10:

- 10.2.2.c
- 10.2.2.d
- 10.2.2.e
- 10.2.2.f
- 10.2.2.g
- 10.2.2.h
- 10.2.2.i
- 10.2.2.j
- 10.2.3.c
- 10.2.3.d
- 10.2.3.g
- 10.2.3.i
- 10.2.3.j
- 10.2.3.o

Activity 5: Team- Based Learning integration session (Year 2)

At Year 2, these sessions are closely related to the lecture content from which students obtain the therapeutic and scientific theory. The clinical areas covered in Year 2 are cardiovascular, gastrointestinal and respiratory therapeutics. These integration sessions are supplemented by practical therapeutic seminars which take place throughout term-time.

Aims and objectives:

- To demonstrate integration of pharmacology, pharmaceuticals, medicinal chemistry and pharmacy practice using a patient-centred focus with a Team-Based Learning approach. The case is centred around a patient presenting with asthma.

Standard 10:

- 10.1.e
- 10.2.1.b
- 10.2.1.c
- 10.2.2.a
- 10.2.2.h
- 10.2.3.b

Activities 6 and 10: Inter-professional learning with speech and language (SALT) students from Newcastle University (Year 3)

Aims and objectives:

- To have the opportunity to engage with students from another healthcare discipline.
- To explore the implications of dysphagia on therapeutic choices.
- To explore the implications of modifying the formulation of medicines legally and ethically.
- To explore issues of consent in relation to medicines administration.

Standard 10:

- 10.2.1.e
- 10.2.1.f
- 10.2.4.a
- 10.2.4.e
- 10.2.4.h
- 10.2.5.a

Activity 8: Clinical skills /clinical reasoning/simulated ward (Year 4)

Aims and objectives:

- To allow students to experience the role of the clinical pharmacist in a safe/controlled environment
- To allow students to experience and reflect upon some of the human factors relevant to the clinical working environment
- To allow students to explore patient safety themes

Standard 10:

- 10.2.1a
- 10.2.1b
- 10.2.1c
- 10.2.1d
- 10.2.1e
- 10.2.1f
- 10.2.1g
- 10.2.1h
- 10.2.2a
- 10.2.2c
- 10.2.2d
- 10.2.2e
- 10.2.2f
- 10.2.2g
- 10.2.2h
- 10.2.2i
- 10.2.2j
- 10.2.3a
- 10.2.3c
- 10.2.3d
- 10.2.3e
- 10.2.3f
- 10.2.3g
- 10.2.3h
- 10.2.3i
- 10.2.3j
- 10.2.3k
- 10.2.3l
- 10.2.3m
- 10.2.3n
- 10.2.3a
- 10.2.4a
- 10.2.4b
- 10.2.4c
- 10.2.4d
- 10.2.4e
- 10.2.4f
- 10.2.4g
- 10.2.4h

Activity 9: Expert patient session (Year 3)

Throughout the Programme we have introduced patient-led sessions which at Year two, three and four exposes students to patients with the disease states covered in the modules.

Aims and objectives:

- To have the opportunity to meet patients with disease states which have resulted in swallowing difficulties.
- To have the opportunity to explore with patients their disease state and its management.

Standard 10 outcomes:

- 10.2.1.e
- 10.2.1.f
- 10.2.4.a
- 10.2.4.e
- 10.2.4.h
- 10.2.5.a

Activity 11: Laboratory session (Year 1)

Students will undertake a laboratory scale preparation of paracetamol.

Aims and objectives:

- Laboratory session highlights health and safety, synthetic laboratory procedures and practices, basic synthetic techniques and is integrated with theoretical delivery through lectures, seminars, workshops and Team-Based Learning

Standard 10 outcomes:

- 10.1.e
- 10.2.3.a
- 10.2.3.b
- 10.2.3.c
- 10.2.3.j

Activity 13: Clinical skills/medicines management and therapeutics (Year 1)

Introduction to over-the-counter sales and responding to symptoms.

Aims and objectives:

- To understand the importance of communication skills for pharmacists
- To review tools to help structure a consultation.
- To consider what makes a good patient interaction.
- To have the opportunity to demonstrate and practice communication skills in a 'safe' environment.

Standard 10 outcomes:

- 10.2.1.h
- 10.2.2.a
- 10.2.2.c
- 10.2.4.a
- 10.2.4.d
- 10.2.4.e
- 10.2.4.h