

**University of Hertfordshire, Master of Pharmacy
(MPharm) degree reaccreditation Part 2 event
report, July 2024**



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Event summary and conclusions

Provider	University of Hertfordshire
Programme	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (Part 2)
Event date	17-18 July 2024
Approval period	2021/22 – 2029/30
Relevant requirements	<u>Standards for the initial education and training of pharmacists, January 2021</u>
Outcome	<p>Approval with conditions</p> <p>Reaccreditation of the MPharm degree offered by the University of Hertfordshire was confirmed, subject to five conditions.</p> <p>Reaccreditation was confirmed for a period of 6 years, with an interim event in 3 years' time.</p>
Conditions	<ol style="list-style-type: none"> 1. The University must provide an updated risk register to accurately reflect the current status of each programme risk, in particular those relating to resources and support for staff and students. This must be accompanied by a clear narrative to describe the actions that have been taken to date to reduce each risk to an acceptable level. The University must additionally provide assurance of how risks will be monitored and managed on an ongoing basis to ensure the programme will remain sufficiently resourced. This is to meet criterion 3.1. 2. The University must set out an appropriate and fit-for-purpose plan that clearly sets out how students' leadership and management skills will be assessed at the 'shows how' level of competence. This is to meet criteria 6.2, 6.3 and learning outcome 45. 3. The University must provide an updated mapping document and assessment strategy to clearly describe how all students will be assessed appropriately at the 'does' level of competence, through the combination of university-based and workplace-based assessments. This is to meet criterion 6.3 and learning outcomes at the 'does' level of competence. 4. The University must clearly define the processes that will be used for the standard-setting of summative Single Best Answer assessments which must provide a robust mechanism for setting the pass criteria. This is to meet criterion 6.4. 5. The University must introduce a quality assurance process to ensure that all those involved in workplace-based assessments have

	<p>engaged with the training that is offered. This is to meet criterion 6.11.</p> <p>Evidence of how the University has addressed the conditions must be sent to the GPhC, for approval by the accreditation team. This must be done by 13 September 2024.</p>
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Minor amendments	<ul style="list-style-type: none"> • Website information and programme materials to be updated to remove all references to the previous terminology 'pre-registration training' and to reflect the current terminology 'foundation training'. • To ensure that information is made prominently available for potential applications regarding the interactive element of the selection process and the need for health checks, DBS disclosure checks and vaccinations on entry to the programme.
Registrar decision	<p>Following the event, the provider submitted documentation to address the conditions and the accreditation was satisfied that all five conditions had been met.</p> <p>The Registrar¹ accepted the team's recommendation and agreed that reaccreditation is confirmed until 2029/30, with an interim event in three years' time.</p>
Key contact (provider)	Dr Claire Hough, Subject Group Lead, Pharmacy, Optometry and Dietetics*
Accreditation team	<p>Professor Antony D'Emanuele (Team leader), Pharmaceutical and Higher Education Consultant; Emeritus Professor of Pharmaceutics*</p> <p>Dr Marisa van der Merwe (team member - academic), Associate Dean (Academic) Faculty of Science and Health, University of Portsmouth</p> <p>Parbir Jagpal (team member - academic), Director of Prescribing, School of Pharmacy, University of Birmingham</p> <p>Shahzad Ahmad (team member - pharmacist), Clinical Lead, NHS England Transformation Directorate</p> <p>Anum Iqbal (team member - pharmacist newly qualified), Locum Pharmacist across both primary and secondary care, PhD Researcher Newcastle University</p> <p>Dr Cathy O'Sullivan (team member - lay), Workforce Development Consultant</p>

¹ Or appointed delegate

GPhC representative	Philippa McSimpson, Quality Assurance Manager (Education), General Pharmaceutical Council*
Rapporteur	Ian Marshall (Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde

*attended pre-event meeting

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 (GB). The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The GB 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 **Adapted methodology for reaccreditation of MPharm degrees to 2021 standards** and the programme was reviewed against the GPhC **Standards for the initial education and training of pharmacists, January 2021**.

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.

Background

This event was conducted as the second part (Part 2) of a two-part reaccreditation process as described in the '**Adapted methodology for reaccreditation of MPharm degrees to 2021 standards**'. Full background details on the provider and MPharm provision can be found in the Part 1 report which can be **found here**.

The MPharm at the University of Hertfordshire was established in 2004, graduating its first cohort in 2009. The submission explained that since the Part 1 event in July 2022 there have been some changes at departmental and programme levels. The MPharm sits in the Department of Clinical, Pharmaceutical and Biological Sciences (CPBS), in the School of Life and Medical Sciences (LMS). At the last visit the Department consisted of four academic subject groups. In 2023, the Department was re-structured into three areas: (1) The Centre for Postgraduate Medicine and Public Health, (2) Bioscience, Agriculture and Nutrition (BAN) and (3) Pharmacy (including pharmaceutical science), Optometry and Dietetics (POD). There is a new Head of Pharmacy, a pharmacist, who is the Subject Group Lead for the Pharmacy, Optometry and Dietetics (POD) group. The Head of Pharmacy, Optometry and Dietetics is supported by Team Leads in each area, with Team Leads in pharmacy practice and pharmaceuticals/chemistry as well as the other areas of optometry and dietetics.

The MPharm was re-accredited for a full period of six years in March 2019, with no conditions or recommendations. Changes were made at that stage to increase integration and allow for an

increased clinical and prescribing focus within the final year. The 2019 revised programme formed the basis for the changes proposed to meet the 2021 standards.

The Part 1 reaccreditation event to the 2021 standards took place via videoconference on 7-8 July 2022. At that event, the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by University of Hertfordshire be reaccredited, subject to a satisfactory part 2 event and one condition. Reaccreditation was recommended for a period of 6 years following a successful part 2 event, with an interim event at the mid-way point. The condition was that an individual element be included within the interactive part of the selection process. This was because the group interview process alone did not appear to be appropriate to present a fair process for all applicants that allows each individual's values and behaviours to be assessed in an equitable way. This was to meet criteria 1.1 and 1.7. There was also one recommendation, that all Clearing interviews be conducted via videoconference, when possible, rather than a combination of either telephone or videoconference. This was to provide a more equitable process to the standard application route, and for additional assurance of the candidate's identity and that they were not being supported with their responses. This was in relation to criteria 1.1 and 1.7.

Subsequent to the Part 1 event, senior GPhC officials met with a group from the University on 14 December 2023 to discuss the Department's plans for addressing the recent low pass rates of its graduates in the GPhC registration assessment. It was agreed that progress with such plans would be reviewed at this part 2 reaccreditation event.

Documentation

Prior to the event, the provider submitted documentation to the GPhC. Several missing documents and other key documents additional documents were requested by the accreditation team 'the team', a number of which should have been submitted with the original submission (as outlined in the Documentary Evidence section of the template). The documentation was reviewed by the team and it was deemed to be satisfactory to provide a basis for discussion at the event

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 28 June 2024. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event.

The event

The event took place on site at the University on 17-18 July 2024 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with present students.

Declarations of interest

There were no declarations of interest.

Schedule

Day 1: 17 July 2024

Private meeting of the accreditation team

Progress meeting 1 – management and oversight

- **Introductions**
- **Introductory presentation covering:**
 - Summary of progress, developments and updates since the part 1 event
 - Other areas requested by accreditation team

Lunch break and private meeting of accreditation team

Meeting with students

Tour of facilities

Private meeting of the accreditation team

Day 2: 18 July 2024

Private meeting of the accreditation team

Progress meeting 2 – curriculum and assessment

- Questions and discussions focusing on standards 5 and 6 as well as aspects of standards 2 and 7.

Break and private meeting of the accreditation team

Meeting with experiential learning partners and placement supervisors

Break and private meeting of the accreditation team, including lunch

Delivery of outcome to programme provider

Attendees

Course provider

The accreditation team met with the following representatives of the provider:

Name	Designation at the time of accreditation event
Dr Richard Southern	Dean, Life and Medical Sciences
Dr Sherael Webley	Acting Head of Department, Clinical, Pharmaceutical and Biological Sciences
Dr Claire Hough	Subject Group Lead, Pharmacy, Optometry & Dietetics (Head of Pharmacy School)
Thaiba Bashir	Team Lead, Pharmacy Practice
Dr Laxmi Kerai-Varsani	Acting MPharm Programme Lead
Hershel Joshi	Principal Lecturer, Experiential Learning Lead
Dr Suzanne Fergus	Associate Dean (Education) Life and Medical Sciences
Marianne Rial	Associate Dean (Academic Quality)
Nina Walker	Principal Lecturer, Pharmacy Practice and Teaching Specialist, Centre for Learning, Access and Student Success
Dr Michelle Botha	Executive Lead, Admissions, Life and Medical Sciences
Professor Cathal Gallagher	Healthcare Law and Ethics
Shurti Patel Aina	Senior Lecturer, Pharmacy Practice
Hollie Ryder	Senior Lecturer, Pharmacy Practice
Asma Gangat	Lecturer, Pharmacy Practice
Aseel Iravani	Lecturer, Pharmacy Practice
Dr Eman Al-Saeed	Senior Lecturer, Pharmacy Practice
Shabnam Mamaghaniyeh	Senior Lecturer, Clinical Pharmacy
Professor Darragh Murnane	Pharmaceutics
Dr Samuel Aspinall	Lecturer, Pharmaceutics
Dr Tc Okwuosa	Lecturer, Pharmaceutics
Dr Sharon Rossiter	Principal Lecturer, Pharmaceutical Chemistry
Dr David Griffiths	Principal Lecturer, Pharmaceutical Chemistry
Dr Paul Bassin	Principal Lecturer, Pharmaceutical Chemistry
Dr Shori Thakur	Principal Lecturer, Pharmacology

Experiential learning partners, placement supervisors and statutory education body representatives:

Dr Nikkie Umaru	Head of School of Pharmacy and Medicines Optimisation for East England, NHS England, Workforce, Training and Education
Rachel Holland	Pharmacy Team Leader Education & Training, and Workforce Development, East and North Hertfordshire NHS Trust

Faisal Khan	Principal Pharmacist – Education & Training, Bedfordshire Hospitals NHS Foundation Trust
Suraj Varia	Co-Director, Lead Pharmacist, Jade Pharmacy Group
Eshani Punj	Senior Clinical Services Pharmacist, North West London Healthcare NHS Trust
Shirley Ip	Lead Frailty Pharmacist, The Princess Alexandra Hospital NHS Trust and Hertfordshire and West Essex ICB
Alina Mazlu-Dragu	Advanced Pharmacist Clinical Education, North West Anglia Foundation Trust
Rajiv Nandha	Lead Pharmacist & Clinical Wellbeing Lead Bedfordshire Luton & Milton Keynes Training Hub
Mayuri and Rupin Kotecha	Owners, Delite Chemist, Rickmansworth
Alyson Winter	Education and Training Lead, North West Anglia Foundation Trust

The accreditation team also met a group of MPharm students as below:

Current year of study	Number of students
Year 1	3
Year 2	4
Year 3	4
Year 4	3
Total	14

Key findings - Part 1 Learning outcomes

During the Part 1 reaccreditation process the accreditation team reviewed the provider’s proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree. To gain additional assurance the accreditation team also tested a sample of **six** learning outcomes.

During the Part 2 event, the accreditation team reviewed the provider’s proposed teaching and assessment of any learning outcomes that were deemed as ‘likely to be met’ or had changed/been modified since the Part 1 process. Having reviewed the learning outcomes at both the Part 1 and Part

2 reaccreditation events, the team agreed that there was insufficient evidence of an appropriate assessment method for learning outcomes at the “does” level (see condition 3 above). Hence the sixteen learning outcomes at the “does” level were adjudged to be not yet met. Additionally, the team agreed that learning outcome 45 at the “shows how” level was not yet met (see condition 2 above).

See the **decision descriptors** for an explanation of the ‘Met’ and ‘not met’ decisions available to the accreditation team.

The learning outcomes are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

Domain: Person-centred care and collaboration (learning outcomes 1 - 14)

Learning outcomes met/will be met? Yes No

Learning Outcome 1: Demonstrate empathy and keep the person at the centre of their approach to care at all times

Learning Outcome 3: Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person

Learning Outcome 6: Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences

Learning Outcome 7: Obtain informed consent before providing care and pharmacy services.

Learning Outcome 9: Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care

Learning Outcome 10: Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action

The team felt that the way in which assessment occurs for the above learning outcomes at the ‘does’ level is not yet clear (see condition 3 above). The team therefore agreed that the outcomes are not yet met.

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcomes met? Yes No

Learning Outcome 15: Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times

Learning Outcome 16: Apply professional judgement in all circumstances, taking legal and ethical reasoning into account

Learning Outcome 17: Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to

Learning Outcome 18: Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate

Learning Outcome 19: Take responsibility for all aspects of health and safety and take actions when necessary

Learning Outcome 20: Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so

Learning Outcome 21: Apply the science behind pharmacy in all activities

Learning Outcome 32: Accurately perform calculations

Learning Outcome 35: Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance

The team agreed that the way in which assessment occurs for the above learning outcomes at the 'does' level is not yet clear (see condition 3 above). The team therefore agreed that the outcomes are not yet met.

Domain: Leadership and management (learning outcomes 45 - 52)

Learning outcomes met? Yes No

Learning Outcome 45: Demonstrate effective leadership and management skills as part of the multi-disciplinary team

The team agreed that the way in which assessment occurs for this learning outcome at the 'shows how' level is not yet clear (see condition 2 above) and had not yet been demonstrated.

Domain: Education and research (learning outcomes 53 - 55)

Learning outcomes met? Yes No

Learning Outcome 53: Reflect upon, identify, and proactively address their learning needs

The team agreed that the way in which assessment occurs for the above learning outcome at the 'does' level is not yet clear (see condition 3 above). The team therefore agreed that the outcome is not yet met.

Key findings - Part 2 Standards for the initial education and training of pharmacists

The criteria that sit beneath each standard are detailed within the [Standards for the initial education and training of pharmacists, January 2021](#).

Standard 1: Selection and admission

Students must be selected for and admitted onto MPharm degrees on the basis that they are being prepared to practise as a pharmacist

Standard met? Yes No

The team agreed that all criteria in Standard 1 are met or will be met at the point of delivery.

Four of the nine criteria relating to selection and admission were met at the Part 1 event, with three criteria judged as being 'likely to be met' (by the part 2 event) and two as 'not met'. The team was told that since the Part 1 event, in response to the condition and recommendation relevant to criteria 1.1 and 1.7, the admissions process has been changed so that all applicants for 2023 and 2024 entry were interviewed via Zoom on a one-to-one basis. Interview slots were offered to applicants at evenings and weekends, as well as during the working week. A question bank and structured interview process had been introduced that included numeracy, situational judgement questions, clinical questions and a completion of a DBS self-disclosure form. The team learned that there is a new admissions tutor supported by more trained staff members being involved in the interview process. Thus, the admissions tutor will lead on the interviews but will not undertake them all. Interviews will remain one-to-one with a set process and scoring system to ensure consistency. New interviewers will have an experienced member of staff observing and can refer outcomes and any queries to the admissions tutor.

From the 2023 Clearing process, the admission tutor and academic clearing support team used Zoom to conduct Clearing interviews to standardise the interview process and provide an identity check. The team was told that Pharmacy would not be going into Clearing for the 2024-25 entry. The team learned that part of Admissions Tutor's role is to analyse and map students' progression across the years. Reports are forwarded to the Head of Department and onward to the senior management team.

Information on the University's website covers the UCAS tariff and accepted qualifications. The Admissions Tutor is available to provide comprehensive information about pharmacy as a career via email and during admissions interviews. In the first term at the University, all first-year students undergo Occupational Health checks with clearance requirements having been agreed upon with placement stakeholders.

The standard A level tariff has been 120 points from three A levels (BBB). Although not stated in the submission, the team noted that the UCAS tariff had been increased to 128 points for the 2023/24 intake and learned that it will be further increased to 136 points. Given that almost half of entrants did not meet the standard tariff of 120 points, the team queried the rationale for increasing the tariff.

It was told that this was based on a University-wide drive/strategic move to attract better students and to become a higher tariff institution. There was some evidence from other programmes that increasing the tariff points increased the likelihood of attracting good quality students. There is a requirement for a minimum of a grade B in chemistry and another science A level at grade B. All students are required to have GCSE minimum grade 5 mathematics or an equivalent qualification, along with GCSE grade 5 English or an equivalent qualification on entry. The team was told that applicants that do not meet the grades are not accepted although it was stated that there is a flexible approach to admissions and each application will be considered on an individual basis. The combination of A levels is reviewed, with expectations of applicants having all science A levels to accept them with the lower tariff, with chemistry being important. The team was told that support for lower tariff entrants is provided via a compulsory Transition into Higher Education module along with a University drive to strengthen personal tutor support. First-year students sit a diagnostic mathematics test in induction week and may be required to attend numeracy support sessions. Students are required to attend English support classes provided centrally by the University should their personal academic tutor deem it necessary.

The submission explained that in order to minimise socio-economic barriers, the admissions criteria are designed to support the broadening of participation, and careful language is employed in application materials and interviews. Recognising that many applicants may be the first in their family to attend university, securing a placement before applying may depend on available opportunities. Consequently, prior pharmacy experience is not a prerequisite for entry. The team was told that review of student progression had found that students with certain types of BTEC did well and the tariff had been adjusted accordingly.

Standard 2: Equality, diversity and fairness

MPharm degrees must be based on, and promote, the principles of equality, diversity and fairness; meet all relevant legal requirements; and be delivered in such a way that the diverse needs of all students are met

Standard met? Yes No

The team agreed that all criteria in Standard 2 are met or will be met at the point of delivery.

All six criteria relating equality, diversity and fairness were met at the Part 1 event. It was clear to the team that equality, diversity and fairness, and widening participation was a major element of the University's approach. The current submission stated that the MPharm is based on and promotes equality, diversity and fairness and remains committed to widening access. The School Equality, Diversity and Inclusion (EDI) lead supports the continued enhancement of EDI within the School and leads the EDI team (EDIT), whose membership includes student representation. The School EDIT meets regularly to discuss relevant issues. The University operates a Continuous Enhancement Plan for every programme which requires Programme Leaders to regularly review student performance according to protected characteristics. New staff continue to undertake an Equality and Diversity workshop as part of induction. The team was told that no significant differences in performance amongst MPharm students from different protected characteristics groups had been identified.

Recording of lectures now occurs as a default for any centrally timetabled session. These recordings become available after 48 hours through an auto-upload, effectively supporting students to review

material at their own pace, after the taught session and providing flexibility and equity of access to teaching materials. An in-house Canvas module and the Post Graduate Certificate for new staff provide guidance for supporting students, including international students and those with additional needs.

Standard 3: Resources and capacity

Resources and capacity must be sufficient to deliver the learning outcomes in these standards

Standard met? Yes No

The team agreed that two criteria are met, but that one criterion is not met.

Although all three criteria relating to resources and capacity were met at the Part 1 event, the submission explained that since the Part 1 event there has been a management restructure as described in the background above, with a new Acting Head of the Department of the Department of Clinical, Pharmaceutical and Biological Sciences (CPBS), and a new Head of Pharmacy, Optometry and Dietetics along with a recruitment exercise. The team also learned of another imminent University restructure that would affect potentially the School and Department, although details were not yet available.

The team noted that in the previous structure the head of pharmacy held responsibility for pharmacy, pharmaceutical and regulatory sciences with a WTE to pharmacy of 0.6, but that in the new structure the head of pharmacy oversees pharmacy, optometry and dietetics with a WTE of 0.3. It was told that the previous head of school undertook teaching and module leadership activities which made up their WTE and that 0.3 WTE is considered adequate for strategic leadership for the new head. The team also noted that several members of the senior staff are responsible for multiple areas of the programme. It was told that there are no official deputy roles but staff members such as year leads are experienced enough to deputise where required. Regular team meetings take place and staff members can cover and support each other. The team was told that Pharmacy had come together as a team since new head has been in place and is now a single team of postgraduate and undergraduate staff working more collaboratively, along with more IP-qualified staff members.

The team was concerned particularly about the contents of two submitted documents. Firstly, the submitted risk register contained, amongst others, concerns at staff morale being extremely low, difficulty in attracting appropriately qualified staff, about placement capacity, and over-reliance on visiting lecturers. The team was told that the risk register had been compiled by the previous Head of Department but that conditions had changed for the better and that the risk register was being revised by the new Acting Head of Department who was not present to discuss the matter. The team was told that the risk register is discussed between the Dean and the University Risk Manager and actions agreed. The team agreed that there be a **condition** that the University must provide an updated risk register to reflect accurately the current status of each programme risk, in particular those relating to resources and support for staff and students. This must be accompanied by a clear narrative to describe the actions that have been taken to date to reduce each risk to an acceptable level. The University must additionally provide assurance of how risks will be monitored and managed on an ongoing basis to ensure the programme will remain sufficiently resourced. This is to meet criterion 3.1.

Secondly, the submitted staff complement spreadsheet showed a total of 53.6 FTE staff with many fractional posts and with only 22.25 FTE devoted to the MPharm. Of these, only five members of staff were designated as being devoted full-time to the MPharm. The team was told that, prompted by the requirement for increasing student clinical competence, a strategic review had been undertaken to ensure that the staff met the needs of the changing curriculum. Although there have been resignations of pharmacists from the teaching staff, these have been replaced. In addition, relationships with local Trusts have been strengthened and further teacher-practitioners have been seconded. The team learned that one full-time and 0.4 FTE staff members started in March, two full-time staff members started in July, with 0.4 FTE and 0.6 FTE staff members starting once they have completed their notice period. All new staff members have pharmacy practice roles.

The number of visiting lecturers with hourly-paid work in a variety of specialisms for advanced clinical teaching has been expanded. The team was told that the visiting lecturers have been found to be useful, providing links to practice and with access to specialised areas. Nevertheless, the team noted that it was unusual to have such a high reliance on visiting lecturers in terms of coherence of course delivery, management and student support. The staffing complement will be revisited at subsequent GPhC accreditation events.

The team noted that the submitted risk register showed a residual risk for placement capacity and was told that building capacity was a continuous process but that there was sufficient capacity for the next academic year. The team was told that an NHS Executive lead works across the School and with the Pharmacy Experiential Learning Lead. There has been a 60% increase in hospital placement uptake along with the development of GP placements. The University is working with other universities to ensure that they are not sending students to the same placement site at the same time. There is an assigned MPharm administrator within a central team of placements administrators that supports a number of programmes. The placements administrator works closely with the Experiential Learning Lead and is responsible for all allocations, DBS and health clearance checks. New software will support allocation and communication with placement sites.

The students who met with the team felt that facilities were adequate and covered everything that is needed, including computers, clinical skills facilities, a mock pharmacy and dispensing suites. The team was able to confirm this on its tour of facilities, visiting well-equipped science laboratories, an aseptic suite, mock pharmacy and clinical simulation rooms. The team was told that pharmacy, having a large cohort, has precedence for booking high-capacity lecture rooms, simulation suites and other large teaching spaces. Students told the team that timetabling had been less regular in year 3, such as set days on campus, than the more structured format in years 1 and 2 where there had been a clear plan for upcoming learning. However, students indicated that they could always access their timetable from August for the whole academic year.

Standard 4: Managing, developing and evaluating MPharm degrees

The quality of the MPharm degree must be managed, developed and evaluated in a systematic way

Standard met? Yes No

The team agreed that all criteria in Standard 4 are met or will be met at the point of delivery.

Four of the six criteria relating to managing, developing and evaluating MPharm degrees were met at the Part 1 event, with two criteria judged as being likely to be met.

The submission explained that the Acting Head of Department has executive responsibility for the strategic direction of the Department, and the Head of Pharmacy, Optometry and Dietetics (POD) has responsibility for the operational delivery and development of all the pharmacy programmes, including the MPharm and OSPAP programmes. The Acting Head of Department is a member of the School of Life and Medical Science Executive Group (SEG) and School Academic Committee (SAC) which are led by the Dean of the School. The SAC is a statutory committee of the University's Academic Board, reporting to the Board of Governors, and is the senior School committee accountable and responsible for the development, implementation and monitoring of all academic policies and procedures.

The Programme Leader is responsible for the day-to-day running of the MPharm and facilitates the provision of academic support. The Programme Lead works closely with the Year Leads to ensure that fitness to practise (FTP) and student professionalism are embedded, as well as supporting day-to-day management of the programme. The Experiential Learning Lead works closely with the School NHS Executive Lead in the organisation of placements and experiential learning. The NHS Executive Lead engages with stakeholders to develop interprofessional learning and to build relationships with placement providers so that future placement capacity may be increased.

As the placement hours have increased significantly, additional support is needed in this area and for 2024/25, the year leads will be more closely involved in the placement activity. The Experiential Learning Lead discusses capacity, skill mix at the site, physical space, and resources to accommodate students. The team learned that after a contract is drawn up the placement site will be subject to audit on a three-yearly basis using an NHS England quality framework audit tool. The MPharm placement administrator supports the process and maintains records. The team wished to know how the standardised multi-professional placement audit form is used and how it has been supporting the delivery of experiential learning in the MPharm. It was told that concerns such as a student complaint would trigger another site visit and re-audit. Student feedback is collected after each placement and issues can be raised at the annual stakeholder engagement event. The team was told that there is an initial one-to-one contact meeting between the programme team and placement supervisors followed by regular virtual recorded meetings before placement blocks. Post-placement feedback meetings are held to discuss the subsequent placements.

Placement supervisors detail their qualifications and experience to ensure suitability for the role, and then take part in the supervisor training, with attendance logs monitored by the placement administrator (see also commentary to Standard 6). Placement sites are supported by Placement Champions, an NHS England grant-funded role. The team was told that the Placement Champions, mainly pharmacists, help to drive placement capacity in the sector by networking, building new relationships, and identifying new opportunities. This provides support with placement workbooks, assessments, example timetables for placements at different levels and for logistical issues. Cyclical meetings are held with placement sites to ensure that the site remains suitable. The frequency of these meetings may vary with sector, with more frequent meetings where higher than usual staff turnover is identified. All sites are asked to complete an annual return. Although the funding for Placement Champions ended with the 2023-24 academic year, from 2024/25 onwards the role will be led by teacher-practitioner academic link pharmacists seconded to work one day per week on the MPharm.

Inter-professional learning (IPE) is led by the NHS Executive Lead and the Subject Group Lead. This group involves physician associates, dietitians, optometrists and pharmacists. A working group with programme leads and/or inter-professional leads in each clinical area takes on the responsibility for IPE across their programmes and helps pharmacy to engage with the other professions. The IPE builds across the four years of the programme and includes learning about, learning from and learning with students of other professions. The working group is developing further high-fidelity simulations in the next academic year.

Feedback from students is incorporated into programme development through a range of different methods. The student representatives attend the MPharm Programme Committee which takes place twice per academic year. Student feedback is also gained via the Student Voice Questionnaire (SVQ) which is administered centrally for each module. Any complaints by students need to follow the University complaints procedure. Students are encouraged to raise their concerns informally first to the Programme Lead and then the Pharmacy Practice Team Lead, Subject Group Lead or Head of Department.

The team noted the contents of the GPhC report of the meeting in December 2023 on concerns around low performance of the University's MPharm graduates in the GPhC registration assessment. The team was told that a plan to support student success in the registration assessment includes driving clinical complexity and decision-making skills through new level 7 modules with enhanced placements, along with delivering content from the new level 7 modules to 2024 graduates via online sessions. There will be focus on support for pharmaceutical calculations via The Training Pharmacist online resource. The University anticipate that the increased admission tariff from 2023/24 will improve performance, along with split-site placements. In addition, the University has contacted external training providers with a view to supporting its graduates from 2025/26, with the possibility of the University providing part-funding for graduates.

The team wished to know how the comments from an external examiner around assessment questions not always reflecting the most up-to-date clinical guidelines had been addressed. It was told that external examiner feedback is entered into a continuous engagement plan which must be actioned. Training workshops have been run with staff around question-writing and writing at the appropriate level. Up-to-date issues are shared with teaching staff by the teacher-practitioners.

Standard 5: Curriculum design and delivery

The MPharm degree curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards. The design and delivery of MPharm degrees must ensure that student pharmacists practise safely and effectively

Standard met? Yes No

The team agreed that all criteria in Standard 5 are met or will be met at the point of delivery.

Ten of the thirteen criteria relating to curriculum design and delivery were met at the Part 1 event, with three criteria judged as being likely to be met.

The documentation stated that the MPharm has an integrated approach to curriculum design enabling the integration of pathology, pathophysiology and treatment of disease. This involves an organ-based theme, with topics revisited throughout the programme to consider factors such as pathology, formulation, treatment, clinical skills, decision-making skills, prescribing, ethics and communication. Levels of difficulty increase as topics are revisited; new knowledge or increased proficiency through practical experience is encountered, leading to the final learning outcomes.

Students are supported to become independent learners after their early learning and development, transitioning to effective independent learning as the programme progresses. All modules contain a significant element of directed independent learning, including preparation for workshops and completion of preparation exercises and assignments, and self-directed independent learning. Students interviewed appreciated the blend of lectures, workshops and live sessions.

The team wished to know how the teaching and learning strategy been developed and operationalised to prepare students to be prescriber ready at registration. It was told that the new standards had been reviewed and mapped to the University learning principles. The approach makes use of the joint curriculum for prescribing training developed by NHS England, Workforce, Training and Education and Pharmacy Schools Council. This includes clinical decision-making, prescribing governance and simulations for practice. Students gather information from placements for their portfolio and assessments include questions about prescribing. It was stressed that from Day 1 students see the pharmacist as a prescriber as standard and not a new aspect.

Teaching includes the physical/clinical and consultation skills needed to make an effective diagnosis. There is a GPhC-accredited multi-disciplinary non-medical prescribing programme at the University, with involvement of pharmacy within the teaching team that informs this aspect of the provision, with a nurse from the Postgraduate Medical Team helping to deliver clinical skills teaching. Year 1 includes straightforward cases, building on the foundation of physiology. This is followed by a series of workshops on clinical decision-making and practice in simulated sessions. Placements in Year 3 and 4 emphasise communication and consultation skills, with more challenging consultations in year 4.

Practical experience of working with patients, carers and other healthcare professionals is achieved through workshops, simulations, and placements. Across all four levels of the MPharm programme students have the opportunity for practical experience working with patients and carers via placements in community pharmacy, hospital pharmacy and GP practice. The patient experience and voice are embedded in the MPharm, and it is planned that this patient involvement in curriculum development and design will be strengthened through a newly-formed Patient Involvement Group. Students are introduced to patients in a patient interview session where students are supported to explore the patient perspective, including with a disabled patient, on their health conditions and using health services. Students interviewed valued highly the placement provision and agreed that even more placements would be advantageous. They told the team that they felt well-prepared and well-supported for the placements. Experiential learning partners told the team that they had been involved in running a pilot scheme for Year 3 with 1-week and 2-week placements and had worked with the Experiential Learning lead on placement structure and timetabling, helped to create GP placements and to devise workbooks.

The team wished to know how some degree of consistency is achieved in the range of patients that students meet and the situations they encounter, so that there can be confidence that they all meet learning outcomes at the “does” level. It was told that although it is impossible to achieve total

consistency, a wide variety of placements are offered to ensure sufficient number and variety of placements. There is a one-to-one meeting to discuss the level of the placement and its assessment. Administrators monitor placements to ensure that a student does not attend the same site in later years. Students must demonstrate competences in more than one sector and are briefed about the demonstration of meeting the learning outcomes. The team was told that that students demonstrate competency at the 'does' level repeatedly and reliably through their portfolio assessment in which they embed multiple opportunities with multiple evidence to demonstrate at "does" level. Thus, clinical skills have to be demonstrated a minimum of three times on placement. Clinical simulations and OSCEs demonstrate "shows how" level achievement.

Placement providers are trained to understand the expectations of students in each year, starting with simple tasks that increase in complexity. If students do not have the chance to demonstrate meeting a learning outcome in a particular placement, they may cover it in a later placement or in a simulation session. If the missed outcome is at a "does" level space will be made available for the student to cover the outcome. Otherwise, a targeted extra OSCE will be arranged for the student to demonstrate meeting the outcome. Experiential partners told the team that the placement scheme was very well organised and that there had been few issues to date; the University had been flexible enough to accommodate what works for the placement provider, without compromising quality.

The team learned that several sessions in the programme involve surrogate patients played by actors from an external company. The surrogate patients are given a clinical scenario including both physical and mental health conditions and meet with students in groups with a post-session debrief. The team learned that simulation activities will be aligned with the learning outcomes in a safe environment to allow students to develop their skills and to build their confidence, with Immediate feedback and debriefing. Work with stakeholders in different sectors will ensure simulated cases are up-to-date and relevant.

The team was told that interprofessional education takes place mainly with student professionals within School currently, as well with as physiotherapists from another school. Students from the new Medical School will be available potentially for interprofessional education from 2026 and a possible merger with the School of Health and Social care could provide further opportunities. Students interviewed told the team that they appreciated the chance to meet with students of other healthcare professions either in person or online and to learn the roles of others.

In relation to regulations, the team noted that the risk register refers to high failure rates in Level 5 and that module retrieval can be used for critical must pass elements by way of mitigation. It was explained that University regulations such as allowing trailing modules are not using on the MPharm or any other health care programme. "Must pass" OSCEs and dispensing assessments are sat early in the semester, allowing fails to be retrieved by another attempt within the semester, with a final attempt before deferral at the end of the year. Thus, there are three opportunities to sit these assessments although only a small number of students require to take this route. The reported Level 5 fail rate was based on results from the previous academic year when students found the move back to face-to-face examinations difficult post-pandemic. All examinations are now face-to-face and are invigilated, with performance at Level 5 now improving.

Standard 6: Assessment

Higher-education institutions must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards. The assessment strategy must assess whether a student pharmacist's practice is safe

Standard met? Yes No

The team agreed that ten criteria are met but that four criteria are not met.

Six of the fourteen criteria relating to assessment were met at the Part 1 event, with eight criteria judged as being likely to be met. As at Part 1, the submission stated that the assessment strategy emphasises the ability of the students to demonstrate clinical focus and competence as well as to embed professionalism and scientific rationale to all aspects of independent practice. Diagnostic, formative and summative assessments are used throughout the programme. Formative assessment is used to provide a benchmark of performance and to provide students with experience of summative assessment formats. All modules contain ongoing formative practice of examination-type questions. Some use the technologies such as Mentimeter and Kahoot to gauge student progress; others use online quizzes on Canvas. The student monitoring facility allows staff to identify students who are not fully engaging with each module. Summative assessment is included in all credit-bearing modules. Competency-based assessments are in the zero-credit modules in the Second, Third and Final Years.

Module teams choose the most suitable assessment methods for their learning outcomes. These include a portfolio of evidence for the placement competencies (“does”), OSCEs for competency-based assessment (“shows how”), written tests and exams, laboratory proforma, case studies for knowledge-based assessment (“knows how”). Specific ‘must-pass’ competency assessments are embedded for an assurance of safe and effective practice.

As the 2021 standards require the assessment of many learning outcomes at a “shows how” or “does” level, the simulation teaching and placement provision has been increased and strengthened. Students participate in simulation sessions across modules in Year 2 onwards, working on authentic case studies, utilising national guidelines and practising Entrustable Professional Activities (EPAs) in a safe, simulated environment, receiving immediate feedback. Students are briefed before they attend placements on how to achieve the learning outcomes that are required to be signed-off on placement. Workplace-based assessments on placement will be completed by trained placement supervisors, with training provided before each site is allocated. Annual attendance and engagement with the updates and training on what is expected of the assessment is monitored to ensure all supervisors are appropriately trained. The team wished to know more about how placement supervisors were supported in the use and assessment of workplace-based assessments (WBAs) and EPAs and was told that there is a focus group and training before, between and after placements with an attendance log. Feedback is collected and experiential partners told the team that video recordings of the sessions, including on signing-off competencies, are available. Nevertheless, the team agreed that it be a **condition** of reaccreditation that the University introduce a quality assurance process to ensure that all those involved in workplace-based assessments have engaged with the training that is offered. This is to meet criterion 6.11.

The pass criteria for competencies are detailed within the above training. A portfolio allows students to include reflections and proformas that provide evidence for the demonstration of learning outcomes at the required level. Skills demonstrated in simulation sessions and OSCEs can also be used to support placement evidence.

The submission stated that formal procedures are in place to ensure that preparation of assessments and the subsequent marking are clear and robust. Assessment preparation is co-ordinated by the relevant module lead with support from teacher-practitioners and fractional staff with current practice experience when preparing assessments with a clinical focus to ensure they are authentic and accurate. Since the Part 1 event several independent prescribers have been recruited as part-time academic staff. One is leading on the development, delivery and assessment of the Clinical Skills for Pharmacists module. The others are involved in preparing OSCEs and the case scenarios used for assessing learning outcomes in the clinical skills assessment workshops.

OSCEs are used as pass/fail competency assessments but do not form part of the module mark. Competency has been considered in terms of patient harm, using the terms defined by the Learn from Patient Safety Events (LFPSE) service. At the part 1 visit, competency was set at pass mark of at least 50%, with no patient harm caused in any station. Subsequently, the Modified Angoff approach was chosen as an appropriate tool to standard-set OSCEs. This item-centred Modified Angoff approach is now used set the expected level of a minimally competent student for each station. Staff attended discussions and training sessions to ensure they had a full understanding of this approach which has been implemented in academic year 2023/24. The team wished to know more about the standard-setting processes for summative assessments and was told that University policies for writing and marking assessments, grading criteria, and marking rubrics are followed. Staff members are trained on marking assessments and assessments must be checked by an experienced academic before being used; summative assessments must be new each year. Single Best Answer (SBA) and Extended Matching Questions (EMQ) are marked and analysed using software and the modified Angoff method is used for OSCEs. The module lead and expert team define what is minimally competent and two external examiners from different specialisms review decisions to ensure that a 40%/50% pass mark demonstrates minimal competence. The team considered that the standard setting of MCQs, SBAs, EMQs was not sufficiently clear and agreed that there be a **condition** that the University must clearly define the processes that will be used for the standard-setting of summative Single Best Answer assessments which must provide a robust mechanism for setting the pass criteria. This is to meet criterion 6.4.

The team was told that OSCEs consist of three 10-minute stations, all of which must be passed, showing competency and causing no potential patient harm. Red flag situations may include potential interactions with prescribed medicines. If potential patient harm is identified the relevant station and the entire OSCE will be failed and the student provided with feedback. In relation to OSCEs, the team noted that Learning Outcome 45, which relates to leadership and management skills at a “shows how” level, was mapped to an OSCE assessment. The team was told that this would relate to an OSCE for the new year 4 which has not run yet but gave the example of a pharmacist working as senior member of a simulated multidisciplinary team and having to make decisions based on information from other members of the team. Placement activities such as attending governance meetings, and spending time with senior or specialist professionals, and IPE simulation experience of engaging with other health care professionals could also act towards meeting the particular outcome. However, the team agreed that it be a **condition** of reaccreditation that the University set out an appropriate and

fit-for-purpose plan that clearly sets out how students' leadership and management skills will be assessed at the 'shows how' level of competence. This is to meet criteria 6.2, 6.3, and learning outcome 45.

The team was unsure of how the portfolio fitted into the assessment strategy to assess learning outcomes at the 'does' level and was told that the portfolio, which is moderated in-house, gathers information from workplace assessments and that "does" must be demonstrated on multiple occasions; the OSCE can also count towards the demonstration at "does" level. There has been investment in software to aid portfolio marking with forms for the supervisor to sign off against the learning outcomes, counting as a piece of evidence to demonstrate competence. The module lead and placement lead moderate every student's portfolio to check that the evidence demonstrates the required competences and to plan how the student can demonstrate any missing learning outcomes. Moderators must have two years' experience of the process. The team agreed that it be a **condition** of reaccreditation that the University provide an updated mapping document and assessment strategy to clearly describe how all students will be assessed appropriately at the "does" level of competence, through the combination of university-based and workplace-based assessments. This is to meet criterion 6.3 and learning outcomes at the "does" level of competence.

Students are not eligible to progress or graduate unless all assessments have been completed in all modules and have been presented to an examination board. Students cannot complete the MPharm programme without completing the professional competencies. Students have a limited number of opportunities to complete modules and competency-based assessments. If this is not achieved, they can exit the programme early with an interim award and it is made clear that they are not eligible to embark onto pharmacy foundation training programmes.

Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree

Student pharmacists must be supported in all learning and training environments to develop as learners and professionals during their MPharm degrees. Everyone involved in the delivery of the MPharm degree should be supported to develop in their professional role

Standard met? Yes No

The team agreed that all criteria in Standard 7 are met or will be met at the point of delivery.

Five of the eight criteria relating to support and development for student pharmacists and everyone involved in the delivery of the MPharm degree were met at the Part 1 event, with three criteria judged as being likely to be met. The submission stated that all new staff members complete a central and local induction to ensure that they can transition well into the role, and academic staff must complete a nine-month probation. During this period, frequent meetings are arranged with their line manager and key areas for support and development are identified. Colleagues are also allocated a mentor from within the team, to support them locally. Staff members that are new to higher education also undertake a Postgraduate Certificate in Education to develop their skills in teaching and learning. Line managers manage a maximum of ten colleagues, including managing colleagues' workload.

Each student has a personal tutor who can provide information about support services. In this respect there will be mandatory wellbeing training for staff from September 2024. Many students have complex needs and the University had had to strengthen the support staff with the School being allocated a wellbeing adviser. All academic staff are personal tutors with full-time staff members having five to eight tutees in each year of the programme. Students interviewed told the team that the level of student support was high and that staff members respond quickly to student queries and issues. Feedback on marked work is generally provided within the four weeks University timeframe, although students told the team that they would prefer more individualised rather than generic feedback. Year 2 students appreciated the introduction to the Oriel process that they had received, although Year 4 students had needed to do much of their own research on the process.

Visiting lecturers are supported via the team lead in pharmacy practice and the University Visiting Lecturer Toolkit Canvas Module which provides support on logistics, as well as teaching and learning and the University requirements. All staff on the MPharm team are allocated a mentor from within the pharmacy team. The team noted that staff development includes encouraging more of them to become independent prescribers and was told that it could be completed at the University where it is delivered by the School of Health and Social Work, within the Department of Nursing, Health and Wellbeing and where the former Head of Pharmacy is now a member of the core staff team. Staff members go through the standard admissions process like all other pharmacists and there are policies in place to manage potential conflicts of interest.

Teach out and transfer arrangements

The submission stated that the new MPharm programme was introduced progressively one level at a time commencing with the new level 5 in September 2022 (level 4 remained unchanged and therefore students moved onto the new level 5 seamlessly). Due to the enhanced nature of the integration of the modules and the relocation of learning outcomes and curriculum within the programme as described it was not possible to introduce all levels of the new programme simultaneously. The final time the 2011 programme was taught was 2021/22 for level 5, 2022/23 for level 6 and the current academic year 2023/24 for level 7. Any students required to repeat any elements after these dates will be automatically transferred onto the new programme.

The programme specification for the MPharm states that the course should normally be completed within six years. Programme specific regulations state that students who fail level 4 at the first attempt (which includes a first sit and one referral), are not able to re-enrol. Students are not able to repeat both level 5 and level 6. In the current academic year 2023/24 the new programme is being delivered in levels 4-6 and any student that needed to repeat elements of level 6 has been required to complete elements of new programme, that is, the longer placements and the Pharmacy Law and Clinical Governance module as well as re-taking any failed elements from the Applied Therapeutics modules, the Project or Preparing for Professional Practice 3.

Students will be required to re-enrol on the new level 7 programme at the start of the next academic year 2024/25. All students will be required to complete the Clinical Skills for Pharmacist module, the Advanced Pharmacy Practice (23/24) module, as well as completing the 6 weeks of placement and in addition to any failed elements from Integrated Pharmaceutical Care 1 & 2, Preparing for Professional

Practice and Advanced Pharmacy Practice (23/24) (now named Public Health and Patient Safety (24/25)). Students will be provided with a bespoke timetable and a personal tutor, who is dedicated to supporting repeating students to support this process.

Collaboration with the statutory education body and others

The submission stated that, working closely with the local office of the statutory education body, NHS England, Workforce, Training and Education in the East of England is essential to achieve the placement ambitions of the programme. The University is represented by the Head of School, at the NHS East of England pharmacy workforce delivery group and the NHS East of England pharmacy workforce strategy group. This enables the University to influence and be part of wider discussions around placement provision and workforce planning. Members of the MPharm programme team also attend the NHS East of England Pharmacy Schools meeting, along with the University of East Anglia. The remit of this meeting is much more MPharm/OSPAP-focussed and through this forum, the University is looking at how to work more effectively with the University of East Anglia on standard approval of placement sites and timetabling of placement weeks to maximise capacity.

The University is also working with East and North Hertfordshire NHS Trust and Hertfordshire Partnership University NHS Foundation Trust on project funded by Health Education England (now NHSE WTE) to develop clinical placement capacity.

The Deputy Head of Pharmacy, NHS England WTE, NHS is also a Principal Lecturer at the University. This enables a close working relationship between the University and NHS WTE, in the East of England. The University also has three academic link pharmacists working at local NHS Trusts: North West Anglia NHS Foundation Trust; The Princess Alexandra Hospital NHS Trust and London North West Healthcare NHS Trust. These pharmacists work one day per week at the University, bringing their clinical expertise and experience. There is a plan in place to recruit another academic link pharmacist for the new academic year. The University would like to expand these academic link pharmacist roles to other areas of practice outside of secondary care.

In April 2024 the School of Life and Medical Sciences, appointed a new NHS Executive Lead, a medical doctor and the programme lead for the Physician Associate Studies. It is planned to hold annual stakeholder engagement events moving forward with local placement providers across all sectors and clinical professions within the School (pharmacy, physician associate, optometry and dietetics) with NHS England, Workforce, Training and Education in the East of England. The aim of these stakeholder events is to develop networks further to support placement provision, to develop the relationships between the University and the placement providers and also to utilise the professional links already developed across all four clinical areas. The University is also currently part of an East of England multi-professional group working on using a single placement site audit across the region.

Much of the work that focusses on supporting students to transition into the foundation year, occurs in the Preparing for Professional Practice module. This module will run for the first time with this structure in the new fourth year in 2024/25. The module will include several sessions from external providers so that students are aware of sources of support during the foundation year. This includes the Stress Management and Building Wellbeing workshop from Pharmacist Support, a session from the Royal Pharmaceutical Society on support during foundation and a CPPE workshop From Day One of Practice. The module will also have a session from the Pharmacists' Defence Association on the foundation year and beyond. This module also includes University-delivered support for transition via several workshops. The first is a "professional suitability panel" mirroring what is done in the first

year in preparation for placements, exploring non-clinical scenarios that students may encounter during foundation year practice. The second workshop focusses on prioritisation in secondary care, exploring the range of different activities that a foundation pharmacist may need to complete and how these can be prioritised to ensure patient safety and manage workload. The third workshop focusses on the GPhC assessment framework and the registration assessment, so that students can begin to focus on where they need to develop their learning moving through foundation. Personal development planning, also forms an integral part of this element of the module.

The University is currently exploring the use of an external training provider to provide revision sessions and a mock exam for alumni during their foundation, at no cost to the student.

Decision descriptors

Decision	Descriptor
Met	The accreditation team is assured after reviewing the available evidence that this criterion/learning outcome is met (or will be met at the point of delivery).
Not met	The accreditation team does not have assurance after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented does not demonstrate sufficient progress towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or they lack detail or sufficient clarity to provide confidence that it will be met without remedial measures (condition/s).

