

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



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Event summary and conclusions

Provider	Aston University
Programme	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (Part 2)
Event date	18-19 December 2024
Approval period	2022/23 - 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	<p>Approval</p> <p>Reaccreditation of the MPharm degree offered by Aston University was confirmed. There were no conditions.</p> <p>Reaccreditation was confirmed for a period of 6 years, with an interim event in 3 years' time.</p>
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Registrar decision	Please see Part 1 report.
Key contact (provider)	Dr Joe Bush, Dean of Pharmacy
Accreditation team	<p>Professor Antony D'Emanuele (Team leader), Pharmaceutical and Higher Education Consultant; Emeritus Professor of Pharmaceutics*</p> <p>Dr Brian Addison (team member - academic), Associate Dean for Academic Development and Student Experience, Robert Gordon University</p> <p>Dr James Desborough (team member - academic), Associate Professor in Pharmacy Practice, School of Pharmacy, University of East Anglia</p> <p>Shahzad Ahmad (team member - pharmacist), Clinical Lead, NHS England Transformation Directorate</p> <p>Maeve Sparks (team member - pharmacist newly qualified), Rotational Pharmacist, Salford Royal Hospital</p> <p>Carl Stychin (team member - lay), Professor of Law and Director of the Institute of Advanced Legal Studies, School of Advanced Study, University of London</p>

GPhC representatives	Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council*
Rapporteur	Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldaran Research (Educational and Writing Services)

*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 Part 1 event took place on 25-26 May 2023. At the event, the team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by Aston University be reaccredited, subject to a satisfactory part 2 event. There was one condition.

Reaccreditation was recommended for a period of 6 years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserved the right to amend this accreditation period if necessary, following the part 2 event.

The Part 1 condition was that the course provider must revise its Fitness to Practise (FtP) procedures so that the GPhC be notified in a timely manner of all FtP hearing outcomes where a sanction is imposed (this did not include warnings), and not delayed until a student has graduated. This was because the GPhC must be made aware of the details of all FtP sanctions so that it can review a student's suitability for entering foundation training (the applications to which take place while the

student is undertaking the programme), and later joining the register. This was to meet criterion 5.9 and the standing conditions of accreditation which require information to be provided to the GPhC proactively and in a timely manner in connection with the exercise of its functions.

As a result, the provider updated its outcome reporting process such that any sanctions imposed by the Fitness to Practise process be noted on the student's University record and would be disclosed to the pharmacy regulator immediately upon either the expiry of the student's ten working-day window to appeal against an outcome at the College level, or upon exhaustion of the College's and/or University's appeal processes. The MPharm Board of Examiners would not award a degree if there were outstanding Fitness to Practise issues against a student.

The School was notified on the 25th August 2023 that the accreditation team had reviewed its response and was satisfied that the condition had been met.

There was also a recommendation that the School identify a clear strategy for ensuring appropriate *ongoing* stakeholder engagement in MPharm design and delivery. This included external stakeholders, patients and students. This related to criterion 4.3. The submission stated that the engagement plan for internal and external stakeholders was well established at the time of the Part 1 visit, as part of the School's commitment to continuous monitoring and development. At the time of the Part 1 visit there were further meetings planned within the 2023-24 cycle, in July of 2023.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team 'the team' and it was deemed to be satisfactory to provide a basis for discussion.

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 29 November 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, and was told the learning outcomes that would be sampled.

The event

The event took place virtually on 18-19 December 2024 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with current students.

Declarations of interest

There were no declarations of interest.

Schedule

Day 1: 18 December 2024

Private meeting of accreditation team,

Progress meeting 1 – management and oversight

- **Introductions**
- **Introductory presentation (maximum 20 minutes) covering:**
 - Overview of progress, developments and updates since the part 1 event
 - Any other areas requested by accreditation team (if this is needed it will be discussed at pre-event meeting and additional time allocated for presentation if necessary)
- Questions and discussions focusing on standards 1, 2, 3 and 4 as well as aspects of standard 7.

This session will focus on:

Standard 1 – Selection and Admissions

Standard 2 – Equality, Diversity and Fairness

Standard 3 – Resources and Capacity

Standard 4 – Managing, developing and evaluating MPharm degrees

Standard 7 – Support and development for [...] everyone involved in the delivery of the MPharm degree

Lunch break and private meeting of accreditation team

Meeting with students

Private meeting of accreditation team

Day 2: 19 December 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.

This session will focus on:

Standard 5 – Curriculum design and delivery

Standard 6 – Assessment

Standard 2 – Equality, Diversity and Fairness

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

Break and private meeting of the accreditation team

Meeting with experiential learning partners and placement supervisors

Continuation of Progress Meeting 2

Private meeting of the accreditation team, including lunch

Deliver outcome to programme provider

Attendees

Course provider

Name	Job Title
Dr Affiong Iyire	Lecturer in Pharmaceutics
Dr Amy Shephard	Deputy Dean Education and Student Experience HLS, Reader in Optometry
Anna Durkin	Pharmacy Enabling and Wellbeing Lead, Senior Teaching Fellow in Pharmacy
Aradhana Mehmi	Undergraduate Admissions Manager, Admissions, Student Recruitment and Outreach
Arandeep Hayer	Teacher Practitioner - George Elliot Hospital NHS Trust
Ben Willetts	Senior Simulation Technician
Ciara Hallows	Professional Experiences Coordinator, Teaching Assistant in Pharmacy
Dr Craig Russell	MPharm Programme Director, Lecturer in Pharmaceutics
Dr Dan Rathbone	Senior Lecturer in Medicinal Chemistry
Dr Daniel Kirby	Head of Pharmaceutics, Senior Lecturer in Pharmaceutics,
David Hatherley	Teacher Practitioner - Boots
Prof. David Poyner	Head of Pharmacology, Professor in Pharmacology
Debbie Kemp	Head of Therapeutics, Stage 4 Lead, Teaching Fellow in Pharmacy
Emma Smith	Co-curricular Lead, MPharm Admissions Tutor, Senior Teaching Fellow in Pharmacy
Gagandeep Degun*	Associate Dean Education and Student Experience - Pharmacy, Senior Teaching Fellow in Pharmacy
Gillian Davis	Academic Registrar
Grace Murefu	Teaching Assistant in Pharmacy
Gulshan Amjad	Teaching Fellow in Pharmacy
Hajra Bibi	Teacher Practitioner - University Hospitals Birmingham NHS Foundation Trust
Dr Hannah Macfarlane	Senior Teaching Fellow in Pharmacy
Prof. Ian Maidment	Professor of Clinical Pharmacy
Jenisha Patel	Teacher Practitioner - Dudley Group NHS Foundation Trust

Dr Joe Bush*	Dean of Aston Pharmacy School, Senior Lecturer in Pharmacy Practice
Kay Bhatara	OSPAP Programme Director, Teaching Fellow in Pharmacy
Louise Foster-Agg	University Director of Admissions
Luke Knowles	Simulation Technician
Mangalpreet Singh	Teaching Fellow in Pharmacy
Mark Brennan*	Deputy Dean of Pharmacy School, Reader in Healthcare Ethics and Law
Michelle Elston	Head of Professional Experiences, Senior Teaching Fellow in Pharmacy
Dr Muhammad Khan	Lecturer in Clinical Pharmacy
Noshin Haque	Stage 4 Lead, Teaching Fellow in Pharmacy
Olivia Mina	Simulation Lead, Teaching Fellow in Pharmacy
Prof. Osama Khan	Deputy Vice Chancellor Academic
Rabia Ahmed	Lead for Development & Inclusion, Senior Teaching Fellow in Pharmacy
Dr Radeyah Ali	Calculations Lead, Teaching Fellow in Pharmaceutics
Prof. Rhein Parri	Professor in Pharmacology
Shahad Latif	Teacher Practitioner - South Warwickshire NHS Foundation Trust
Sima Hassan	Academic Misconduct and Fitness to Practise Lead, Senior Teaching Fellow in Pharmacy
Dr Tien Thuy Quach	Teaching Fellow in Pharmaceutics
Dr William Fraser	Lecturer in Medicinal Chemistry

* attended the pre-event meeting

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

Ash Patel	ND Chemists (community pharmacy provider)
Paul Rowtley	Knights Pharmacy (community pharmacy provider)
Arandeep Hayer	Teacher Practitioner - George Elliot Hospital NHS Trust
David Hatherley	Teacher Practitioner - Boots
Hajra Bibi	Teacher Practitioner - University Hospitals Birmingham NHS Foundation Trust
Jaswant Jeers	MW Phillips (community pharmacy provider)
Jenisha Patel	Teacher Practitioner - Dudley Group NHS Foundation Trust
Joanne Hughes	Principal Pharmacist and Clinical Services Manager at South Warwickshire University NHS Foundation Trust
Rosalyn Cheeseman	Pharmacy Dean, NHS England – Midlands, Statutory Education Body (SEB)
Sachin Basandrai	MW Phillips (community pharmacy provider)
Shahad Latif	Teacher Practitioner - South Warwickshire University NHS Foundation Trust
Amaan Islam	Teaching Fellow in Pharmacy, formerly Teacher Practitioner at Sandwell and West Birmingham NHS Trust
Sukhraj Uppal	Teaching Fellow in Pharmacy, formerly Teacher Practitioner at Birmingham Children's Hospital

The accreditation team also met a group of MPharm students.

Current year of study	Number of students
Year 1	3
Year 2	3
Year 3	3
Year 4	2
Total	11

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 all 55 learning outcomes were met.

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

At the Part 1 event, the team agreed that the following outcome was likely to be met:

- 10 (*Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action*).

This was because the team agreed that there was insufficient evidence at that time that the outcome was met at the appropriate level. This was because much of the evidence for meeting this outcome would be obtained when the national EPAs were finalised, and during periods of experiential learning, both of which had then to be fully developed and implemented. This learning outcome would be reviewed again during the Part 2 event.

The submission noted that since the Part 1 event, a list of EPAs and a toolkit has been published. However, the team was told that there has been discussion that the EPA list may undergo further refinement and condensing. The team was told that are ongoing discussions within the Regional Pharmacy Schools Liaison Committee meetings held with Midlands HEIs and NHS England that stakeholder events have demonstrated a lack of provider insight into the EPAs, and NHS England have acknowledged that further work is required around the publicity and dissemination of these. As such, a decision was made to not incorporate explicitly EPAs into the curriculum currently, pending further information. It was noted that the EPA activities are aligned with professional experiences tasks and are included but not termed as such in placement documentation and student learning materials.

The team agreed that this learning outcome would be met at the point of delivery.

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcomes met? Yes No

At the Part 1 event, the team agreed that the following outcomes were likely to be met:

- 18 (*Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate*),
- 28 (*Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person*),
- 29 (*Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice*),
- 36 (*Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing*),
- 37 (*Prescribe effectively within the relevant systems and frameworks for medicines use*),
- 38 (*Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people*).

This was because the team agreed that there was insufficient evidence at that time that they were met at the appropriate level. This was because much of the evidence for meeting these outcomes would be obtained when the national EPAs were finalised, and during periods of experiential learning, both of which had then to be fully developed and implemented. These learning outcomes would be reviewed again during the Part 2 event.

See commentary to Learning Outcome 10 above.

The team agreed that these learning outcomes would be met at the point of delivery.

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

Learning outcomes met? Yes No

At the Part 1 event, the team agreed that the following outcome was likely to be met:

- 45 (*Demonstrate effective leadership and management skills as part of the multi-disciplinary team*).

This was because the team agreed that there was insufficient evidence at that time that the outcome was met at the appropriate level. This was because much of the evidence for meeting this outcome would be obtained when the national EPAs were finalised, and during periods of experiential learning, both of which had then to be fully developed and implemented. This learning outcome would be reviewed again during the Part 2 event.

See commentary to Learning Outcome 10 above.

The team agreed that this learning outcome would be met at the point of delivery.

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

Learning outcomes met? Yes No

At the Part 1 event, all three learning outcomes were judged as **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 were met or would be met at the point of delivery.

Eight of the nine criteria relating to selection and admission were met at the Part 1 event, with one criterion judged as being likely to be met.

In relation to criterion 1.6, *admissions criteria should take account of the admissions requirements for periods of learning in practice. These will include those overseen by statutory education bodies such as NHS Education for Scotland (NES), NHS England, Health Education and Improvement Wales (HEIW) and the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD)*, the team was told that representatives from the School met recently with the Pharmacy Dean and Head of Pharmacy Workforce, Training and Education NHS England (Midlands) who endorsed the School's evidence-based approach to using the assessment of perspective-taking as a marker for compassion and empathy, and the close alignment of the School's interview aims with relevant aspects of the Professional Attributes Framework. The School will continue to liaise with the SEB as policy develops nationally, and will continue to be fully engaged with the Pharmacy Schools Council Admissions sub-group, which continues to develop guidance in this area. The team wished to know if the admissions criteria were aligned with those of the SEBs in Scotland, Wales and Northern Ireland and was assured that this was the case.

A summary of the most recent MPharm degree admissions profile analysed by protected characteristics showed no evidence of students being disadvantaged and hence no actions were required.

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 were met or would be met at the point of delivery.

Five of the six criteria relating to equality diversity and fairness were met at the Part 1 event, with one criterion judged as being likely to be met. In relation to criterion 2.5, *everyone involved must be trained to apply the principles and legal requirements of equality, diversity and fairness in their role*,

the submission explained that all staff members employed by the University are required to complete mandatory Equality, Diversity, and Inclusion (EDI) training to ensure they understand and can apply the relevant principles and legal requirements in their roles. Completion rates are monitored and reported to line managers and senior management to ensure that all staff members complete the training and any necessary refresher courses. The team wished to know about the quality assurance mechanism by which the School ensures that appropriate EDI training has been undertaken by placement providers, and was told that although this comprises part of the QA audit visits to placement sites, the School cannot mandate access to the placement providers' training records. However, the team was told that the School can provide any necessary training if requested. Students interviewed considered the EDI teaching to have been useful and appreciated that a diverse range of skin tones were used to illustrate skin conditions.

A University development is that the Pro Vice-Chancellor and Executive Dean of the College of Business and Social Sciences now leads a University-wide EDI agenda, bringing a renewed focus and cohesion to EDI initiatives, and ensuring alignment with the University's strategic priorities. In this respect, a student representative raised the issue of an apparent progressive slippage in the University's provision for disabled students in recent years, although it was unclear if this related to Pharmacy.

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 all criteria in Standard 3 were met or would be met at the point of delivery.

The team noted from the risk register provided that the risk to the in-programme placement availability for community pharmacy was exacerbated potentially by regional competition for sites with some schools increasing markedly their student intake, reduction in community pharmacy establishments and potential change in operating models, for example, hub and spoke dispensing. It was explained that this item had been included in the risk register in response to a large multiple community company ceasing business. The team was told that a Midlands HEI group meets with the SEB to discuss and plan availability of placement sites and that placements are adapted to different services. The SEB representative emphasised that student numbers are a matter for the universities and told the team that the SEB has produced a Bird's Nest diagram showing the placement sites for all the schools of pharmacy in the region and identifying gaps in provision. She stressed that the role of NHSE is the quality of the placements, but was content that capacity would be sufficient.

Two of the three criteria relating to resources and capacity were met at the Part 1 event, with one criterion judged as being likely to be met. In relation to criterion 3.2, *the staff complement must be appropriate for the delivery of all parts of the MPharm degree*, since the Part 1 event the staff level, not including technical staff, has increased from 61 (50.5 FTE) to 68 (57 FTE). The team learned that there are six posts that are unfilled currently. The team was told that the unfilled teaching fellow position has been recruited to. A replacement teacher-practitioner from Boots has also been recruited and has commenced employment within the School. Two lectureships in neuroscience will be advertised early in 2025. The documentation indicated that the School is in advanced discussions with a local NHS Trust regarding a clinical academic teaching fellow position. Fourteen staff members

(13 GPhC-registered and 1 NMC-registered) are independent prescribers, equating to 9.8 FTE. This is an increase from 11 staff members and 7.6 FTE at the Part 1 event.

The team wished to know the effects of the reorganisation of administrative support away from the Colleges of the University into a unified central service. The team was told that as the change had occurred only recently, it was too early to comment on its efficacy and that the test will be after the teaching period. It was explained that the change comprises the formation of the Academic Registry and the Student Solutions Centre. Academic Registry is responsible for the administrative elements of programme operations, assessments and awards, timetabling and examination setting, student records, student conduct and complaints and visa compliance. The Student Solutions Centre is responsible for safeguarding and welfare, student engagement, wellbeing and counselling, student advice and student disability support. It is likely that support will be split into undergraduate and postgraduate support and then further rationalised by blocks of programmes.

The team asked about the effect on staff workload of the expansion of the placement provision. It was told that based on the number of health professional programmes within the College of Health and Life Sciences, the College has been able to maintain a dedicated Clinical Placements and Professional Practice Team consisting of five members of staff reporting to the College Director of Operations. This team will have responsibility for administration related to clinical placements, other professional experience activities, public and patient involvement and occupational health. Within the School of Pharmacy there is a Professional Experiences Coordinator to support the continuing development of the pharmacy-specific professional experience portfolio, including clinical simulation.

The team was told that since Part 1 event, a new pharmacy wet lab and aseptic suite has been created at a cost of £3.3 million. The main teaching laboratory can accommodate 83 students and has been designed for inclusivity, with height-adjustable benches, fume hoods, rise-and-fall sinks and safety cabinets suitable for students in wheelchairs have also been fitted. The audiovisual system works with hearing aids and is noise cancelling. A new twelve-bed hospital ward simulation facility to be shared with Nursing and Medicine has been completed, and work will commence in January 2025 on a project to convert an existing laboratory into a space more suited to modern clinical teaching, including new flooring, new furniture (including medical examination couches), the installation of suitable services and additional consultation rooms. The counselling rooms in the Wilson Pharmacy Suite have also been upgraded to suit future clinical roles. Students interviewed expressed themselves as very content with the facilities available to them, particularly the clinical facilities shared with medicine and optometry. They also commented on the SimConverse system describing it as very useful, particularly for situations that would be difficult to experience in real life, like mental health assessment, but initially found it overwhelming in terms of the volume of information.

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 were met or would be met at the point of delivery.

The team wished to know how concerns from the latest student survey data around organisation and management of the programme, particularly timetabling, were being addressed. The team was told

that the School had developed a closer relationship with the timetabling staff who now had a better understanding of the School's needs. As a result, the timetable was now streamlined and much improved. The team was further told that the recent change in GPhC standards, following the disruption caused by the COVID-19 pandemic, had led to some double and triple teaching for students on the previous iteration of the programme. Each stage of the programme had been assigned two year leads that students can contact, and the team was told that there had been more positive than negative comments about organisation via the Student Voice. It was stressed that from 2025-26 onwards this will be first steady state position for the School for six years.

The team asked about the significant number of referrals in the first attempt referral data provided and was told that there had been a big dip in student engagement subsequent to the COVID-19 pandemic. The School had been anxious to maintain standards and to tighten up the assessment of scientific aspects of the programme, hence the number of failures at first attempt. However, it was emphasised that the progression rates were much better than the first attempt pass rates.

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. In relation to criterion 4.1, *there must be systems and policies in place to manage the delivery of the MPharm degree, including the periods of experiential and inter-professional learning*, at the Part 1 visit, the panel noted that quality assurance (QA) visits to the placement sites had yet to be undertaken, and that the School had considered this to be critical for the delivery of the experiential learning sessions. The team learned that since the Part 1 visit, there has been expansion of the block placements, which had required a significant number of quality assurance visits. The team was told that most of the QA visits for 2023-24 were completed on schedule and that it is the intention to visit each site annually in the future. The new Professional Experiences Co-ordinator role has helped to effect and support these visits. The audit visits include questions for the placement provider team and their students based on the HEE Quality Framework for 2021. A professional experiences feedback survey for providers and students is checked by the Professional Experiences Implementation Group (PEIG) members for any issues that may need attention outside the normal feedback cycle. Any issues identified from QA visits, feedback forms, or any other mechanisms are considered and managed by the Head of Professional Experiences and the Professional Experiences Co-ordinator. Where possible, the team works with the provider and/or student to put supportive measures in place, including trying to place students at sites close to their home addresses as many students are commuters. Where this is not possible, appropriate measures can be taken such as removing the student from placement and utilising the fitness to practise policy if applicable or removing the placement provider from future use. The offers of work placements, including summer jobs, referred to by placement providers interviewed was a testament to the success of the placement provision.

The team was given examples of situations in which students had felt that the placements had not been appropriate for them, or students had not performed well. These situations had been resolved by discussions with the students and placement providers. There had been no reported problems with placement providers.

Based on a comment by an external examiner and by a student comment in the Teaching and Learning Plan, the team wished to know how much teaching is still delivered online and if the students are content with the balance of campus/online teaching. Teaching staff estimated that six to ten percent of the teaching in stages 1-3 is delivered online because it is the most appropriate form of

delivery. Students interviewed acknowledged that the amount of online teaching had diminished since the COVID-19 pandemic but still estimated the amount to be 30-40%.

In relation to criterion 4.3, *the views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering MPharm degrees*, the team learned that the School continues to engage with patients, the public and healthcare stakeholders following the incorporation of longer block placements into the curriculum. Data and survey results have been used to support improvement and plans for 2024-25 block placements.

The team was told that the School holds annual stakeholder events, focusing on development and improvement of placements and professional experiences. Currently, almost all planned professional experience expansion across Stages 1-3 has taken place, with Stage 4 of MPharm 2023 to be rolled out in the 2024-25 academic year. There has been a focus on the expansion of Stage 4 hospital and mental health specialist placements to help students in meeting the relevant learning outcomes and preparing them for foundation training. The team also heard about an event with a homelessness charity which had received positive feedback from students. The School is also working with small patient groups with specific ailments.

The team was told that the introduction of a College PPI coordinator and College-wide group has helped the engagement of patients and the public with shared learning across the healthcare courses. The team heard that the School is currently recruiting for a lay member to represent patients and the public, and a pharmacy professional member to join the membership of the MPharm and OSPAP Programmes Committee to support ongoing review in this area.

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 were met or would be met at the point of delivery.

The team asked about how students transitioning from the previous GPhC standards to the new standards have been upskilled and was told that the teaching material has been checked with some material being removed to create space for new material, including for the new prescribing element. This has received positive feedback from students.

Students interviewed told the team that they had undertaken interprofessional learning in each year of the programme working with students of medicine, optometry, law, psychology and audiology. They considered these sessions to have been enjoyable and valuable.

Eleven of the thirteen criteria relating to curriculum design and delivery were met at the Part 1 event, with two criteria judged as being likely to be met. In relation to criterion 5.2, *the component parts of the MPharm degree must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached*, the team heard at Part 1 that block placements related to and contributing to the following year of study, would take place in the first three stages of the programme, after the final examinations in May/June, with remediation opportunities during the

summer vacation and potentially in the following academic year. The team had been aware that this could lead to complicated situations of students not being able to catch up before the next block placement was due to occur. However, the current team was told that retrieval placements for students who either failed or could not attend their block placements in May-June had been delivered without problem in August 2024.

It was reiterated that the programme consists of three longitudinal themes: The Professional, The Medicine, and The Patient, each with four specific sub themes. Two binding strands of Person-Centred Care and Collaboration, and Deliberative Practice provide horizontal cohesion for integration across the years.

In relation to criterion 5.6, *the MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals. Student pharmacists must be exposed to an appropriate breadth of patients and people in a range of environments (real-life and simulated) to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes in part 1 of these standards. This experience should be progressive, increase in complexity and take account of best practice*, the team learned that there will be 76.5 days devoted to experiential learning during the programme, with sites in community, hospital, GP practice, and a mental health organisation, as well as in a community healthcare trust, vaccination clinics, and on-campus delivery of NHS Health Check service. This will be aided by nine teacher-practitioners from NHS trusts and a community teacher-practitioner. Teacher-practitioners interviewed told the team that they had helped to develop the placement workbooks. The implementation of the professional experience strategy and delivery of professional experiences is overseen by the PEIG, chaired by the Head of Professional Experiences. The group reports to the Pharmacy Programmes Committee and then to the Education and Students Operations Committee. Students interviewed told the team that they felt well-prepared for placements with preplacement work ahead of every placement in all stages. Thus, before any professional experience activity, students undertake the required mandatory training mapped to the Core Skills Training Framework for NHS trusts in England and developed in collaboration with placement partners. Students told the team that they gained experience of talking to real people in university health clinics in stage 3 which was a good preparation for meeting with patients.

Placement supervisors from community pharmacy told the team that students were keen and focussed and knew what they needed to get out of the experience. The new approach was described as much better than the previous work-shadowing approach. There was a focus on team-building skills and interaction and communication with patients in which students became more confident. Placement supervisors described issues that had occurred and how they had been dealt with by discussion and agreement. Placement supervisors told the team that there was excellent support from the University with a clear line of communication with the University team in case of issues, and that they received very good guidance from the University with clear marking schemes to assure consistency. Placements were described as well-timed with respect to students' needs and current abilities.

The team noted that at the Part 1 event, the then team had noted some concern that the placement opportunities in year 4 were limited with more simulated activity, and wished to know if there are plans to increase the placement provision for year 4 students. The team was told that the plan is to build up the placements over the first three years to allow the students to gain experience of working in different sectors of practice to inform career decisions. However, as they were still students they would be unable to take responsibility for the high-risk decision-making of prescribing. Thus, the

simulated activities in stage 4 would provide more appropriate opportunities for decision-making in a safe environment; such activities could also take place outside normal working hours. The team was told that the SimConverse system had been mapped to the students' learning with stakeholders and linked to key topics, providing a hands-on approach for students. At earlier stages of the programme SimConverse could be linked to a drug history-taking workshop subsequent to which students could go out on placement and use the skills developed. The team was told that students found SimConverse very useful and that its use would continue even if tariff funding for its use were to be discontinued.

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 all criteria in Standard 6 were met or would be met at the point of delivery.

The team wished to know about the penalties in OSCEs and MiniCEX assessments and how they link in with the NRLS classification of harms. It was told that the clinical teaching team would assess the level of potential harm and that the outcome would depend on the student's overall performance.

The team also wished to know how the School was assured that the pass criteria for learning outcome 45, *demonstrate effective leadership and management skills as part of the multi-disciplinary team*, reflects safe and effective practice. It was told that this is achieved through campus simulations, for example, in a GP practice with situations becoming more complex. There is also a new assessment from group work in all practice settings with students being provided with data, and details of patient complaints, all associated with a marking rubric.

Nine of the fourteen criteria relating to assessment were met at the Part 1 event, with five criteria judged as being likely to be met. The early stage of development of the assessment process was the reason that five criteria were judged as being likely to be met.

In relation to criterion 6.2, *Higher-education institutions must demonstrate that their assessment plan: a. is coherent b. is fit for purpose, and c. makes sure that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment*, at the Part 1 event, the team queried the use of formative assessments to allow students to gain exemption from the summative assessment. The current team was assured that the exemption sittings undergo the same robust QA process as the summative assessments and have the same standard-setting criteria and align with University regulations. Students may gain exemption from the scheduled summative assessment of competency assessments, such as the calculations tests and the OSCEs if they demonstrate the required standard of performance in exemption assessments. The team learned that a student that did not pass the exemption assessment would be allowed two attempts at the formal summative assessments, that is three attempts in all. However, a student that did not elect to sit the exemption assessment would only be allowed the two formal summative attempts. Students interviewed were comfortable with the exemption process.

Teaching staff told the team that the implementation of the assessment process had been enjoyable, with the challenge of mapping assessments to learning outcomes, and considering areas that were heavily assessed. The team was told that as EPAs had never been in the programme, the assessment strategy had not required modification but that the published EPAs had influenced the testing of the learning outcomes.

In relation to a comment made by an external examiner, the team wished to know to what extent there was continuing use of online assessments and was told that these are reserved for formative and diagnostic assessment and are invigilated on campus.

In relation to criterion 6.3, *assessment plans for the MPharm degree must assess the outcomes in part 1 of these standards. The methods of assessment used must be: a. appropriate to the learning outcomes b. in line with current and best practice, and c. routinely monitored, quality assured and developed*, since the Part 1 event, the programme team has implemented all MPharm-2023 assessments for Stages 1-3 to ensure the alignment of learning outcomes with assessment methods and levels. This includes a professional experiences portfolio relating to placements, the formation of two end-of-year examinations and the addition of a Part 3 to the deliberative practice portfolio relating to professional experience, including professional judgement and decision-making. The content for each of the stages has been mapped in a blueprint, capturing the material that is taught and how it is assessed. To achieve competence at the 'Does' level of the Miller's Triangle, a combination of assessments with high validity and reliability is used, which ensures that students are achieving such learning outcomes repeatedly at the required level. The portfolios are marked to University marking standards.

In relation to learning outcome 10, *demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action*, and learning outcome 18, *take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate*, the team wished to know how the School was assured that its assessment at Does level was appropriate, monitored and quality assured now that the EPAs have not been integrated into the curriculum. The team was told that the School ensures that the LOs are repeatedly assessed through the portfolios, OSCEs and simulations. It was emphasised that from Week 1 students learn to talk with each other and then study the theory of communication before counselling patients. There are sessions to support the hospital placements that involve other healthcare professionals, along with dealing with difficult conversations. It was confirmed that students cannot avoid this aspect of the programme. In stage 4 pharmacy services are practised in a simulated environment where actors play roles and provide feedback, with students delegating and changing roles, and staff members checking that everyone is involved. The feedback, along with that from placement providers, is incorporated into portfolios and marked by academic staff. Students reflect on the performance of their peers and provide feedback which again is included in portfolios and can be assessed by *viva* testing.

In the context of safe practice, relating to criterion 6.6, *pass criteria for all assessments must reflect safe and effective practice*, the School considers the impact of errors on patient care. Penalties will be titrated in line with the 5-point NRLS classification of harms, with failure of elements of assessment and entire assessments at the higher levels of this classification. The initial marker will flag any potential harm for review, which is then discussed amongst a group of pharmacists, who review the potential harms collectively.

In relation to criterion 6.10, *assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers, patients, and supervisors*,

the submission explained that during simulation sessions, the simulated patients give feedback from the sessions which inform the reflective exercises within the professional portfolio. Similarly, the simulated patients provide feedback to the assessor during OSCEs for the global assessment of the stations, which provides a real-time evaluation on how the students perform holistically, using both verbal and non-verbal communication.

Within the pharmacy team, there is an independent peer review in a wide range of assessments, to ensure that the assessment is robust, valid and reliable. External examiners also offer a view on the quality and fairness of assessments, providing feedback to inform assessment design and delivery.

Noting reported comments from students in the Part 1 student meeting about the timeliness of feedback, the student-facing assessment brief template has been redesigned to ensure clear and transparent information is provided regarding the assessment. Students interviewed were generally content with the quality of the feedback received but spoke of occasional delays in receiving feedback. A provisional date section for the release of cohort feedback has now been added to the template to ensure that students are properly informed of the expected timeline for feedback. The teaching team was aware of concerns about the timeliness of feedback to students which occasionally breached the four-week timeline and told the team about developing a feedback tracker system.

In relation to criterion 6.11, *examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment*, the submission explained that Pharmacy staff alongside colleagues from Medicine, Nursing, and the technical team, successfully completed an external two-day simulation-based education training course aimed at enhancing teaching and assessment capabilities in simulation-based education. Only staff members that have completed simulation training are authorised to deliver simulation sessions. At a stakeholder event held in March 2023 to support the development of placement provision, training was offered to members of the pharmacy and wider team supervising students on placement at their organisations. This training was received well by placement providers, and two further training events were delivered in July 2023 and February 2024.

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 were met or would 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.

Students interviewed spoke highly of the support provided by staff members who they described as both approachable and supportive. They told the team that they were able to express any concerns either individually or via Student Voice; student comments are considered by the School although students appreciate the limitations of what can be changed.

Students told the team that they had received a lecture on the Oriel process that had emphasised the deadlines for application, plus a session on SJTs, an introductory workshop and online sessions to work through the process. Final year students were a little unsure about what to expect from the foundation year training but had found the hospital, mental health and GP placements particularly useful, plus the simulations.

In relation to criterion 7.5, *there must be a range of systems in place to support everyone involved in the delivery of the MPharm degree to develop in their professional role*, the need for ongoing support for external placement providers was highlighted at the Part 1 event. The submission indicated that the planned annual professional experiences stakeholder engagement events represent an opportunity for the School to address any specific needs or concerns raised by the providers. Site visits are part of the QA processes, additional site visits are made if immediate support is required. Bespoke induction and training are delivered to new placement providers for support and for the standardisation of placement delivery.

In relation to criterion 7.6, *training must be provided for everyone involved in the delivery of the MPharm degree*, the PEIG offers individualised training for new placement providers. As the portfolio of placement providers expands across the region, there is a bespoke induction and training meeting for the term time and block placements for providers, at either their pharmacy site or online if the provider is not in the Midlands Region. The team noted that in the commentary for Learning Outcome 10 it states that stakeholder events had demonstrated a lack of provider insight into the EPAs, and that NHS England have acknowledged that further work is required around the publicity and dissemination of these; the team wished to know how this is being addressed. As indicated in the commentary to Part 1 of this report, since the Part 1 event, a list of EPAs and a toolkit has been published. However, the team was told that there has been discussion that the EPA list may undergo further refinement and condensing. NHS England has acknowledged that further work is required around the publicity and dissemination of these. As such, a decision was made to not incorporate explicitly EPAs into the curriculum currently, pending further information. It was noted that the EPA activities are aligned with professional experiences tasks and are included but not termed as such in placement documentation and student learning materials, although the team was told that students would already meet most of the current EPAs.

A series of clinical (diagnostic) skills refresher courses have been provided for staff independent prescribers that needed further support to become a Designated Prescribing Practitioner (DPP) and to support the provision of future DPPs in the local workforce.

In relation to criterion 7.7, *Everyone involved in the delivery of the MPharm degree must have: a. effective supervision b. an appropriate and realistic workload c. mentoring d. time to learn e. continuing professional development opportunities, and peer support*, the submission noted that the University is currently implementing an institution-wide pilot initiative of the Workload Allocation and Management System (WAMS). This will provide a set of principles for the allocation of work activities for full time and part time staff engaged in activities from three categories: education and student experience; research, innovation and impact; and citizenship, engagement and services. The Dean of Pharmacy will have oversight of the data generated and will be responsible for interpreting the data in the context of the School and, where necessary or desirable, using the data to inform workload allocations. The Dean told the team that as the WAMS approach had only been introduced at the start of the academic year, it was too early to comment on its effectiveness, but did not anticipate any major problems. In terms of the potential impact of the increased placement provision on staff workload, the team was told that the planning for this had taken place years in advance of its full

implementation with the appointment of teacher-practitioners, redeployment of staff, and administrative support, along with staff training in simulation activities. However, the Dean commented that the WAMS system might not take the work associated with the increased placement provision into account fully.

Teach out and transfer arrangements

The submission explained that at the time of the Part 1 event the only uncertainty regarding the teach-out of existing students was the position of those final year students who would complete the programme on the previous standards, but who had been delayed in their graduation for whatever reason. It was unknown at that time what arrangements would be made for MPharm students in this position (and OSPAP graduates) once the revised Foundation Year structure (including prescribing) was deployed. There was a risk that these students would be left without a path to registration.

It has since become clear that a non-prescribing path for the delayed MPharm graduates and OSPAP graduates will remain open. As such, that has removed the uncertainty for the small number of MPharm students who are re-entering the final year of the programme in 2024-25 and who have not completed the transition content to enable them to graduate “prescribing-ready” in 2025. In 2024-25, these students will be assessed on the final year module (PH4719) while the main cohort will complete the revised final year module (PH4723).

As planned in the Part 1 visit, the transfer of cohorts to MPharm-2023 has been successfully implemented. Any changes in the content, for example, the introduction of diagnostic skills, or the movement of content to lower years in the MPharm has been double-, or in some cases triple-, taught. This ensures that all students, aside from those retaking PH4719, have been taught and assessed against the 2021 learning outcomes, making them “prescribing ready” to graduate.

Collaboration with the statutory education body and others

The submitted documentation explained that the School continues to work collaboratively with employers and the SEB, NHS England, for the delivery of its programmes and the transition of students to foundation training. For example, representatives from the SEB were involved in events held in 2023 to develop and support the curriculum and professional experiences in relation to changes in the pharmacy education landscape and GPhC standards. A series of collaborative events were held with patients, the public, pharmacy employers, wider pharmacy organisations, and placement stakeholders. Since then the School has continued to work with the SEB and other key collaborators to support the ongoing delivery of experiential learning, build new sessions involving experts by experience, ensure the course prepares students to enter foundation training, offer student career support and events, and build relationships with local employers that are employing graduates as their trainees.

Further stakeholder events were held in July 2023 and February 2024. Feedback from these events has been positive, particularly with regard to the collaborative approach to placement design and for the consideration of current workforce issues.

Representatives from Aston remain key members of the Birmingham and Solihull Pharmacy Faculty and continue to work with the Faculty to organise further CPD events for the workforce.

Relevant staff, including the Dean of Aston Pharmacy School, Associate Head of Pharmacy (Education), Associate Head of Pharmacy (Operations) and the Head of Professional Experiences, continue to attend all NHS England events and meetings regarding pharmacist training. The School participates in regular meetings, including the six-monthly Education Provider Engagement Meetings, Strategic Partnership Meetings, Clinical Placement Stakeholder Group (Midlands) and Regional Pharmacy School Liaison Committee. The School also ensures that there is representation at other events, such as the Oriel Train the Trainer sessions for higher education institutions, and periodic Midlands Pharmacy Workforce Events and Placement Summits. The Head of Professional Experiences presented on behalf of the Midland Schools of Pharmacy at a 2024 NHS England event and will also be presenting with external colleagues at an upcoming November 2024 event.

The School continues to be an active member of Pharmacy Schools Council and all relevant subgroups.

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).

