

**University of Sheffield, Master of Pharmacy
(MPharm) degree and MPharm degree with
preparatory year Step 3 accreditation event
report, November 2024**



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Event summary and conclusions

Provider	University of Sheffield
Courses	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year
Event type	Step 3 accreditation
Event date	14-15 November 2024
Approval period	Working towards accreditation
Relevant requirements	<u>Standards for the initial education and training of pharmacists, January 2021</u>
Outcome	<p>Approval to progress to next step with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the proposed new MPharm degree and MPharm degree with preparatory year to be delivered by the University of Sheffield should be permitted to move from step 3 to step 4 of the accreditation process for new MPharm degrees. The team's recommendation permits a provisionally accredited MPharm degree and MPharm degree with preparatory year to be delivered to students from the 2025/26 academic year. This is subject to one condition in relation to the standalone MPharm degree.</p>
Conditions	<p>The condition is:</p> <ol style="list-style-type: none"> 1. The University of Sheffield must prioritise the redevelopment of Samuel Fox House and provide the GPhC with regular updates. The accreditation team is concerned that redevelopment of the teaching space, dispensary, and consultation rooms at Samuel Fox House have been delayed by a year and are now due to be completed in the Summer of 2026. Although temporary space has been identified within the overall University premises portfolio and the contingency plans identified appear sufficient to deliver the year 1 of the MPharm programme, there is potential for a negative impact on recruitment to and delivery of the MPharm programme. This is to meet criterion 3.3. <p>This is an ongoing condition and evidence of how the University is addressing this must be sent to the GPhC for review by the accreditation team, periodically until the Step 4 event at which it will be reviewed in full.</p>

	The team's recommendation includes approval for a maximum student intake of 50 for the 4-year MPharm degree for the 2025/26 academic year (to include direct entry and those students progressing from the preparatory year), and five for entry to the MPharm with preparatory year. Approval for subsequent intakes is in line with numbers set out in the University's submission documentation. The University must not exceed its planned student numbers without prior approval from the GPhC.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	1. No recommendations were made.
Registrar decision	The Registrar ¹ accepted the team's recommendation and granted permission for the University of Sheffield MPharm and MPharm with preparatory year degree to progress to step 4 of the accreditation process.
Minor amendment	The University should amend its website entry reference to the central role of the Samuel Fox Building, as the building will not be available for use by new applicants.
Key contact (provider)	Professor Susan Matthews, Professor and Head of Pharmacy*
Accreditation team	<p>Professor Steve Howard (Team Leader) Independent Healthcare Consultant *</p> <p>Professor Cate Whittlesea (team member – academic) Professor of Pharmacy Practice, and Director, UCL School of Pharmacy, University College London</p> <p>Lyn Hanning (team member – academic) Professor of Pharmacy Education and Head of the Bath MPharm, University of Plymouth</p> <p>Simmy Daniel (team member – pharmacist) Workforce Development Lead Pharmacist, East London NHS Foundation Trust & Programme Delivery lead, North East London Integrated Care System Partners</p> <p>Anum Iqbal (team member – pharmacist newly qualified) Locum Pharmacist across both primary and secondary care, PhD Researcher, Newcastle University</p> <p>Professor 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 representative	Chris McKendrick, Senior Quality Assurance Officer *

¹ Or appointed delegate

Rapporteur	Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldarvan Research (Educational and Writing Services)
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*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. The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The UK qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm).

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit the [website](#).

The GPhC's process for initial accreditation of a UK MPharm degree involves seven steps, each of which are normally completed in consecutive academic years. Step 1 involves an initial engagement meeting by an application institution to share their proposal and no formal decision on accreditation is made. For steps 2 to 7, the process requires a formal evaluation of the programme and the providers progress towards meeting the [Standards for the initial education and training of pharmacists, January 2021](#). Step accreditation events are held on-site at the provider's proposed delivery location and involve a full accreditation team.

Following successful completion of step 3, the MPharm degree is provisionally accredited and students may be accepted on to year 1 of the new programme. Each accreditation step must be passed successfully in order to progress to the next. An MPharm degree holds provisional accreditation status until the provider has completed all seven steps successfully.

Background

MPharm degree

The University of Sheffield approached the GPhC to confirm its intention to begin the process for the accreditation of a new Master of Pharmacy (MPharm) degree in 2023. A Step 1 event was held remotely by videoconference on 2 June 2023. At the Step 1 event, the team heard the provider's strategic rationale for introducing an MPharm programme and considered its outline staffing and resourcing plans, as well as its plans for developing the curriculum in consultation with stakeholders including placement providers, employers and patients. Following the Step 1 event, the provider notified the GPhC of its intention to proceed to a Step 2 event in the 2023-24 academic year. The provider also informed the GPhC of its intention to seek accreditation for an MPharm degree with preparatory year.

A Step 2 event took place on site on 30-31 May 2024 when the accreditation team agreed to recommend to the Registrar of the GPhC that the proposed new MPharm degree and MPharm degree with preparatory year to be delivered by the University of Sheffield should be permitted to move from Step 2 to Step 3 of the accreditation process for new MPharm degrees. There were no conditions or recommendations. Accordingly, a Step 3 event took place on site on 14-15 November 2024. This is a report of that event.

The team was told during the event that the proposal to rename the School as the School of Allied Health, Pharmacy, Nursing and Midwifery as recommended by the accreditation team at Step 2 would be considered by the University Senate.

MPharm degree with preparatory year

The GPhC began accrediting MPharm degrees with a preparatory year as a separate course to the MPharm degree in 2020-21. Prior to this the accreditation of the MPharm degree component of the course was accepted to allow students entry to pre-registration training.

An MPharm degree with preparatory year is a single course that leads to a Master of Pharmacy award. It is recruited to separately from the accredited 4-year MPharm degree and is assigned a different UCAS code. For most schools this will be a 5-year course which includes a preparatory year followed by four further taught years that mirror that of the accredited MPharm degree.

An MPharm with preparatory year must meet all of the GPhC's initial education and training standards for pharmacists in all years of the course. All teaching and assessment of the learning outcomes is expected to take place in taught years 2-5, with the first taught year being set aside for foundation learning only. For the purpose of accreditation, it is assumed that the course content for the four taught years following the preparatory year will be identical for students on the MPharm degree and the MPharm degree with preparatory year.

The Sheffield MPharm with preparatory year is being developed and delivered in collaboration with the University's Life Long Learning Foundation Year Team and will be offered to pharmacy technicians only. It is intended to admit 5 students to this course each year, starting in 2025-26.

At the Step 2 event it was noted that the provider would prefer for this degree to be named 'MPharm with a Foundation Year' to align with similar courses already offered across the University. However, the accreditation team explained that as there was potential for this to cause confusion given the use of the term foundation year elsewhere in the route to registration as a pharmacist, the GPhC now requires providers to use the term 'MPharm with Preparatory Year'. The provider has agreed to use this term.

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 24 October 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 was held on site on 14-15 November 2024 and comprised a series of meetings between the GPhC accreditation team and representatives of the proposed MPharm programme.

Declarations of interest

Professor Carl Stychin declared that he is now chairman of the board of directors of NCUK Ltd, which is owned by a consortium of universities that formed the Northern Consortium charity, whose members include the University of Sheffield.

This was not considered to represent a conflict of interest.

Schedule

Day 1: 14 November 2024

Private meeting of the accreditation team

Welcome and introductions

Management and oversight of the MPharm degree

- **Presentation from provider (maximum 30 minutes) covering:**
 - General updates since Step 2
 - Update on business plan
 - Progress with project plan
 - Risks and mitigation
 - Update on staffing and staff recruitment, including contingencies
 - Update on facilities
 - Update on student recruitment and selection, including offers made
 - Update on placement capacity and agreements with placement partners

- Any additional required content relating to standards 1,2,3,4 and 7 (specified at pre-event meeting)

Questions and discussions

Private meeting of the accreditation team

Tour of Facilities

Teaching, learning, support and assessment - Part 1: Curriculum design and delivery

- **Presentation from MPharm programme representatives (maximum 30 minutes) covering:**
 - Teaching, learning and assessment strategy, including:
 - Curriculum design and module content
 - Assessment standard setting arrangements
 - How assessments undertaken in practice will be quality assured
 - Plans for experiential learning
 - Plans for interprofessional learning
 - Working arrangements between all involved in delivery
 - Any additional required content relating to standards 2,5 and 6 (specified at pre-event meeting)

Questions and discussions

Private meeting of accreditation team

Day 2: 15 November 2024

Teaching, learning, support and assessment - Part 2: Embedding independent prescribing and Delivery of Year 1

- **Presentation from MPharm programme representatives (maximum 20 minutes) covering:**
 - The teaching and learning that will be incorporated into the programme to embed the foundation of knowledge and core skills required for safe and effective prescribing.
 - The planned assessment of students' achievement of learning outcomes relating to independent prescribing
 - Detailed plans for delivery of year 1
 - Student induction

- Student experience and support

Questions and discussions

Private meeting of the accreditation team

Teaching, learning, support and assessment - Part 3:

- A detailed look at the planned teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team (as shared at the pre-event meeting)
 - Exploration of where the learning outcomes will be introduced, taught, and assessed
 - Exploration of how the learning outcomes will progress and develop through Miller's Triangle over the stages/years of the programme

Private Meeting of the accreditation team

Deliver 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
Professor Tracey Moore	Dean of School of Allied Health Professions, Nursing and Midwifery
Professor Susan Matthews	Head of Pharmacy
Dr Maria Allinson	Head of Pharmacy Practice and Clinical Pharmacy
Rachel Harland	Deputy Faculty Director of Operations (Education & Student Experience)
Professor Richard Cooper	Professor of Public Health and Social Pharmacy,
Professor Josie Solomon	Professor of Social Pharmacy and Public Health
Professor Nicholas Turner	Professor of Bioanalytical Chemistry
Fran Clymer	Head of Placements
Dr Rosalyn Ferguson	Cell Biology and Pharmacology
Dr Heather Driscoll	Mathematics and Digital Learning
Dr Fadi Soukarieh	Medicinal Chemistry
Dr Vanessa Halliday	Faculty Director of Education
Professor Mark Strong	Dean of School of Medicine and Population Health (Representing Professor Ashley Blom, Vice President of Faculty of Health)

Dr Neil Harris	Faculty Director of Operations
Cheryl Ruse	Deputy Faculty Director of Operations (Research & Infrastructure)
David Gibson	NHSE
Tony Flaherty	Deputy Director (Admissions & Access)
Debra Ogden	Deputy Director, Student Support Services
Joanne Wragg	Chief Pharmacist, Sheffield Children's NHS Foundation Trust
Julie Kay	Education and Training Pharmacist, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Louise Berwick	Training Hub Director, South Yorkshire Primary Care Workforce and Training Hub
Ellie Bennett	Wicker Pharmacy
Babir Malik	Imaan Healthcare
Charlotte McMurray	South Yorkshire Integrated Care Board
Dr Camilla Priede	Programme Director: Foundation Programme. DLL Admissions Tutor
Dr Catherine Tattersall	School Director of Education
Martin Hague	Manager for Clinical Skills & Patients as Educators
Dr Sarah Crede	Deputy Faculty Director of Education (Student Experience)
Alison Westley	Pharmacist and Prescribing Lead, School of Medicine and Population Health

Key findings - Part 1 Learning outcomes

During the Step 3 event, the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree and MPharm degree with preparatory year. To gain additional assurance the accreditation team also tested a sample of **six** learning outcomes during the event. The following learning outcomes were explored further during the event: **3, 15, 17, 24, 25 and 49**.

The team agreed that all learning outcomes were likely to be met. This is because the team agreed that, given the programmes are not yet being delivered, there is insufficient evidence currently that they will be met at the appropriate level. Much of the evidence for meeting these outcomes will be obtained when the programmes are delivered and during the periods of experiential learning, which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during subsequent step events.

See the [decision descriptors](#) for an explanation of the 'Met' 'Likely to be 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 outcome 1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 9 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 10 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 11 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 12 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 13 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 14 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 16 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

Learning outcome 17 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 18 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 19 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 20 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 21 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 22 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 23 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 24 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 25 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 26 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 27 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 28 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 29 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 30 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 31 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 32 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 33 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 34 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 35 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 36 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 37 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 38 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 39 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 40 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 41 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 42 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 43 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 44 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

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

Learning outcome 45 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 46 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 47 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 48 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 49 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 50 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 51 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 52 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

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

Learning outcome 53:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 54:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 55:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>

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

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

Criterion 1.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.9 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The team learned that the MPharm degree programme had been added to UCAS in September 2024. The MPharm with Preparatory Year is currently undergoing course approval due to a University re-structure; Senate approval is expected by no later than March 2025. As a result, advertising of the course is currently halted, with enquiries held and enquirers notified. The programme will be incorporated into all advertising once approved, with bespoke marketing. The team learned that all applications are passed to Pharmacy for its oversight.

It was noted that the MPharm with a Foundation Year will be named MPharm with a Preparatory Year as required by the GPhC at Step 2. In this respect, it was also noted that the Department for Life-Long Learning that will run Year 0 of the programme has been renamed the Life Long Learning Foundation Year Team. The submission stated that the University's Foundation Year programmes are designed to reflect the value of life and work experience and to reduce barriers to education for students without traditional qualifications. Although these programmes are for mature students, in exceptional cases non-mature students are admitted. Thus, non-mature students may be admitted where they have followed a non-standard educational trajectory, and this would be applied to registered pharmacy technicians under the age of 21. The admissions requirements for the MPharm with a Preparatory Year are GCSE grade C/4 (or equivalent) in Mathematics and English Language with a GCSE in science also being desirable, along with having successfully completed a GPhC-recognised Pharmacy Technician course. MPharm with Preparatory Year applicants will complete literacy, numeracy, and science assessments as part of the selection process. Applicants will be given information prior to the assessment process.

As indicated in the report of the Step 2 event, applicants for the MPharm will usually be expected to hold a minimum of two A grades and one B grade at A-Level (or equivalent), which must include Chemistry, and one other science. The team was told that the cut-off level for interviews and for

Clearing will be lower than BBB. Mini-Multiple Interviews (MMIs) will be held in late February/March with five stations, including two situational judgement tests, conducted by academics, patients, pharmacists and other healthcare professionals. The MPharm with Preparatory Year will have an additional MMI station. At Clearing, priority will be given to Access+ applicants. The team was told that from the applications so far, all but one meet or exceed the entry requirements. As a result, the projected first intake for September 2025 will be 50, rather than the 35 first envisaged. The team was told that the staffing and facilities were appropriate for this increased number.

It was noted that admissions equivalencies, including for international applications, have been adjusted to reflect University institutional policies. For example, all applicants will require GCSE English Language at grade 6/C; IELTS grade of 7 with a minimum of 6.5 in each component; or an alternative acceptable English Language qualification.

The team was told that the team responsible for the MPharm with Preparatory Year is experienced in advertising to and recruiting mature students, and already there have been five expressions of interest from local stakeholders.

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

Criterion 2.1 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

At the Step 2 event it was noted that the University has appropriate structures and processes in place to ensure that the diverse needs of applicants and students are respected and met. At a programme level, the provider will take caring responsibilities into account when allocating students to placements, and will pay for students' transport to placements. It was also noted that a range of reports on preparation for analysing programme-level performance by protected characteristics will be reviewed as part of the annual review process and the provider will prepare a set of proposed actions and a narrative response. Thus, the review of performance data by protected characteristics will be reported to the Pharmacy Education Committee, the AHPNM Education Committee and to the AHPNM leads for EDI and One University to identify support measures or any necessary changes to assessments.

The team was told that case scenarios will be developed dealing with for example diverse skin conditions, dietary, and adjusting medication requirements for religious purposes.. All students will receive equality, diversity and inclusion training as will, if required based on an audit, placement providers. Student groups will be mixed to achieve diversity, with mixes of gender and race.

The team was told that there is a diverse group of applicants currently, but that the Deputy Dean is leading a move to recruit a more diverse staff group, including clinical educators. The University has a widening participation policy with targets with respect to equality, diversity and inclusion, along with systems in place to understand any attainment gaps if identified.

The team agreed that all criteria in this standard are likely to be met at this stage and will be reviewed again at later step events when there is further evidence of EDI plans being implemented.

Standard 3: Resources and capacity

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

Criterion 3.1 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 3.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 3.3 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>

The team was told that the University is in a surplus financial position, although a decrease in international student applications has led to the delays to some infrastructure projects as described below. An updated business plan, staffing plan and programme-level risk register were provided. As noted in the report of the Step 2 event, the University course approval process includes a market analysis and financial viability study. The team was told that there had been little change in the business plan, apart from some changes described below to the facilities available to Pharmacy and small changes in the staffing plan. The update to the business plan is based on proposed to recruit 50 students for the first intake, opposed to 35 proposed at Step 2, and to achieve steady-state at 80 entrants a year earlier than proposed originally, with a progressive intake of 50, 60, 70 and 80 over the first four years. The provider was confident that the increased intake could be accommodated. The plan still assumes no recruitment of international students. Students on the MPharm with Preparatory Year will be resourced by the Life Long Learning Foundation Year Team. It is anticipated that the number of applicants to this course variant will be low with a maximum of 5, given that the target audience is restricted to pharmacy technicians only.

Staff posts that have been filled since the Step 2 event include a 0.6 FTE Professor of Social Pharmacy, a 0.1FTE Professor of Bioanalytical Chemistry, a 0.1 FTE Mathematics & Learning Technologist, a 1.0 FTE Professional Services Team Leader to manage the administrative processes including admissions and placements. A 1.0 FTE lectureship in medicinal chemistry has been filled recently. A senior lectureship in pharmaceuticals has been offered to a research-active candidate who is currently negotiating funding and movement of staff. The team was told that in the event of any problems with the recruitment to this position, existing staff members would be able to deliver the necessary pharmaceuticals teaching to the first cohort, and that the post would be readvertised. A Grade 7 pharmacy technician post, now classified as a clinical educator, that will deliver pharmacy practice teaching and manage the dispensary has been added to the staffing plan. In addition, eight staff members from the School of Medicine and Population Health and one from the School of Clinical Dentistry will contribute to the MPharm teaching. The team was told that pharmacology teaching will be delivered from other areas within the university and that advertising for a pharmacology post within Pharmacy has been delayed by a year. The team asked how fractional staff members teaching on the programme would understand the requirements of the MPharm and be integrated into the

core teaching team. It was told that the majority of such staff would be teaching pharmacology and those staff will be managed at a modular level. It will be emphasised to staff that all teaching material will need to be prepared in advance so that it can be reviewed for appropriateness.

The team noted that the placement costs within the business plan appeared to be low but was assured that the costs shown in the business plan represented additional rather than total costs.

The team learned that the planned development of a dispensary and clinical skills centre at the Samuel Fox Building of the Northern General Hospital has been delayed due to survey findings. As a result of this unexpected development, the University has allocated temporary space for a dispensary and consultation rooms in the George Porter Building, a building used for decanting and that can be modified quickly. The team was able to visit this space and learn of the plans for its development by September 2025 for the MPharm. The team was told that the MPharm dispensary would be the first to be completed during the refurbishment of the Samuel Fox Building, although the team remained concerned about the possibility of the late completion of work in the building impacting the second cohort of students. The team agreed that while the space in the George Porter Building would be suitable in the short term, it was concerned about the potential for negative recruitment and delivery experiences, including the sense of pharmacy identity within the overall School and ability of pharmacy students to work with other allied healthcare professionals in training, as presented at Step 2. It will be a **condition** that the University of Sheffield must prioritise the redevelopment of Samuel Fox House and provide the GPhC with regular updates. The accreditation team is concerned that redevelopment of the teaching space, dispensary, and consultation rooms at Samuel Fox House have been delayed by a year and are now due to be completed in the summer of 2026. Although temporary space has been identified within the overall University premises portfolio and the contingency plans identified appear sufficient to deliver the Year 1 of the MPharm programme, there is potential for a negative impact on recruitment to and delivery of the MPharm programme.

The team drew the provider's attention to the fact that the promised accommodation in the Samuel Fox Building represented an important part of the marketing of the MPharm on the University website. The provider agreed to modify this in the light of the delay to the completion of the accommodation.

The Faculty of Health plans to construct a new building to provide classroom teaching and social space for the MPharm students are currently anticipated for completion in June 2026. The team also learned that although planning permission has been granted for the building of a new central teaching laboratory, this will not become available until 2028. As a result, teaching laboratory space has been identified within the Chemistry Building for use by the MPharm.

The team noted that the business plan presented in the submission did not include income from student fees and requested that a fuller plan be made available to the team and that an accurate budget would be essential for planning by the Head of Pharmacy. The fuller plan provided showed the differences due to both the projected increase in student fee level and the projected increased intake figures from 2025 onwards.

Standard 4: Managing, developing and evaluating MPharm degrees

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

Criterion 4.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

The Step 2 report noted that placements are being developed through sector specific liaison groups, which report into the Curriculum Design Committee. As the programme develops this will become a single stakeholder committee which will feed into the Education Committee. The current submission explained that liaison groups have been developed already for Community and Hospital pharmacy. There have been two meetings to date for each sector. The team are working closely with the South Yorkshire Primary Care Education and training hub to develop GP placements. A further liaison group has now been established for mental health organisations and the membership of the community pharmacy group has been expanded. Educational Supervisors have attended the liaison groups and provided essential feedback on placement plans and the tasks for students to undertake.

Year 1 placements will be largely observational, although students will learn how to measure blood pressure and undertake drug history-taking for Year 2 placements. Students will undertake vaccinations in Year 3 after skills training in Year 2 and refresher training in Year 3. The team asked about potential capacity issues for GP practices in South Yorkshire and was told that local large urban areas would be able to satisfy the demand for places. The team was concerned to learn that despite the efforts of the liaison groups and some letters of intent, no formal agreements were yet in place for placement provision, although it was informed that by May 2025 the capacity requirements will be known as planning was taking place at a regional level in collaboration with other HEIs. The team expects that by the next step event all placement arrangements will have been formalised.

The team learned that placements will be audited in line with the NHS England Education Quality Framework Standards and NHS Education Funding Agreement Performance KPIs prior to the first intake of students to the organisation. The team learned that the University was working with other Yorkshire universities, Bradford and Huddersfield, on placement audits for both NHS and non-NHS sites. It was noted that Bradford and Huddersfield are some distance away from South Yorkshire hence lessening the possibility of competition for placement sites. A School administrative placement team will assist the Pharmacy placement lead in supporting placements. Placement providers will then be reviewed every two years, or more frequently if indicated by student feedback. A Placement Agreement will be formalised between the University and placement providers in line with the NHS England Education funding agreement outlining the responsibilities of both partners. This agreement will be reviewed annually as part of the audit of the placement provider. Educational Supervisors will be trained annually on the upcoming academic year's placements including student tasks and relevant Entrustable Professional Activities (EPAs). This annual briefing will also provide an opportunity to discuss the previous academic year to ensure that educational supervisors are involved throughout the MPharm experiential learning.

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

Criterion 5.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.9 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.10 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.11 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.12 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.13 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

At the Step 2 event the plan was for the programme to consist of six modules, with two 60-credit modules in each of Years 1 and 4, and a single 120-credit module in each of Years 2 and 3. The Step 2 report noted that the University had concerns about 120-credit modules, and it was explained that it has been agreed subsequently that the University will allow the delivery of the MPharm in 60-credit modules. Each module will be year-long to allow for synoptic evaluation through the University's cross-module assessments approach. Thus, the structure of programme will be:

Year 1:

- Science of Pharmacy (60 credits)
- Patient and Society (60 credits)

Year 2:

- Evidence-based Treatment of Disease 1 (60 credits),
- Evidence-based Treatment of Disease 2: (60 credits)

Year 3:

- Evidence- based Treatment of Disease 3: (60 credits)
- Evidence-based Treatment of Disease 4: (60 credits)

Year 4:

- Advanced Pharmaceutical Practice and Preparing for Prescribing (60 credits)
- Improving Quality in Practice (60 credits).

The horizontal integration of subject material will be reinforced by vertical integration across seven themes: facilitating science, critical decision-making, experiential learning, interprofessional learning,

communication skills, public health, and research skills. Mathematics and English support will be embedded and aligned to assessments. Science teaching will reduce in intensity across the four years of the MPharm as application of scientific knowledge increases, and both critical decision-making and experiential learning increase in intensity. The team was told that although the modular structure of Years 2 and 3 has been changed since Step 2, the two year-long 60-credit modules in each of those years will be treated and assessed as essentially a single module. The team questioned the positioning of the cardiovascular system being late in the programme in Year 3 and considered that this may lead to problems with clinical skills in placements if material had not yet been covered in classroom teaching. The provider indicated that the timetabling of the various therapeutic areas would be reconsidered in the light of the team's comments, although it considered the science associated with the cardiovascular system to be difficult for earlier years.

Wishing to know more about the plans for teaching on public health and social responsibility, the team was told that this will cover over the four years of the programme society and population, lived experience, prevention using statins as an example, and the final year project and public health campaign. Students will spend time at the Wicker pharmacy where they will experience the needle exchange scheme and meet users.

The submission stated that the above modules have been designed based on the GPhC 2021 standards, the toolkit to support the use of EPAs in MPharm degrees in England, the RPS Competency Framework for All Prescribers and NHS England prescribing training indicative curriculum, along with the University of Sheffield internal formulary of essential drugs.

The documentation explained that the experiential learning strategy has developed since Step 2 and will now comprise 133 days of placements. Starting from Year 1 there will be four main clinical settings; community, hospital, mental health and primary care with additional settings for example social care, prisons, military being explored. There will be an additional observation for Industry and the involvement of an ICB in the Year 4 Improving Quality in Practice. Placement providers have been consulted on tasks within each sector which have been mapped to relevant learning outcomes. They have commented on the feasibility and acceptability of these tasks. Year 1 placements have been expanded to include an orientation day in primary care to provide further breadth to the experiential environments and further opportunities to engage with patients and other healthcare professionals in a real-life setting. Year 2 placements will still include a three-week placement in community pharmacy and two weeks in hospital pharmacy alongside a week of simulated practice in the clinical skills suite. Year 3 placements have expanded to ensure that all students can experience pharmacy in a mental health setting. Students will therefore spend time in community pharmacy (3 weeks), hospital pharmacy (3 weeks), primary care in a GP practice (1 week) and a mental health organisation (1 week). Year 4 placements remain unchanged with a one-week placement of choice (to include hospital, mental health, community, primary care, paediatrics, care homes, prison or military) and an extended placement of 40 days which will include completing an Improving Quality in Practice project. This project will encourage the development of leadership and management skills in addition to students' ability to work with different healthcare and support staff in the practice environment.

A new Faculty of Health Interprofessional Education Group has been formed and its remit and terms of reference agreed. A scoping exercise of the needs of each regulator has been undertaken and mapping of current interprofessional education activity across the institution is underway. For the

MPharm, full agreements are now in place for the two Year 1 interprofessional education activities. Life Stories will be undertaken with students on the BMedSci Nursing programme and Street Medicine with students on the MBChB Medicine, BMedSci Nursing programmes, along with nursing students from Sheffield Hallam University and timetabled within the indicative timetable. The team learned of plans for each of the subsequent three years of the programme with Advanced Clinical Practitioners, and students of Medicine, Nursing, Rehabilitation Science, Dentistry, Healthcare Technology, Speech and Language Therapy, and in Year 4 with Final Year Medicine. The team was pleased to see the amount of development of plans in this area since the Step 2 event.

The team was told that the approach to prescribing aligns with the NHS England Workforce Training and Education Plan, with the Pharmacy Schools Council Prescribing Indicative Curriculum, and is mapped against the RPS Prescribing Competency Framework. There are vertical integration strands with increasing complexity to support preparation for prescribing from Year 1. Components include communication and consultation skills, critical decision-making, and physical/clinical examination skills, along with the underpinning law, ethics, regulation and professionalism. There is a Year 4 60-credit capstone module, supported by experiential learning and interprofessional learning, affording opportunities to observe role models in practice.

In terms of regulations, the team noted that the University regulations currently allow students at Year 1 FHEQ4 to have two reassessment opportunities, that is, a total of three assessment opportunities. Although the submission stated that Pharmacy intended to abide by this regulation, the team was concerned that this regulation would not meet criterion 5.8, that extended resit opportunities are not permitted. However, during the event Pharmacy received a concession to allow only two attempts in all years of the MPharm, with the only exception being in the case of a successful appeal by the University due process. There was also some confusion in relation to progression regulations for integrated Masters degrees at the University with different pass and progression marks; these have been developed for conventional integrated Masters degrees with two exit points. Again during the event, Pharmacy was given a concession to Regulations 54 and 58 to align the pass and progression mark on the MPharm. Thus, 39.5 percent will be the progression and pass marks for years 1 to 3 with a 49.5 percent pass mark in Year 4.

The team queried the continuation grades for transfer from the Preparatory Year being increased to 65% overall, 65% in ACE0358 Further Chemistry and 65% in the project component of the ACE0349 Extended Project and was unclear if resit marks are capped for progression into Year 1 of the MPharm. The submission indicated that students with 120 credits at an overall mark of between 62.0 and 64.9 may be permitted to proceed at the discretion of the Board of Examiners and Pharmacy. A student with 120 credits that fails to attain the required grade in ACE0349 Extended Project may be permitted to proceed at the discretion of the Board of Examiners and Pharmacy. Again during the event, Pharmacy received a concession from Regulation 30 that reassessment marks will be capped at 40 percent.

All the formal exceptions from the General Regulations will be submitted to the University Senate for approval in December 2024.

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

Criterion 6.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.9 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.10 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.11 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.12 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.13 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.14 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

The submitted documentation stated that a comprehensive suite of assessments, based on the design principles outlined at Step 2, have been designed and mapped to the GPhC Learning Outcomes. Experiential learning activities have been mapped to the list of EPAs guidance, and the team was shown which of the community, hospital primary care or mental health placement sites would allow the different EPAs to be met. All assessments have been designed to meet or exceed the Miller's Triangle level of the 2021 GPhC standards. In addition to the core assessments of semester examinations, synoptic clinical exams (Year 2, 3 and 4), OSCEs, professional portfolios, laboratory portfolios (Year 1 and 2) and experiential learning tasks, specific assessments will be introduced in each year. These assessments will provide a variety of different approaches and build in complexity as the years progress.

The team was told that the MPharm assessment strategy is based on the University Guidelines for Assessments and Feedback with additional emphasis for the MPharm on ensuring authenticity, equipping graduates for further study, ensuring consistency to allow students to self-assess development, and ensuring accessibility. The process also provides diagnostic and formative tests for all summative assessments, uses peer-marking in group work, provides integrated coursework and examination support, along with robust marking and moderation approaches.

Clinical, critical appraisal examinations, laboratory portfolios, written coursework, and presentations are graded assessments with a 40 percent pass mark. Calculations, the professional portfolio and OSCEs are pass/fail with standard-setting (*vide infra*).

Assessments will include: In Year 1, extemporaneous dispensing (competence assessment; preparation of liquids, creams and ointments), social determinants of health (group project; individual written submission and group presentation, peer-marking), responding to symptoms (individual

written submission and individual presentation).

In Year 2, patient journey (report of a patient's management of a condition gained through interviewing and a piece of creative writing on the patient's lived experience), critical analysis of health resources (blog assessment, selection and critique of online information sources and critique of peers).

In Year 3, story of a drug (extended group project; individual report, group presentation and peer-marking), critical decision-making (examination on critical appraisal of a research paper and two case presentations), project proposal (individual report including literature review, methods and an ethics and consent analysis).

In Year 4, critical decision-making for prescribing (medicines inquiry response and case presentation), public health campaign (delivery of a public health campaign; group proposal, group delivery assessment, individual report and peer-marking), project (research paper, poster presentation and research performance assessment). The team learned that cross-modular assessment is permitted, hence allowing assessment of the integration across the parallel modules on therapeutic areas in Years 2 and 3.

The team was told that OSCEs will include 10 stations at the 'Shows how' level on basic dispensing skills, talking to patients with information gathering on OTC products and drug history, counselling on prescribed medicines, talking to prescribers for clinical checking, and physical examination skills. The professional portfolio will include placements, reflections on professional dilemmas in practice, IPL reflections, preparing for revalidation, along with reflections on Sheffield Graduate Attributes and self-awareness, and developing professionalism activities.

In terms of standard-setting, the submission explained that Pharmacy will work with a team of Faculty of Health psychometricians to develop its standard-setting process. It is anticipated that in the early years, with small cohorts, the primary method used will be the Angoff method for both OSCE questions and MCQ components of examinations. Within the Angoff method, staff will determine the percentage of borderline (or minimally qualified/competent) students who will get the question correct and the average taken to set an initial borderline cut score. Due to the small numbers involved in the early years a standard error of measurement (SEM) may be applied. Following the advice of the Step 2 accreditation team, and to ensure safety in the calculations assessment, a fixed pass mark will not be used and instead the psychometric team will determine the pass point of each individual sitting of the exam based on the selected questions in an Angoff approach. The use of standard-setting will be explained to students in timetabled assessment preparation sessions and on the VLE.

Over time, as banks of questions are developed and the student cohort increases in size, the approach used on MCQ components will include grading of questions and selection of appropriate questions to provide a range of difficulties. It is expected that as cohort size increases above 50, OSCEs will incorporate a borderline regression standard-setting method.

A competency-based approach will be used to assess physical examination skills prior to students undertaking activities while on placement. In Year 1 students will do basic observation, blood pressure and heart rate monitoring, moving on to pulse oximeter, urinalysis, capillary blood glucose measurement, peak flow, with musculoskeletal and vaccination and life support in Year 2, followed by skin, ear, nose and throat and vaccination in Year 3. All skills will be revisited in Year 4. Assessment will be by OSCE and clinical judgement by the teachers before allowing students to undertake the relevant placements.

A 'red flag' approach to critical errors that jeopardise patient safety will be used. OSCE station scenarios, and clinical examination scenarios will be discussed with representatives of the professional liaison groups and external examiners to ensure that they reflect current practice and recommendations made to the Pharmacy Assessment Committee. A red flag situation in an OSCE station will result in failure of the examination regardless of achievement in the rest of the stations. In the case of clinical examinations, a red flag situation will result in a mark of zero for that question. In assessments such as clinical decision-making in Year 3, a red flag in a case presentation will result in a mark of zero for that component.

The experiential learning tasks will be assessed through the student's reflections in their professional portfolio and their professional behaviour signed off by their educational supervisor. The team was told that if any tasks prove impossible to complete, students can be assessed for competency at the OSCE level. The team was told that students in community and hospital pharmacy will have time to make up any learning outcomes not met by Year 3, but students undertaking overseas placements will be afforded extra time to make up any missing outcomes. Tasks and attendance are compulsory with minimum requirements set and the portfolio is assessed by a registered pharmacist acting as their professional mentor. The team noted that by the next step event it would expect to see clear progress on the development of assessment of workplace learning.

External examiners have been appointed for September 2025 onwards. A concession has been granted by the University to have external examiners from Year 1 of the course onwards. An additional concession will be applied for in 2028 to extend the term of service of two of the external examiners to five years to allow knowledge transfer between examiners.

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

Support for student pharmacists

Criterion 7.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

Support for everyone involved in the delivery of the MPharm degree

Criterion 7.5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 7.8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

The documentation explained that the University has developed a new approach to academic tutoring for the 2024/25 academic year. This includes the introduction of a role descriptor, mandatory training to ensure a consistent student-centred approach and support resources for structured delivery. For all

students it includes the formal scheduling of meetings through the timetable, and the introduction of an additional Year 1 tutorial in the initial weeks. Governance will be through the School of Allied Health Professions, Nursing and Midwifery (AHPNM) Director of Education. The MPharm will continue to have a Senior Tutor in place to ensure continuity of care and appropriate pharmacist role-modelling. Students on the preparatory year will also be supported by a specialist welfare team with expertise in helping mature students' transitions to and through higher education. The team was told that the new tutor system would not be any more onerous for staff than that originally intended for MPharm students.

The team was shown the structure of a comprehensive induction week for new entrants, including meeting their tutor, a student support session on race, equality and dyslexia, library and laboratory inductions and an induction to the dispensary and professionalism. Equality, Diversity and Inclusivity are supported through placement adjustment plans, taking into account any caring responsibilities and living arrangements. Support is provided through professionalism workshops, placement briefings including procedures for non-attendance, and expenses procedures. Students are provided with a uniform and smart card and must undergo Occupational Health clearance, including vaccination, enhanced DBS checks and EDI training. The team also learned of the raising concerns procedures with respect to placements.

The team wished to know how the staff workload allocation system worked in practice and was told that it depended on the member of staff's contract, either for teaching with 80 percent time on teaching and 20 percent for professional development, or for teaching and research, with 40 percent teaching, 40 percent research and 20 percent development. The team learned that teacher-practitioners employed jointly with external pharmacy organisations will have clear job descriptions to ensure that the workload is managed between the two organisations. This will include a clear plan for allocation of time that may vary during the academic year, alongside the teaching and assessment responsibilities for the individual. The Head of Placements will ensure peer support for specialist teacher-practitioner roles by creating a peer network for staff new to teaching and in hybrid roles.

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).
Likely to be met	The progress to date, and any plans that have been set out, provide confidence that this criterion/learning outcome is likely to be met by step 7. However, the accreditation team does not have assurance after reviewing the available evidence that it is met at this point (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 by step 7 without remedial measures (condition/s).

