

**Ulster University, Master of Pharmacy (MPharm)  
degree and MPharm degree with preparatory year  
reaccreditation part 1 event report, March 2023**



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## Event summary and conclusions

<b>Provider</b>	Ulster University
<b>Courses</b>	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year
<b>Event type</b>	Reaccreditation (part 1)
<b>Event date</b>	7-9 March 2023
<b>Approval period</b>	2022/23 – 2030/31
<b>Relevant requirements</b>	<a href="#">Standards for the initial education and training of pharmacists, January 2021</a>
<b>Outcome</b>	<p>Approval with conditions</p> <p>The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) and the Council of the Pharmaceutical Society of Northern Ireland (PSNI) that the MPharm degree, and MPharm degree with preparatory year, offered by Ulster University, should be reaccredited, subject to a satisfactory part 2 event. There are two conditions associated with this event.</p> <p>Reaccreditation is recommended for a period of 6 years after part 2 event, with an interim event at the mid-way point. The accreditation team reserve to amend this accreditation period if necessary, following the part 2 event.</p> <p>The part 2 reaccreditation event will take place in the <b>2024/25</b> academic year and will be <b>held virtually</b>.</p>
<b>Conditions</b>	<ol style="list-style-type: none"> <li>1. The provider must develop an appropriate data collection process with reference to relevant protected characteristics in relation to overall student admissions and subsequent performance on the programme, analysing and reporting on these annually. This must be done in line with relevant legislation, namely Section 75 of the Northern Ireland Act 1998. This is because the team could not see recent evidence of how admissions and performance data is used to inform the programme. This is to meet criteria 1.2 and 2.4.</li> <li>2. The provider must review standard-setting processes across all summative assessments and develop a plan for using an evidence-based standard-setting methodology for calculations assessments. This is because although the team could see evidence of a standard-setting process for some assessments,</li> </ol>

	<p>there was no evidence of appropriate standard-setting methods in the calculations assessments. This is to meet criteria 6.4 and 6.7.</p>
<b>Standing conditions</b>	<p>The standing conditions of accreditation can be found <a href="#">here</a>.</p>
<b>Recommendations</b>	<p>No recommendations were made.</p>
<b>Registrar decision</b>	<p>Following the event, the provider submitted plans to address the conditions and the accreditation team agreed that the criteria related to these conditions have moved from ‘not met’ to ‘likely to be met’ and will be reviewed further at the part 2 event.</p> <p>The Registrar of the GPhC has reviewed the reaccreditation report and considered the accreditation team’s recommendation.</p> <p>The Registrar is satisfied that Ulster University has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the initial education and training of pharmacists, January 2021.</p> <p>The Registrar confirms that Ulster University is approved to continue to offer the MPharm degree and MPharm degree with preparatory year programme for 6 years, subject to satisfactory part 2 event. A copy of this report will be shared with the Council of the PSNI.</p> <p>The Registrar noted that that the conditions have been moved from ‘not met’ to ‘likely to be met’ and will be reviewed further at the part 2 event.</p>
<b>Key contact (provider)</b>	<p>Dr Aaron Courtenay, Lecturer in Clinical Pharmacy (MPharm Course Director) and Dr Deborah Lowry, Lecturer in Pharmaceutics (Academic Lead for Education)</p>
<b>Accreditation team</b>	<p>Ahmed Aboo* (Team Leader), Associate Professor in Pharmacy Practice, De Montfort University</p> <p>Dr Andrew Sturrock (team member - academic), Associate Professor of Public Health, Northumbria University</p> <p>Rav Savania (team member - academic), Director of Teaching and Learning, Lecturer in Pharmacy Practice, School of Pharmacy, University of Reading</p> <p>Professor Luigi Martini (team member - pharmacist) Managing Director Precision Health Technology Accelerator (PHTA) for University of Birmingham and Birmingham Health Partners</p> <p>Anum Iqbal (team member - pharmacist newly qualified) Locum Pharmacist across both primary and secondary care, PhD Researcher Newcastle University</p> <p>Fiona Barber (team member - lay), Deputy Chair &amp; Independent Lay member, East Leicestershire &amp; Rutland CCG</p>

<b>GPhC representative</b>	Chris McKendrick*, Senior Quality Assurance Officer (Education), General Pharmaceutical Council
<b>PSNI representative</b>	Ryan Duffy*, Head of Education and Registration, Pharmaceutical Society Northern Ireland
<b>Rapporteur</b>	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde
<b>Observer</b>	Laura Hughes* (Observer – only attending day 0 and day 1) Registrar & Director of Regulation, Pharmaceutical Society Northern Ireland

\*attended the pre-meeting on 15 February 2023.

## 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

#### MPharm degree

The MPharm programme at Ulster University, delivered by the School of Pharmacy and Pharmaceutical Sciences (SPPS), which is located on the Coleraine campus, was reaccredited for six years in 2015 with no conditions or recommendations. At the subsequent interim visit (March 2018) the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) and the Council of the Pharmaceutical Society of Northern Ireland (PSNI) that the MPharm degree provided by the University of Ulster should continue to be accredited for the remainder of the accreditation period.

The MPharm was due to be reaccredited in March 2021. However, as the new GPhC standards for the initial education and training of pharmacists were implemented from October 2021, with the intention that all MPharm programmes would be reaccredited to these standards within three academic years of this date, the GPhC agreed that the full re-accreditation event would be replaced with a shorter and lighter touch event, similar to an interim event; this was to provide assurance that

course provision continues to meet the current standards. Accordingly, such an event was conducted by videoconference on 14-15 April 2021. On that occasion, the accreditation team agreed to recommend to the Registrar of the GPhC and the Council of the PSNI that the Ulster University MPharm degree should continue to be accredited until the end of the academic year 2022/23; there were no conditions or recommendations.

### **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 normally 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.

Ulster University has developed an International Foundation Year (IFY) for international students leading to a Diploma in International Foundation Studies, which could be used as an entry qualification for various Ulster programmes including the MPharm. For the MPharm this includes two science modules within the programme, one of which (Introduction to Physiology and Chemistry) is delivered by the School, to ensure that the scientific content is appropriate for progression to the first year. Students completing the IFY for entry to the MPharm must achieve at least 70% overall, and at least 70% in each of the two science modules. Students are admitted to a five-year programme entitled MPharm Pharmacy with Diploma in International Foundation Studies. For consistency, throughout this report, the programme will be referred to as Ulster University's 'MPharm with preparatory year'.

## **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 15 February 2023. 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 on site at the University on 7-9 March 2023 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with past and present students.

## Declarations of interest

Dr Andrew Sturrock declared that Professor John Callan is an external examiner at Northumbria University. The team agreed that this did not constitute a conflict of interest.

## Schedule

### Day 0: 7 March 2023

13:30 – 15:30	Private meeting of the accreditation team
15:30 – 16:15	Management and oversight of the MPharm degree - part 1
16:15 – 16:45	Tour of MPharm teaching and learning facilities
16:45 – 17:15	Private meeting of the accreditation team

### Day 1: 8 March 2023

9:00 – 10:30	Management and oversight of the MPharm degree - part 2
10:30 – 11:00	Private meeting of the accreditation team
11:00 – 13:00	Teaching, learning, support and assessment - part 1
13:00 – 14:00	Lunch
14:00 – 15:00	Student meeting
15:00 – 15:15	Private meeting of the accreditation team
15:15 – 16:15	Teaching, learning, support and assessment - part 2

### Day 2: 9 March 2023

<b>08:30 – 09:00</b>	Private meeting of the accreditation team
<b>09:00 – 10:15</b>	Teaching, learning, support and assessment - part 3:
<b>10:15 – 13:45</b>	Private meeting of the accreditation team
<b>13:45 – 14:00</b>	Delivery of outcome to Ulster University

## Attendees

### Course provider

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

<b>Name</b>	<b>Designation at the time of accreditation event</b>
Abuelhana, Dr Ahmed	Lecturer in Clinical Pharmacy & Pharmacy Practice
Adair, Professor Colin	Post-graduate Pharmacy Dean NICPLD
Bell, Dr Heather	Associate post-graduate Pharmacy Dean, NICPLD
Benneh, Dr Charles	Lecturer in Clinical Pharmacy
Callan, Dr Bridgeen	Senior Lecturer in Pharmaceutics
Callan, Professor John	Norbrook Chair in Pharmaceutical Sciences
Coleman, Dr Heather	Lecturer in Pharmaceutical Chemistry
Courtenay, Dr Aaron*	MPharm Course Director
Curran, Professor Carol	Executive Dean, Faculty of Life and Health Sciences, Ulster University
Hawthorn, Dr Susan	Lecturer in Pharmaceutical Biosciences
Hirst, Helen	Senior Lead for Experiential Learning, Community Pharmacy NICPLD
Irwin, Professor Nigel	Professor of Diabetes Research
Jack, Iain	Lecturer in Clinical Pharmacy
Lees, Liz	Course Director International Foundation Year
Lowry, Dr Deborah*	Academic Lead for Education
Luo, Dr Ruoyin	Lecturer in Pharmacy Practice
McCarron, Professor Paul	Head of School
McHale, Professor Tony	Professor of Medical Biotechnology
McPherson, Dr Peter	Lecturer in Pharmaceutical Sciences
Nesbitt, Dr Heather	Lecturer in Pharmaceutical Sciences
O'Hare, Professor Roisin	NI Clinical Education Pharmacist Lead Clinical Education Pharmacy team representative
Smith, Martin	Admissions Manager
Webba Da Silva, Dr Mateus	Reader in Pharmaceutical Chemistry
White, Bronagh	Senior Lead for Experiential Learning, General Practice Pharmacy, NICPLD

\*attended the pre-meeting on 15 February 2023



The accreditation team also met a group of 12 MPharm students comprising four from each of years 1-4.

## Key findings - Part 1 Learning outcomes

During the reaccreditation process 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 a separate meeting with the provider.

The following learning outcomes were explored further during the event: **Learning outcomes 3, 10, 18, 28, 36, and 45.**

The team agreed that all 55 learning outcomes were met (or would be met at the point of delivery) or likely to be met by the part 2 event.

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 ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 3 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 5 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 6 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 7 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 8 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 9 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 10 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Learning outcome 11 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 12 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 13 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 14 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The team agreed that the following learning outcomes are likely to be met.

7. Obtain informed consent before providing care and pharmacy services
10. Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action.

This is because currently there is insufficient evidence that they are met at the appropriate level; much of the evidence for meeting these outcomes will be obtained during periods of experiential learning and inter-professional learning, both of which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during the part 2 event.

### Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met <input checked="" type="checkbox"/>	Likely to be met <input 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 checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 20 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 21 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 22 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 23 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 24 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 25 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 26 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 27 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 28 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 29 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 30 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 31 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 32 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 33 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 34 is	Met <input checked="" type="checkbox"/>	Likely to be met <input 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 checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 37 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 38 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 39 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 40 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 41 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 42 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 43 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 44 is	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The team agreed that the following learning outcomes are likely to be met.

16. Apply professional judgement in all circumstances, taking legal and ethical reasoning into account

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

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

35. Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance

This is because currently there is insufficient evidence that they are met at the appropriate level; much of the evidence for meeting these outcomes will be obtained during periods of experiential learning and inter-professional learning, both of which have yet to be fully developed and implemented. These learning outcomes will be reviewed again during the part 2 event.

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

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

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

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

## 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

Criterion 1.1 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.2 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 1.3 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.4 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.5 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.6 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.7 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 1.8 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input 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 online prospectus and the University webpages detail the specific academic entry requirements covering A-level, Irish Leaving Certificate, BTEC and other qualifications; all applicants must also have appropriate qualifications in mathematics and English and a minimum of a grade B in chemistry at A-level or equivalent. Applications are handled by the Faculty of Life and Health Science Faculty Office; Faculty Office staff review the applications and make appropriate offers based on academic criteria; the MPharm admissions tutor looks at those applications featuring non-standard qualifications. All applicants who receive an offer are advised that entry is subject to a satisfactory criminal check and the outcome of medical screening. Acceptance onto the course is based solely on academic qualifications and professional suitability, the latter being determined by a competency-based interview conducted during the Open Day, to which all applicants receiving an offer are invited; this also applies to applicants for the MPharm with preparatory year. Interviews assess key professional values and attributes, such as communication, problem solving and decision making; online interviews are offered for those who cannot attend on campus and those applying during clearing. The interview includes questions based on various scenarios and the interviewers arrive at a total score for each applicant. If there are concerns about an applicant, he/she will be invited to a follow-up interview with a senior member of academic staff who will ask supplementary questions to evaluate the concern raised; decisions will be made on a case-by-case basis.

The University's Admissions Policy operates to prevent discrimination according to sex, disability, race, sexual orientation, and age in accordance with Northern Ireland law.

Responding to the team's wish to learn more about the selection process for the MPharm with preparatory year, the staff confirmed that the preparatory year was year 0 of the MPharm and its six, 20-credit modules are taught mostly on the Belfast campus. Students applying for the preparatory year must indicate from the very beginning that they intend to take the MPharm and must undergo

the same checks, meeting the same criteria as those applying for direct entry to year 1, although the minimum IELTS score is 6.0, rather than 6.5. All applicants are interviewed using the same process as that used for direct entry to year 1. This 10-minute interview, which includes questions on why the applicant wishes to study pharmacy and covers professional attributes and values such as ethical decision making, is based on scenarios and is conducted by trained staff members who use a script, with applicants being scored out of 5 on each of four questions. Red flag responses would include, for example, failing to identify inappropriate medicine use and showing poor communication; interviewers must justify red flags, which are considered by a panel; applicants with low scores across the questions would potentially be 'red-flagged'. With the current system a applicants score and red-flag status are separate. Scoring is used to help determine applicant suitability for the course. Any red flags would automatically result in a follow up review, and call into question the suitability of the applicant, irrespective of score. Concerning reasonable adjustments, applicants are asked if they need support, for example, to accommodate a disability. Exactly the same approach is used for online interviews, interviewers being mindful of time-zone differences for international applicants and of potential issues arising from broadband connectivity. The interview process, including the scores required for a successful interview, will be reviewed annually.

The staff confirmed that having relevant work experience is not a pre-requisite for selection onto the MPharm programme. APEL (accreditation of prior experiential learning) is not permitted for exemption from any part of the course because of the integrated nature of the programme. The vast majority of applicants have A-levels or Irish Leaving Certificate, and selectors consider a small number who have not quite achieved the grades required; there are no students with non-standard qualifications. The staff stated that the University does not use contextual admissions, although students from schools in deprived areas with low numbers of applicants are encouraged to apply; if applicants meet criteria/conditions, they are offered a place.

The team noted the equality monitoring data submitted by the School to the GPhC and wished to learn how these data are analysed, how frequently the analysis is undertaken and whether the analysis features as part of any formal QA process in the School; the team also wished to know how the analysis is used to support the admissions processes and if it has identified any notable themes and trends. The staff pointed out that the data are covered by the NI legislative framework, that is Section 75 of the NI Act, rather than the Equality Act 2010, which applies only to GB. The University shares its central data with the School, which returns the data to the GPhC. The only identified discrepancy is the male/female imbalance in the applicants and students admitted, with a preponderance of females; however, the success rate is similar for both genders.

In response to the team's wish to learn more about any challenges posed by the admission demographics, which closely resemble those of NI, but not necessarily those of the wider UK, the team explained that most applicants are from NI or the Republic. The School ensures fairness, recruiting from areas of higher deprivation, although it does not use contextual offers. Some places always remain after accepting applicants who have met their offer conditions and the School then has scope to adjust further offers according to the profile, possibly giving preference to applicants according to age.

The team noted that the required minimum IELTS score had been reduced from 7.0 to 6.5 and was concerned to learn how the School had monitored the success of this approach, particularly in relation to patient safety. The staff explained that the reduction in the IELTS score was based on market analysis, especially in relation to Queen's University Belfast, its only NI competitor, which also

has an IELTS requirement of 6.5. There was no indication of any detrimental effect on performance, as evidenced by the focus in early years on communication and consultation skills; extensive support is available for students. Students meet the communication competencies in year 1, as show, for example, in OSCEs, and any concerns would be fed back to the School by practice supervisors. The IETS requirement for entry to the preparatory year was only 6.0, but students receive support from the University’s Centre for English Language, which teaches on each campus; it is mandatory for preparatory year students to achieve an IELTS score of 6.5 by the end of the year.

The team was satisfied that criterion 1.1 and criteria 1.3 to 1.9 are met or are likely to be met. However, criterion 1.2 is not met. This is because the team could not see recent evidence of how admissions and performance data are used to inform the programme. Therefore, the team imposed a condition that the provider must develop an appropriate data collection process with reference to relevant protected characteristics in relation to overall student admissions and subsequent performance on the programme, analysing and reporting on these annually. This must be done in line with relevant legislation, namely Section 75 of the Northern Ireland Act 1998. (See also criterion 2.4).

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

The University’s Equality, Diversity and Inclusion (EDI) team has oversight of providing equality of opportunity for all staff and students in relation to sex, disability, religious belief, political opinion, racial group, age, marital status, and sexual orientation. All members of academic staff must complete online equality and diversity training every three years; the completion of this training is monitored, and the Head of School receives a regular update on completion rates, taking appropriate action to address any deficiencies. The School holds an Athena SWAN Bronze award.

The documentation described how first-year students learn about diversity and equality principles and legislative requirements prior to the students going on placement and, in years 2 and 4, undertake an online equality and diversity awareness training programme, which they must pass. Students interact with a range of patients from diverse backgrounds during their community and hospital placements. In all years, students discuss with staff and peers appropriate ways to provide medicines information to a range of diverse patient populations. A preparatory year module, ‘Exploring Cultural Identities’, allows international students to explore ideas and realities of culture, as well as self, group, community and national identities.

The University supports students with a diagnosed disability, specific learning or mental health difficulty or medical condition, using appropriately qualified advisers who assess such students and

make recommendations regarding reasonable adjustments, as well providing guidance and advice to the academic staff; these adjustments are communicated to relevant Faculties, Schools and Departments. The advisers also arrange regular disability awareness sessions for staff on all campuses. The School has implemented a plan to address students' mental health.

Analysis of student performance data over the last three years has not identified any significant performance differences between males and females.

In response to the team's wish to learn how the School's systems and policies support staff and students to ensure that all aspects of delivery of the programme are reflective of UK demographics, the staff confirmed the narrative in the documentation, describing how, while the University has an EDI Centre, responsibilities for training are devolved to the School for training. All staff members undergo mandatory EDI training, which is monitored and flagged to the Head of School to ensure compliance with these training requirements. Similarly, students undergo mandatory EDI training, and the topic is covered in lectures at the beginning of the programme. Case studies cover a broad diversity of patients, and students interact with a range of patients throughout the four years. EDI, along with safeguarding and health and safety, is addressed before students embark on their placements; placement providers reinforce this training. The students confirmed the emphasis on EDI throughout the course, exemplifying this by informing the team how they were asked about gender pronoun preference, how they were taught about the diagnosis of dermatological conditions on skins of different colours, and how they learned to communicate with patients who are deaf or visually impaired; they told the team how the course is patient focused and how they learned to consider individual patient's needs.

Noting that the School had undertaken an analysis of student performance by gender, the team questioned how they analysed and reviewed performance according to other protected characteristics. The staff reiterated that equality, diversity and inclusion in Northern Ireland are covered by section 75 of the NI Act, rather than the Equality Act (2010). Data were kept only at University level, with identification of individual students only on a case-by-case basis for follow-up. For Athena Swan, the School captures data on gender and ethnicity on a five-yearly basis. The staff emphasised that the School ensured inclusiveness and diversity and made any required adjustments.

The team was satisfied that criteria 2.1, 2.2, 2.3 and 2.5 are met or are likely to be met. However, criterion 2.4 is not met. This is because the team could not see recent evidence of how admissions and performance data relating to protected characteristics are used to inform the programme; moreover, section 75 of the NI Act did not appear to preclude such analyses. Therefore, the team imposed a condition that the provider must develop an appropriate data collection process with reference to relevant protected characteristics in relation to overall student admissions and subsequent performance on the programme, analysing and reporting on these annually. This must be done in line with relevant legislation, namely Section 75 of the Northern Ireland Act 1998. (See also criterion 1.2).

### Standard 3: Resources and capacity

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

Criterion 3.1 is:

Met ✓

Likely to be met

Not met



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

The Executive Dean of the Faculty is responsible for ensuring that the School has an appropriate allocation of budget, staffing and other resources, while the Head of School ensures that the financial allocation is distributed and used appropriately. The Head of School and the Executive Dean discuss resources at scheduled, monthly, one-to-one meetings. Any concerns are then discussed with the Director of Faculty Operations, who addresses any potential risks to the delivery of the MPharm programme. The Head of School is a member of the Faculty Leadership Team, ensuring that the School has representation on the Faculty's main decision-making committee.

The School has 17 FTE members of academic staff, who will teach across all relevant modules in the integrated programme; these include four PSNI-registered and five non-registered pharmacists. The academic staff provide a balance of experience in teaching and research. There are also contributions from several visiting lecturers and temporary part-time lecturers.

Experiential leads have been appointed in conjunction with the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD), the Department of Health for Northern Ireland and Queen's University Belfast, to help with the development and implementation of experiential placements in Northern Ireland. NICPLD has budgetary responsibility for implementation and delivery of experiential placements. Specified ongoing funding for MPharm experiential learning includes infrastructure costs for NICPLD to develop resources and quality manage the programme, expansion of the hospital teacher practitioner network, training placements in community pharmacy and general practice, travel expenses to placement sites for MPharm students, and training grants for practice supervisors to provide protected study time for their initial and ongoing development.

The MPharm (years 1-4) is delivered in a state-of-the-art, purpose-built building on the Coleraine campus, while the first year of the MPharm with preparatory year is delivered on the Belfast campus; however, practical sessions for one module of this first year (Foundation in Science and Technology, which is delivered by the School of Pharmacy and Pharmaceutical Sciences) are held at Coleraine. The School is creating an advanced, specialised clinical education suite within the building; this will allow students to develop their clinical, communication and basic examination skills in a range of simulated settings, such as general practice, community pharmacy and hospital, preparing them for the experiential placements in years 2 to 4. Students have access to a wide range of clinical equipment, including simulation arms for blood pressure measurement using manual and automated sphygmomanometers, ophthalmoscope/otoscope clinical examination devices, and ECG assessment devices for detection of atrial fibrillation, bradycardia, and tachycardia. The building houses fully-equipped laboratories including an aseptic suite, and laboratories for teaching pharmaceuticals, pharmacology and chemistry. There is also a simulated pharmacy suite where students can develop skills focussing on dispensing, responding to symptoms, counselling and prescribing. The School has access to lecture theatres and seminar rooms on the Coleraine campus, as well as to three computing laboratories; the Library has 234 computing spaces with wireless networking provided throughout the centre.

The staff confirmed that there are no plans to move pharmacy to the Derry campus to collocate with medicine and nursing; there is extensive health education provision on the Coleraine campus. Staff and students can move between campuses when required, for example for inter-professional education. Moreover, equipment for clinical teaching can be readily transferred between campuses so that resources can be pooled. The preparatory year (MPharm year 0) is delivered mostly on the



Belfast campus, although one, subject-specific module is delivered at Coleraine. Preparatory year students get to know the Coleraine campus as well as the School MPharm teaching team. Familiarisation with the Coleraine campus is also facilitated through cultural events held in year 1.

The team noted the plans for expansion of the staff. Six positions, comprising a senior School administrator and five lecturers have been filled, while four further posts have been approved; the latter comprises two lecturing staff, one technician and one member of business support staff.

The documentation described a planned expansion in student numbers with the intention to recruit 110 MPharm students each year from 2023/4 onwards. In response to the team’s wish to learn how this will be achieved, the staff explained that there is a planned growth in the overseas market and in students coming from the Irish Republic. The School is working closely with the International Office to increase overseas recruitment. There is a demand for places from the Irish Republic, as the capacity of pharmacy schools south of the border is limited. There appears to be limited opportunity to attract students from Great Britain, despite the lower tuition fees in Northern Ireland.

A tour of the teaching facilities showed well-equipped laboratories that were fit for purpose and capable of accommodating the anticipated number of students. Noting the proposed development of an advanced and specialised clinical education suite, and being presented with detailed plans, the team asked when this will be completed to support the teaching and learning. The staff described how work on its development will commence as soon as teaching for the current academic year is finished, and that it will be ready for semester 1 of the 2023/24 academic year.

The team agree that all three criteria relating to standard 3 are met or are likely to be met.

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

At University level, the quality of the programme is overseen by the Senate’s Academic Standards and Quality Enhancement Committee. The Faculty of Life and Health Sciences is responsible for ensuring the effective operation of the School course committee and its supporting structures. At School level, the management of the MPharm is the responsibility of the Course Director and the Academic Lead for Education, who chairs the School Learning and Teaching Committee and sits on the Faculty Learning and Teaching committee. Module coordinators’ responsibilities include planning and developing the modules, and co-ordinating and managing teaching and examination on the modules.

Within the University, the systematic review and evaluation of quality is managed through the Continuous Assurance of Quality Enhancement (CAQE) annual review, in which each course is categorised according to a range of quantitative and qualitative metrics. This categorisation is

determined annually, and courses fall into one of the following three categories: those requiring active monitoring, those requiring local enhancement, and those demonstrating academic excellence. Although the MPharm was awarded 'Academic Excellence' status for 2018-19, 2019-20, and 2020-21, supportive measures were implemented following identification of poor progression from first year in 2021.

The School participates in the University's module monitoring process, whereby modules are deemed at risk if there is a failure rate of more than 15% or the overall average mark in any one semester exceeds 80%; such modules require action plans to address the problems. The School's review of the MPharm includes module monitoring, together with module evaluations through student feedback, feedback from the Staff-Student Liaison Committee, external examiner comments, the views of external stakeholders, and the quality of placements, determined through supervisor and student feedback.

The School is working with the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD), Queen's University Belfast and others to provide experiential learning in hospital, community and general practice settings across years 2-4. Roles and responsibilities documentation has been developed with NICPLD to ensure that suitable management, defined responsibilities and lines of accountability are in place for these placements. Additionally, formal service level agreement is being developed between NICPLD and Department of Health NI.

Feedback will be closely monitored to ensure that each student receives an appropriate experience. NICPLD will be responsible for development and the quality management of the experiential learning programme in collaboration with the NI universities and the Northern Ireland Clinical Education Pharmacists Universities Network.

The School engages with key stakeholders, including patient representatives, clinicians, hospital, community and general practice representatives, and industrial partners to ensure the appropriate design and delivery of the MPharm course; this is undertaken through the Pharmacy Employers and other Stakeholders Advisory Board.

Noting the University's module monitoring programme and wishing to know of any examples of MPharm modules that had been deemed at risk, as well as actions taken as a result, the team learned of a first-year chemistry module with an unusually high failure rate. The School had implemented an action plan resulting in the introduction of additional tutorials to ensure that all students were brought to the same level.

The documentation described how it is the student's responsibility to make the necessary travel, accommodation and care arrangements for dependants prior to attending experiential learning placements. In response to the team's concern about how this aligns with EDI principles, for example, for those students with caring responsibilities or having financial difficulties, the staff described how NICPLD has a software system for the allocation of placements. Where a student informs, for example, about caring responsibilities, they would be offered a placement close to the University. Students are given preference of a placement nearer home where possible. Travel expenses were factored into costs when building the case for placements with NICPLD. The University has a hardship

fund for all students, and the School supports applications from MPharm students. The students confirmed all of these supportive arrangements.

Wishing to know where responsibility lies within the School Team for managing experiential learning and inter-professional education (IPE) activities across the programme, the team learned that the professional module coordinator in each year is responsible for oversight of experiential learning and IPE. However, the primary responsibility for experiential learning is being transferred to NICPLD. A new business support post is being appointed to work with NICPLD along with a senior School administrator in recognition of the complexity of managing a large number of placements across many sites. The School Executive will have oversight of the whole process.

In response to the team’s wish to learn how stakeholders, including patients and the public, contribute to the design and development of the programme, the staff described how stakeholders provide advice through the Employers and other Stakeholders Advisory Board, which includes representatives from community pharmacy, hospital and industry, as well as patients and meets each semester. The School invites patients to participate in the programme; for example, pancreatic cancer patients describe their journey and help students to become aware of the symptoms of the disease, as well as to learn about the limited treatments available for the condition. Students learn consultation skills with patients, who provide feedback to the students; these patients feel rewarded and are happy to volunteer.

Wishing to know how the student voice has fed into the design and development of the new MPharm programme, the team heard that feedback is captured formally from MPharm students and fed to the School’s Learning and Teaching Committee; past students also provide feedback via NICPLD. One example of the impact of such feedback on the development of the programme has been the teaching of calculations, which is now built into each year, along with formative and summative feedback; the calculations become increasingly complex across the years, with changes in clinical practice being reflected in the type of calculations, and by year 4 the calculations test is just like the GPhC registration assessment. Practice supervisors and past students also provide feedback on matters other than calculations that need to be addressed in the course. Feedback from students about their placements also impacts on course development. The students confirmed to the team how the School responds to their feedback delivered through module surveys or the Staff-Student Consultative Committee.

The team was satisfied that all six criteria relating to this standard are met or are likely to be met.

## 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 ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.2 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.3 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.4 is:	Met ✓	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.5 is:	Met ✓	Likely to be met <input 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 checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.8 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input 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 checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 5.13 is:	Met <input checked="" type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input type="checkbox"/>

The MPharm (years 1-4) is based on a fully integrated, spiral curriculum reflecting increasing complexity across all four years, with core skills and base knowledge being introduced in year 1 and a balance of scientific and clinical skills and knowledge throughout, transitioning to the foundation training year. The 55 GPhC learning outcomes (See part 1 of this report) are delivered using a mix of teaching and learning methods including formal lectures, practical sessions, problem solving approaches, seminars, tutorials, integrated case studies, and experiential learning placements. Year 1 provides the science and practice foundation, while a spine of Professional Practice Skills runs throughout all four years. Students undertake a research project in year 4, along with a study of advanced topics; research methodologies are introduced in year 3. The first year of the MPharm with preparatory year (year 0) comprises six, compulsory 20-credit modules ('Foundation in Mathematics', 'Extended Critical Thinking for Undergraduate Study', 'Foundation in Science & Technology', 'Introduction to Physiology and Chemistry', 'Project-Based Learning', and 'Exploring Cultural Identities'). Progression from year 0 of the MPharm with preparatory year to year 1 requires students to achieve at least 70% overall and a minimum of 70% in each of 'Foundation in Science & Technology' and 'Introduction to Physiology and Chemistry'.

Across the programme, students undertake clinical practical sessions in a simulated environment to develop their clinical and communication skills before interacting with patients on placements. Students meet a variety of patients within the University, including those with arthritis, Parkinson's disease, and respiratory or cardiovascular disease. In order to meet relevant learning outcomes at the 'does' level, students undertake a range of entrustable professional activities (EPAs) through interaction with patients in practice and clinical settings, including hospital, community, and general practice. These EPAs, which will increase in complexity across years 2 to 4, are currently under development with NICPLD, the Department of Health, teacher-practitioners, and Queen's University Belfast to ensure a Northern Ireland wide approach. They include activities such as counselling a patient on using a medicine/device, dealing with a medicines-related query, taking a medication history, undertaking medication reviews and medicines reconciliations, conducting a clinical audit/service evaluation and discussing with patients a behavioural change or health promotion activity.

Students undertake inter-professional education (IPE) with other healthcare students in order to understand the roles, knowledge and responsibilities of other healthcare professionals, ensuring that they learn to work collaboratively to improve the quality of patient care as part of a multi-disciplinary healthcare team. Examples of this interprofessional education include working with dietetic students in year 3 on vitamin supplementation for special patient groups, with nursing students in years 3 and 4 on patient safety and sepsis, with optometry students in Year 4 on effective prescribing, and with

FY1 doctors on pharmacovigilance in year 4. Students will also be encouraged to undertake opportunistic interprofessional learning during their placements.

In response to the team's wish to learn how experiential learning activity is integrated with the formal taught content, the staff described how placements are housed in professional modules throughout. Within the taught curriculum, the School ensures that students are prepared for patient-facing activities, for example, through learning communication and consultation skills and appropriate infection control measures. Material being taught in the course is coordinated with what is being addressed in practice; for example, taught material on sexual health is tied in with GP practice in addressing ethics and safeguarding in relation to remote prescribing, such as providing contraception for a 16-year-old girl. Students undertake experiential learning placements only in years 2-4, with no placements in year 1. This is because feedback from providers indicated that first-year students did not have sufficient background knowledge. Preparing students using simulation in year 1 will prepare them for dealing with real patients and enable them to derive greater benefit from placements in later years. This preparation takes place primarily in the second semester of year 1, where students acquire communication skills and learn history taking and basic physical examination. The School is working to expand placement capacity to ensure that there is an adequate number of placement sites and that students can receive sufficient supervision. Students will undertake placements on rotation through GP practices, hospital and community pharmacy, enabling timetabling to be controlled across Ulster University and Queen's University Belfast. The University is communicating with and signing up more placement providers as a result of its strong links with hospitals through the teacher/practitioner network, as well as with more than 500 community pharmacies.

Wishing to know how the School has adapted the programme to include advanced clinical/critical decision making to develop prescriber-ready graduates, the team was told that this was not something new but was built on existing infrastructure through clinical workshops and the introduction of prescribing stations in OSCEs. The building blocks for prescribing are established from year 1, with students being required to understand the condition, the patient and the medicine. Developing the necessary knowledge and skills is supported by academic teaching within the University and fully integrated into the spiral curriculum, with material introduced in year 1 and revisited with increasing complexity in each successive year, acknowledging that patients often have comorbidities. The final year students told the team that they felt sufficiently prepared for their foundation year training and that this had been helped by their placements. The students were also fully aware that they were being prepared as prescribers; the School had explained to second year students that they will need to transfer to the 2021 GPhC standards and had informed them about the need for upskilling, which would include the requirement for additional placements.

In response to the team's wish to learn how the School ensures that science material is integrated and contextualised with contemporary clinical practice, the staff described how, for example, physiology is integrated with chemistry and drug delivery, with biological drug targets considered from the chemical point of view, discussing how drugs interact with their targets. This science is integrated into case studies, for example, dealing with patients having diabetes, cancer or an infection; case studies also consider the use of biomarkers and emerging therapies.

The team wished to learn how students' practical experience of working with patients and their carers develops through the course. The staff described the range of clinical classes and workshops in all four years; these are incorporated into the professional modules and mapped to contemporaneous

teaching, covering, for example, dispensing, history taking, medicines optimisation, consultation and physical examination, with students being required to use guidelines in reaching clinical decisions. Patients and carers contribute to various modules, with increased complexity from simple simulation in year 1 to the final year, where students encounter complex patients with many complex needs, for example, patients who are blind or who have learning difficulties. The students confirmed the value of meeting a variety of patients with different conditions such as Parkinson's disease, cancer, diabetes and arthritis who were brought into the University to present their perspectives on these conditions.

Given that prescribing in community pharmacy is still limited, the team wished to know how students will develop the skills associated with prescribing during community placements. The staff explained that consultation, communication and medication history taking are undertaken in the community, and community pharmacists were in the front line of service delivery during the Covid pandemic. Other relevant aspects of community pharmacy include the minor ailments programme, where pharmacists prescribe to a formulary, which requires differential diagnosis, and sexual health prescribing, where pharmacists address issues such as emergency hormonal contraception and urinary tract infections; there are strong links with Community Pharmacy Northern Ireland and it is hoped that community pharmacy services will grow.

In response to the team's wish to know how the School ensures that the clinical skills acquired by the students support prescribing in different practice settings, and if placement activities include exposure to different specialities such as mental health, the staff explained that the course provides general building blocks for prescribing and is designed to develop generic skills that can be applied to every patient; every independent prescribing trainee goes through the same course and works within a specified scope of practice. Students learn to recognise when they must refer to other healthcare professionals. Mental health is addressed across years 2, 3 and 4 and there are relevant case studies, with mental health patients being encountered in general practice. One external contributor to the MPharm programme is an independent prescriber mental health pharmacist.

Responding to the team's request for an update on the School's overall inter-professional education (IPE) strategy and risks associated with IPE, the staff described how IPE is compulsory and is undertaken across the programme with a variety of other healthcare profession students, including paramedics, nursing students, optometry students, dietetic students and foundation year doctors: the students confirmed to the team their experiences of working, for example, with nursing students and dietitians. IPE with nurses in year 2 is observational, moving to hands-on activities in year 3. Working in GP practices, student pharmacists work with pharmacists and medical students to conduct a clinical audit. The staff described how, by year 4, pharmacy students are leading in IPE activities. There are currently no formal sessions with medical students, as Ulster University's Medical School is still developing and going through its accreditation; however, preliminary discussions are underway. Concerning risks, the staff referred to the reliance on other professions to take IPE seriously and the importance of working with other health professionals with an interest in IPE. However, all health professions within the Faculty see the necessity for IPE, which the Faculty wishes to promote.

In response to the team's wish to learn how the School sets pass marks for the various modules, the staff explained that University policy determines that the pass mark for years 1 to 3 is normally 40%, while that for year 4 is 50%. However, higher pass marks are in place for specific assessments associated with professional practice, including OSCEs and calculations. Setting such pass marks is



a team-wide decision involving the whole staff and based on feedback from clinical staff. Decisions are made at the Learning and Teaching Committee and reported to the School Executive, with scrutiny at Faculty level (Please see standard 6).

Noting the course regulations, the team sought clarification of the number of credits that students are allowed to fail before being removed from the programme. The staff explained that there is a broad range of credit sizes associated with different modules; this relates to the workload and students understand this. Year 1 includes two 40-credit modules. Students failing 80 credits must retake the whole year. They cannot carry forward into a subsequent year more than 20 credits, or any modules that are prerequisites for later study.

In clarifying a statement in the submitted documentation, the staff confirmed that student fitness to practise outcomes will be notified to both the PSNI and GPhC. All fitness to practise outcomes are recorded on the student's file. If students have outstanding fitness to practise, they can neither progress nor graduate. Professionalism and fitness to practise are introduced during an induction session both for students entering the preparatory year and for those entering year 1. The students told the team that they were introduced to fitness to practise in the first year and the information is reinforced at the start of all subsequent years.

The team was satisfied that all 13 criteria relating to this standard are met or are likely to be met. However, in relation to criterion 5.7, the team would encourage the School to continue to explore IPE with medical students and looks forward to seeing progress on this at the part 2 reaccreditation event.

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

Assessment is designed to ensure that students meet the 55 learning outcomes described in Part 1 of this report. The programme employs a range of assessment types and includes diagnostic, formative and summative assessment throughout. Diagnostic assessments are provided for mathematics, pharmaceutical calculations and chemistry. Examination formats include single best answer (SBA), extended matching questions (EMQs), short answer questions, structured questions, numeracy and statistics problems and case studies. Coursework assessments include a mixture of class tests, practical class write-up, case studies, problem-based learning, portfolio completion, reports, OSCEs, oral presentations, poster presentations, and placement activities based on entrustable professional activities (EPAs). OSCEs include dispensing, responding to symptoms, patient counselling, medicines optimisation, prescriber interaction, prescribing, medication history taking, accuracy, clinical risk management, aseptic manufacturing, and extemporaneous dispensing.

Marking criteria are established for all assessments and are provided to students. The usual examination pass mark is 40% in years 1-3 and 50% in year 4. However, some assessments, including pharmaceutical calculations, law, aseptic manufacturing and dispensing have higher pass marks, which increase across the years. Marking criteria do not allow any serious errors to be made; additionally, any action resulting in a patient safety concern will result in automatic failure of that element. Standard setting processes are used throughout, and all assessments undergo a rigorous process of internal and external moderation; the four external examiners ensure that examination questions meet the learning outcomes at the appropriate academic level, as well as reviewing assessment rubrics, reviewing and moderating examinations and coursework, and attending the Examination Board. Standard setting for OSCEs uses the Angoff method. Rubrics and marking schemes are used for all assessments. Placement practice supervisors, who will undergo appropriate training, will be responsible for assessing students' competence and providing feedback for each EPA against defined criteria; each EPA has been developed and mapped against specific learning outcomes. Students receive constructive feedback on their assessments.

Responding to the team's query about how assessments in the preparatory year support the advanced clinical nature of the new MPharm and formal examinations in subsequent years, the staff explained that the standard achieved by the end of year 0 is equivalent of that of A-level. There are formative class tests in the first semester and students must submit laboratory reports. School staff deliver relevant teaching in the 'Introduction to Physiology and Chemistry' module in semester 2. Preparatory year students also undertake a project-based task in a clinical area. These aspects help to prepare the students for the type of material taught in year 1.

In response to the team's wish to learn more about how experiential placement activities are assessed, how portfolios are used to determine if students have met the learning outcomes at the appropriate level, and how patient safety is assessed during placements, the staff described how the School sets a number of learning outcomes to be met in each of years 2 to 4; the practice activities are mapped to these outcomes. Practice supervisors observe the students undertaking the activities, which are then uploaded to the e-portfolio, along with the student's reflections; they assess EPAs (entrustable professional activities) using Mini Clinical Evaluation Exercises (mini-CEX) and DOPS (Direct Observation of Procedural Skills). The practice supervisor must verify the uploading and mapping. The School's experiential learning leads and the practice supervisor can see the portfolio, which the School experiential team reviews at the end of each placement to ensure that the appropriate learning outcomes have been achieved at the correct level, flagging any that have not been met. Where outcomes have not been met, the student must reflect and take any necessary



remedial action to ensure the outcomes are met on the next placement. There are touch points during the placement to check the students' progress, so that any issues can be identified and remedial measures implemented. The School runs a holistic catch-up session at the end of each placement week. Practice supervisors undergo generic and sector-specific training through a 'train the trainers' programme; this covers communication skills, critical thinking, how to identify students' strengths and weaknesses and how to give feedback to students. Quality assurance is undertaken through module and placement evaluation. The staff explained that patient safety is covered by the EPAs, where, for example, students must ascertain whether a patient is allergic to a medicine and ensure that the particular medicine is not prescribed. If students miss a red flag, the experiential learning team and the practice supervisor will work with the students to ensure that they have the appropriate knowledge and understanding of the problem; this will be documented so that the students' progress can be monitored. Where students fail assessments due to patient safety concerns, they receive support through the general support structures, including the Student Wellbeing service and counselling sessions.

In the team's questioning of how the School employs standard setting methodologies for its various assessments, including OSCEs, calculation tests and placement activities, the staff described how the Angoff approach is used for OSCEs. Here, once the OSCE is finalised, it is sent to the teacher practitioner team, who arrive at Angoff scores for each station. These are then debated and finalised. For calculations, which are recognised as a high-risk activity, the questions are set, reviewed and agreed by the team, with the calculations becoming more complex and the pass mark progressively increasing across the years; the pass mark is discussed with the clinical staff team. Placement activities are assessed through EPAs, as described above. The EPA working group has mapped the EPAs to the GPhC learning outcomes and devised a marking form, whereby students are scored against expectations. Missing a red flag in relation to patient safety in any assessment will result in automatic failure; all red flag incidents are scrutinised, and a final decision is made collectively by the clinically active staff. In general, standards are agreed through the external examiner process.

In the context of external examiners, the team had noted their comments regarding the reduced performance of year 1 students in the academic year 2021-22 in comparison with previous years and wished to know how this had been addressed. The staff explained that this had arisen from the Covid pandemic, with students being unfamiliar with the type of examinations employed. An action plan had been implemented which included the introduction of additional tutorials.

In response to the team's wish to hear about how the School uses feedback to support students who have failed end-of-year examinations, or who do not meet learning outcomes on placements, the staff described how there are scheduled meetings with advisers of studies to identify students who may need support, for example, in preparation for OSCEs. Where students fail an examination or do not meet the standard in an OSCE, staff members will go through the examination with them, discuss the problems, and provide appropriate additional activities and support. Where students do not meet learning outcomes during placements, they will be supported by University staff, teacher practitioners and their practice supervisors. Touch points during the placement week enable checks on whether students are meeting learning outcomes; where they are not meeting the outcomes, they will be given additional work so that they will have met all outcomes by the end of the placements.

The students told the team that they were generally content with the amount and timeliness of the feedback that they receive, although there sometimes had been delays in obtaining feedback both on their University-based work and on placements; however, the Staff-Student Consultative Committee

(SSCC) had been effective in resolving any problems. The students described how they raise issues at the SSCC via their class representatives.

The team agreed that criteria 6.1 to 6.3, criteria 6.5 and 6.6, and criteria 6.7 to 6.14 relating to this standard are met or are likely to be met. However, criteria 6.4 and 6.7 are not met. This was because, although the team could see evidence of a standard-setting process for some assessments, no evidence of appropriate standard-setting methods in the calculations assessments. Therefore, the team imposed a condition (condition 2) that the University must review standard-setting processes across all summative assessments and develop a plan for using an evidence-based standard-setting methodology for calculations assessments.

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

### Support for everyone involved in the delivery of the MPharm degree

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

There is an induction session for all new students just prior to the start of the academic year. This session combines School-related induction with induction by representatives from central University services. Students also meet the Course Director and fellow students. Each student is allocated a member of staff as an Adviser of Studies who offers academic guidance and pastoral support throughout their four years. Advisers meet their students at least once per semester. Students are encouraged to use their Adviser of Studies as their first point of contact for any concerns; advisers may then refer students to the Course Director or central University support services where required. Students may also approach the Course Director, Placement Tutor and any other member of academic staff directly. Students are also supported through the Student Wellbeing Department, which offers services such as counselling, medical assistance, financial advice, and accommodation assistance. A peer mentoring service gives first year students the opportunity to chat online confidentially with student mentors about their subject, assignments, and general university life. Students can also access one-to-one online support from a trained University Student Mentor. During their experiential learning placements, students are supervised and supported by a practice supervisor and the teacher/practitioner teams across hospital, community and general practice; the practice supervisor provides feedback on professional behaviour, including attendance, punctuality, and their interaction with patients and staff. Students can raise concerns with their Adviser of Studies, the Course Director or the Academic Lead for Education.

The Pharmacy Job Shop (PJS) aims to connect Pharmacy students with pharmacist employers and publicises vacancies for part-time work in pharmacy across Northern Ireland. Each year, the School holds a careers fair to connect current students with future prospective employers in community, hospital, general practice, and industry.

All new staff members receive training covering effective teaching, curriculum planning, assessment, and feedback, and an introduction to technology-enhanced learning, including the use of the Blackboard Learn virtual learning environment. Following induction, all new staff members complete the Postgraduate Certificate in Higher Education Practice (PgChep) during their probationary period; this allows them to achieve Fellowship of the Higher Education Academy. Staff are supported to take part in a wide range of courses, training schemes and conferences for their continuing professional development. The Staff Development Unit supports the development of all staff and is responsible for the administration of schemes, including Developmental Appraisal Review and Continuing Professional Development. The annual Developmental Appraisal Review allows staff members to review and define their personal development objectives, as well as discuss their workloads within the University's workload model. Peer-Supported Review is an integral part of staff development; this a reviewee-driven process designed to develop professional practice with the help of a supportive colleague. All new staff members are also assigned a mentor to help with their induction and settling phase, and who can serve as an initial contact point for any queries.

The School's fitness to practise policy outlines how staff and students can raise concerns relating to behaviour or health, or in relation to the Code of Conduct for Pharmacy Professionals.

In response to the team's wish to learn how students entering the preparatory year will be supported, and how support will be provided for staff teaching students in the preparatory year, the staff explained that the International Foundation Year coordinator acts as the students' adviser of studies in year 0, working closely with the School where required. Because students on the preparatory year are from overseas and their needs are different from those of home students, additional staff training is available to address diversity, cultural aspects and any necessary changes to teaching methods. Once they progress into year 1, preparatory year students will have a new Adviser of Studies from within the School.

There are currently no students taking the MPharm with preparatory year, but students from years 1-4 of the MPharm expressed to the team a high degree of satisfaction with the support that they receive for both academic and personal issues. Members of staff respond promptly to e-mails and advisers of studies operate an open-door policy, but also hold scheduled meetings which take place at least once per semester. Students in earlier years have more contact with their advisers, because many are leaving home for the first time.

Responding to the team's wish to know how the School will support stakeholders and placement providers in delivering placements, as well as how the University will interact with NICPLD in providing training for placement providers, the staff described a rolling programme of support for practice supervisors through 'train the trainers' using educational specialists, with training being refreshed every three years. The practice supervisors undergo a briefing on the placements followed by a debriefing at the end. The University is part of a four-way partnership along with Queen's University Belfast, NICPLD and the Department of Health, working with the teacher practitioner team. Work is in progress through regular formal meetings to discuss experiential learning across all sectors and develop the required training. Regarding stakeholders, there are five trusts across NI with education leads in each trust; the trusts work closely with the University and within NICPLD. Similarly, there are

also 16 GP federations across NI with a lead in each federation. Trusts work closely with the two universities and NICPLD in recruitment and training, incorporating the required material into the placements and developing the EPAs, bearing in mind what is taught within the University. There is an existing infrastructure including an e-learning hub within NICPLD, which also employs technical staff. Practice supervisors in each trust, who are all independent prescribers and have experience from the Foundation Training Year, are responsible for the students. Standardisation across placements will be achieved through handbook guides for each year. Reports on students from Ulster or Queen's University Belfast will go to the respective universities, with each institution having responsibility for its own students; the portfolios will show which learning outcomes have been met or not met, with student support being provided where required.

The team wished to know how current members of academic staff will be supported or upskilled to support assessment in the clinically enhanced programme, which is focused on ensuring that students are 'prescribing ready' by the end of the four years. The staff described how they are encouraged to undertake training for which funds are available; individual training needs are addressed during annual appraisals and the Head of School supports applications for funding. Training sessions help to increase staff confidence, for example, in preparing 'single-best answer' questions. Engagement with third parties is encouraged and there is collaboration with NICPLD and community pharmacy; several pharmacists in practice are keen to engage with the University and the teacher practitioner network includes independent prescribers. The new GPhC standards are borne in mind when drafting job descriptions for new appointments. The staff told the team that visiting lecturers receive the same support as full-time staff members, for example, through induction, and EDI training; they have access to all of the School's electronic resources.

Responding to the team's request to learn about the policy and process for placement providers, patients or other students to raise concerns about a student and how such concerns are documented, the staff explained how there are good links with all providers across NI and that practice supervisors in all sectors have a direct line of contact with the School. Raising concerns is part of the professionalism framework and students are familiar with fitness to practise; peer-to-peer reports are taken very seriously. Students provide feedback on their practice supervisors. Raising concerns is articulated clearly in the Experiential Learning Handbook, with concerns going straight to the Course Director. There is an electronic file for every student which stores all information including attendance and fitness to practise matters. In their discussions with the team, the students clearly articulated their awareness of how to raise concerns about placements or academic matters. There is a specific process for doing this through module coordinators, the Course Director and the Head of School; placement concerns are raised initially with the teacher practitioners.

The team was satisfied that all eight criteria relating to this standard are met or are likely to be met.

### Teach out and transfer arrangements

The 2021 Initial Education and Training standards will be introduced progressively from September 2023. By the academic year 2023-24, years 1-3 will have transitioned to the new programme, so that only students who entered the programme in 2020-21 will graduate to the 2011 standards, while all others will graduate to the new ones. Thus, all students entering Year 1 of the course from September 2023 will undertake the new provision of the MPharm course. This will include students undertaking the Year 0 preparatory year (International Foundation Year).

In order to prepare students to meet the IET 2021 learning outcomes, the course team has implemented updates to modules, including the addition of new materials such as concepts relating to prescribing, clinical and communication skills, and basic physical examination throughout year 1; this will ensure that year 1 students are adequately prepared for the year 2 curriculum and for participating in experiential learning placements. Students currently in year 2 (academic year 2022-23) are undertaking the curriculum accredited to the 2011 standards. On entering year 3, these students will require transfer and upskilling to ensure that they are prepared to meet the 2021 IET outcomes; this will require them to undertake a range of learning activities including basic physical examination skills, counselling, dispensing, responding to symptoms, medicines reconciliation and optimisation, interpreting laboratory tests, and prescribing, as well as participating in additional experiential placements.

Accordingly, In the academic year 2022-23, year 3 students who are required to retake the year for any reason, will be required to retake modules with attendance; these students will also be required to upskill alongside the transfer cohort undertaking year 3 in academic year 2023-2024. Any year 4 students required to retake the year, will be offered the 2011 accredited materials and so will be effectively taught out on the 2011 standards.

Noting that students currently in year 2 (academic year 2022-23) will require upskilling on entering year 3 along with any year 3 students who need to retake the year, the team queried how these students will be supported during this process. The staff described how there will be support for the placements and that the learning outcomes for each student will be tracked so that any weaknesses can be spotted and the appropriate support provided. Students will be required to pass all assessments and the assessment process will take into account the extra burden, with additional support provided where needed. Responding to the concern that there will be no final year based on the 2011 standards for those students who are unable/unwilling to upskill, the staff reassured the team that the University will provide a special year 4 for any student finding themselves in that position.

## 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 the part 2 event. 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 the part 2 event without remedial measures (condition/s).



