

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



# Contents

<b>Event summary and conclusions</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>2</b>
Role of the GPhC.....	2
Background.....	2
Documentation.....	3
Pre-event.....	3
The event.....	3
Declarations of interest .....	3
Schedule .....	4
Attendees .....	4
<b>Key findings - Part 1 Learning outcomes</b> .....	<b>5</b>
Domain: Person-centred care and collaboration (learning outcomes 1 - 14) .....	6
Domain: Professional practice (learning outcomes 15 - 44).....	6
Domain: Leadership and management (learning outcomes 45 - 52) .....	7
Domain: Education and research (learning outcomes 53 - 55).....	7
<b>Key findings - Part 2 Standards for the initial education and training of pharmacists</b> .....	<b>8</b>
Standard 1: Selection and admission .....	8
Standard 2: Equality, diversity and fairness .....	8
Standard 3: Resources and capacity .....	9
Standard 4: Managing, developing and evaluating MPharm degrees .....	9
Standard 5: Curriculum design and delivery .....	10
Standard 6: Assessment.....	11
Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree .....	13
<b>Teach out and transfer arrangements</b> .....	<b>13</b>
<b>Collaboration with the statutory education body and others</b> .....	<b>13</b>
<b>Decision descriptors</b> .....	<b>14</b>

## Event summary and conclusions

<b>Provider</b>	University of Bath
<b>Programme</b>	Master of Pharmacy (MPharm) degree
<b>Event type</b>	Reaccreditation (Part 2)
<b>Event date</b>	20-21 November Month 2024
<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</p> <p>Reaccreditation of the MPharm degree offered by the University of Bath was confirmed.</p> <p>Reaccreditation was confirmed for a period of 6 years, with an interim event in 3 years' time.</p>
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	No recommendations were made.
<b>Minor amendments</b>	<ul style="list-style-type: none"> <li>Remove reference to interprofessional learning with Nursing students from the IPE Strategy, as this is no longer offered</li> </ul>
<b>Registrar<sup>1</sup> decision</b>	Please see Part 1 report.
<b>Key contact (provider)</b>	Dr Philip Rogers, Director of Pharmacy
<b>Accreditation team</b>	<p>Professor Chris Langley (Team leader), Professor of Pharmacy Law &amp; Practice and Deputy Dean (Engagement and Development) of the College of Health and Life Sciences, Aston University *</p> <p>Dr Marisa van der Merwe (team member - academic), Associate Dean (Academic), Faculty of Science and Health, University of Portsmouth</p> <p>Parbir Jagpal (team member - academic), Director of Prescribing, School of Pharmacy, University of Birmingham</p>

<sup>1</sup> Registrar or appointed delegate

	<p>Dr Hayley Wickens (team member - pharmacist), Consultant Pharmacist, Genomic Medicine, NHS Central and South Genomic Medicine Service Alliance</p> <p>Dafydd Rizzo (team member - pharmacist newly qualified), Clinical Pharmacist, Cardiff and Vale University and Post-Registration Foundation Pharmacist</p> <p>Fiona Barber (team member - lay), Independent Member, Standards Committee, Leicester City Council</p>
<b>GPhC representative</b>	Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council *
<b>Rapporteur</b>	Jane Smith, Chief Executive Officer, European Association for Cancer Research

\*attended pre-event meeting

## Introduction

### Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain (GB). The GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The GB qualification required as part of the pathway to registration as a pharmacist is a GPhC-accredited Master of Pharmacy degree course (MPharm).

This reaccreditation event was carried out in accordance with the **Adapted methodology for reaccreditation of MPharm degrees to 2021 standards** and the programme was reviewed against the GPhC **Standards for the initial education and training of pharmacists, January 2021**.

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

### Background

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

The Bath MPharm was reaccredited in April 2016 for the maximum period of six years. There were no conditions or recommendations.

At the time of the interim event in February 2019, the provider outlined the University's plan to go through a process of Curriculum Transformation (CT) by which all taught programmes at Bath,

including the MPharm, would be transformed according to stated curriculum principles, now part of the University's Quality Assurance framework. However, due to the Covid-19 pandemic which caused UK education to move online in March 2020, the process of Curriculum Transformation was deferred for two years and culminated in the launch of transformed undergraduate courses from the 2023-24 academic year. This aligned well with the implementation of an enhanced MPharm course to meet the 2021 GPhC Standards for the education and training of pharmacists. In 2023-24, the new course was rolled out from year 1 and years 2 and 3 were migrated from the old programme accredited to 2011 GPhC standards to the new course. Year 4 of the new course is being delivered in 2024-25 and the MPharm will be amongst the first undergraduate integrated master's courses in the University to complete the Curriculum Transformation process.

A Part 1 reaccreditation event was held in December 2022 and the course was reaccredited with no conditions or recommendations, subject to a satisfactory Part 2 event in the 2024-25 academic 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 4 November 2024. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event, and was told the learning outcomes that would be sampled.

## The event

The event took place virtually on 20-21 November 2024 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with current students.

## Declarations of interest

Professor Chris Langley declared that he had acted as a referee for Professor Lyn Hanning's recent professorial application, in relation to Professor Hanning's work as a member of the GPhC Accreditation panel.

Dr Hayley Wickens declared that she is collaborating on a genomics project with Professor Hanning.

Dr Marisa van der Merwe declared that she had been involved in meetings organised by Health Education England (HEE) as a representative of the University of Portsmouth to consider the coordination of experiential learning provision alongside the University of Reading and the University of Bath respectively, to ensure that universities were not asking for placements in the same weeks.

Dr Marisa van der Merwe also declared that a family member of Professor Hanning was a student on the MPharm course at her University.

None of these declarations were found to be material.

## Schedule

### Day 1:

- Private meeting of the accreditation team
- Progress meeting – management and oversight, Curriculum and assessment
- Private meeting of the accreditation team
- Meeting with experiential learning partners
- Private meeting of the accreditation team
- Meeting with students

### Day 2:

- Private meeting of the accreditation team
- University of Bath (Plymouth) MPharm – Accreditation of Preparatory Year (see separate report)
- Private meeting of the accreditation team
- Deliver outcome to programme provider

## Attendees

### Course provider

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

Name	Designation at the time of accreditation event
Professor Duncan Craig,	Dean of the Faculty of Science
Dr Amanda Mackenzie	Acting Head of Life Sciences Department
Dr Philip Rogers *	Director of Pharmacy, year 2 & 4 convenor
Professor Lyn Hanning *	Head of Pharmacy (Plymouth)
Sarah Crawshaw *	Director of Practice Based Learning
Dr Andy Thompson	Senior Lecturer in Medicinal Chemistry and Admissions Tutor
Dr Miriam Ellis	Director of Studies years 3-4, year 2 convenor
Angela Mitchell	Director of Studies years 1-2, year 1 convenor
Dr Lorenzo Caggiano	Senior Lecturer in Medicinal Chemistry and Senior Academic Advisor, year 1 convenor
Dr Paul De Bank	Senior Lecturer and Head of Pharmaceutics Group, year 1 convenor
Professor Stephen Husbands	Senior Lecturer and Head of Medicinal Chemistry Group, year 3 convenor
Dr Sarah Bailey	Senior Lecturer and Head of Pharmacology Group
Dr Gwen Scott	Lecturer in Pharmacology, Deputy Chair Life Sciences EDI Committee, year 1 convenor

Dr Ali Yeo	Lecturer in Pharmacy Practice
Geraldine Banda	Practice Educator, North Bristol NHS Trust
Katie Weatherley	Lead for Pharmacy Management Simulation
Rebekah Hewitt	Teacher Practitioner, Royal United Hospital Bath
Adi Shrestha	Teacher Practitioner, Day Lewis
Dr Helen McDonald	Senior Lecturer and Clinical Skills Lead
James Grocock	Lecturer in Experiential Learning, year 4 convenor
Danielle Wigg	Practice Educator, North Bristol NHS Trust
Dr Prasad Nishtala	Reader in Pharmacoepidemiology, Final year Project Unit convenor
Dr Peter Sunderland	Lecturer in Pharmacy Practice & Medicinal Chemistry, year 3 convenor
Dr Matthew Jones	Senior Lecturer in Pharmacy Practice, year 2 convenor
Dr David Grant	University of Bristol Medical School Simulation and Inter-professional Learning Lead
Dr Anita McGrogan	Senior Lecturer in Pharmacoepidemiology, Member of EDI Committee
Sarah Knedel	Operations Manager, Department of Life Sciences
Sarah Paine *	Implementation Manager (SW MPharm) UoB
Nick Haddington	Pharmacy Dean, NHS Workforce Training and Education (South West)
Glen Cooper	Clinical Pharmacy Manager, University Hospitals Bristol and Weston
Dr Tim Rendell	Head of Pharmacy, Day Lewis
Kiran Channa	Operational Head of Pharmacy, Royal United Hospital, Bath
Caroline Quinn	Pharmacy Workforce Lead, Bath, Swindon and Wiltshire ICS
Pamela Nyatanga	Lead Education and Training Pharmacist, University Hospitals Plymouth
Rachel Dolman	Senior GP Practice Pharmacist, North Wiltshire Border PCN
Rosemary Dempsey	Lead Education and Training Pharmacist, University Hospitals Southampton
Chris Shields	Teacher Practitioner, Boots / University of Bath, Chair (Wiltshire LPC)

\* Attended the pre-event meeting

The accreditation team also met a group of MPharm students (three in year 1, three in year 2, three in year 3 and two in year 4).

## Key findings - Part 1 Learning outcomes

During the Part 1 reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree. To gain additional assurance the accreditation team also tested a sample of 6 learning outcomes.

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

Having reviewed the learning outcomes at both the Part 1 and Part 2 reaccreditation events, the team agreed that all 55 learning outcomes were met or would be met at the point of delivery.

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

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

Learning outcomes met/will be met? Yes  No

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

Learning outcomes met? Yes  No

The following learning outcomes were likely to be met at the Part 1 event:

- Learning Outcome 28: Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person (Shows How)
- Learning Outcome 36: Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing (Shows How)
- Learning Outcome 37: Prescribe effectively within the relevant systems and frameworks for medicines use (Shows How)
- Learning Outcome 38: Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people (Shows How)

The team asked for an update on how prescribing has been embedded into the curriculum, including diagnostic skills and physical examination. The provider explained that they are using the NHSE indicative curriculum. Diagnostic skills, including physical examination, have been added to the curriculum at multiple points to allow for reinforcement of learning. Similarly, prescribing is considered throughout the taught course and culminates in a two-week prescribing placement in semester 2 of year 4 designed to prepare students for Foundation Year training. Placement providers commented that students from the course were extremely well prepared for placements.

Turning to assessment, the team asked how the provider ensures that students are able to meet these learning outcomes to the required level of competence. The provider stated that diagnostic skills are assessed using multiple choice questions, observations and OSCEs to ensure students are safe and competent before they go on placement. By year 4, students are expected to complete a hospital-based study and to give a presentation on the use and interpretation of a procedure.

Clinical governance skills are taught via a focus on treatment plans that is designed to ensure that students learn to work within their limits of competence and have knowledge of the relevant legislation. In years 2 and 3 there is an extended Pharmacy Management Simulation requiring students to run a mock pharmacy for a week. This tests their limits of competence in a safe environment and allows for complex ethical dilemmas to be explored. In the final students are



presented with a simulated ward with several patients at once and must address decision-making in grey areas and recognise when they need to refer on.

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

Learning outcomes met? Yes  No

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

Learning outcomes met? Yes  No

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

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

### Standard 1: Selection and admission

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

Standard met? Yes  No

This standard was explored in detail at the part 1 event and the accreditation team was satisfied that all criteria are met, or will be met at the point of delivery.

### Standard 2: Equality, diversity and fairness

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

Standard met? Yes  No

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

At the Part 1 event, criterion 2.4 (Every year, there must be a review of student performance broken down by protected characteristics, as defined in relevant equality and human rights legislation. Documented action must be taken to address differences when they are found) was likely to be met. Since that event, the provider now has access to enhanced progression and graduation data, broken down by protected characteristics. The 2022-23 data has been fully analysed and was being used as a baseline to monitor trends and identify areas where action might be required. Progression rates in 2022-23 fell considerably, particularly for year 2 as the provider returned to pre-pandemic closed book examinations. A gender attainment gap had previously been identified and there was some evidence that this was narrowing.

The provider had identified that students from widening participation backgrounds needed support with academic writing skills later in the course, so additional writing assignments have been introduced earlier in the course to allow for the identification of issues and for support to be put in place. The provider has also identified that black students and Muslim students may need additional support, particularly where there was an intersectionality with widening participation backgrounds. An action plan is in place for 2024-25, including:

- Allowing students to select peer mentors and peer-assisted learning leads, supporting students with certain protected characteristics to select appropriate role models when possible.
- Providing all staff with a cultural calendar of religious dates and festivals and inviting relevant cultural and religious Students' Union societies to induction events in the School
- Encouraging all staff to complete the University's refresher courses on Diversity in the Workplace and Unconscious Bias. These courses are mandatory courses for all managers.

The Curriculum Design Group will review the inclusion of cultural competence within the curriculum each year to further develop of students' awareness of the pharmaceutical needs of patients from cultures different to their own. Students commented to the team that equality, diversity and inclusion was being added to the agenda for each Staff Student Committee meeting, and that there would be a student representative to lead on these issues.

At the time of the Part 2 visit, the provider had just received the 2023-24 data and analysis was underway but not complete. It appeared, however, that progression rates had improved. The team noted the progress made since the Part 1 event and was encouraged to see evidence of processes in place to continue this work.

### Standard 3: Resources and capacity

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

Standard met? Yes  No

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

At the Part 1 event, criterion 3.2 (The staff complement must be appropriate for the delivery of all parts of the MPharm degree) was likely to be met. Since that event, additional staff have been recruited according to the plan provided, and advertisements for further new staff will be published in early 2025. The team noted that as student numbers increase, the staff-student ratio will decrease but was satisfied that planned staffing levels are appropriate. Students that the team met commented that staff were available to them and responded quickly and effectively to requests for advice and support.

The team noted that since the Part 1 event, the provider has begun to teach the Bath MPharm at the University of Plymouth. (This new course is being accredited separately). The team asked if this had had any impact on staffing and resources for this course. The provider stated that there have been six appointments associated with the Plymouth course so far. Unit convenors for the Plymouth course are working closely with their counterparts in Bath but there has been minimal impact on the workload of Bath-based staff.

### Standard 4: Managing, developing and evaluating MPharm degrees

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

Standard met? Yes  No

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

There have been no significant changes to the management structures for the course since the Part 1 event.

The partnership with the University of Plymouth to deliver the Bath MPharm in Plymouth has been a significant development, but as described at Standard 3 has not had a significant impact on the delivery of the MPharm at Bath. In fact, the provider highlighted the benefit that that the new course brings in building in some flexibility and resilience. There are also significant opportunities to develop interprofessional education (IPE) activities as Plymouth has an array of healthcare courses.

The provider has invested in a new placement management system since the Part 1 event, which is being used from the 2024-25 academic year. This is intended to bring significant improvement to the systems previously used to manage practice-based learning and IPE. It is an integrated system to hold student and placement provider data in one place, and to link to the NHS regional systems therefore saving staff time with tariff reporting. The system will also provide better data for analysis and improves communications with students who are remote from Bath when on placement.

## Standard 5: Curriculum design and delivery

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

Standard met? Yes  No

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

The new MPharm years 1, 2 and 3 were delivered in the 2023-24 academic year and the new year 4 is being delivered in the current year. A thorough review, involving all staff, will take place in January 2025 to consider any changes needed for the following academic year, and a further review will take place in summer 2025 once all four years have been taught in full. Students commented that they have multiple opportunities to provide feedback on the course, and stated that their comments were acted upon where feasible. The team also met with placement providers who spoke very positively about their involvement in the course delivery. Placement handbooks are clear, and placement providers' feedback is sought and acted upon.

At the Part 1 event, criterion 5.7 (During the MPharm degree, there must be an inter-professional learning plan. Student pharmacists must engage with inter-professional education (IPE) through a progressive strategy based on the Centre for the Advancement of Interprofessional Education's Interprofessional Education Guidelines (CAIPE, 2017). IPE must mirror practice and must focus on interaction with other health and social care professionals. Engagement with students from other health and care professions must begin at an early stage, progressing to more complex interactions to enable students to develop the skills and level of competency they need to achieve the relevant learning outcomes in part 1 of these standards) was likely to be met.

Since that event, IPE with Nursing students at a different provider was no longer offered, after that provider withdrew from the partnership. Reference to IPE with Nursing students must therefore be removed from the provider's IPE strategy. IPE with medical students at the University of Bristol continues. The lead for IPE at Bristol attended the event and confirmed that University's commitment to the collaboration. From 2024-25, IPE with dental students will be added to the course. The provider stated that this is important given the lack of access to NHS dentists and the consequent increase in oral health issues being presented to pharmacists. As described at Standard 4, the development of the partnership with the University of Plymouth offers significant IPE opportunities for the future. The team supported a focus on a broadening of IPE opportunities, particularly face-to-face activities.

At the Part 1 event, the provider had stated an intention to increase the duration of the QI placement to 10 days. The decision has since been taken to retain this as a six-day placement and the team asked the provider to elaborate on this decision and its impact. The provider stated that both students and

placement providers value this placement, but as the learning outcomes are met in the current timeframe, the provider has prioritised additional time for the new prescribing placement and other new material to prepare students for the Foundation Year. This will be kept under review.

The team noted the wide variety of placement experiences available to students and asked whether, and if so, how, students can provide evidence that is outside the workbook in their e-Portfolio if they have an opportunity specific to their placement. The provider explained that the typical placement workbook contains five to seven activities, with competency mapping forms and a reflective log to be completed for each activity. However, students are free to map evidence to other competencies should the opportunity arise.

The team was told that the fitness to practise policy has been revised for 2024-25, with procedures specific to the MPharm which allow for a single investigation if a matter is being considered as both a potential fitness to practise and disciplinary issue. The new policy and process have been formally approved and are now in place.

## Standard 6: Assessment

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

Standard met? Yes  No

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

At the Part 1 event, the following criteria were likely to be met:

- Criterion 6.4: Assessment must be fair and carried out against clear criteria. The standard expected of students in each area to be assessed must be clear; and students and everyone involved in assessment must be aware of this standard. An appropriate standard-setting process must be used for summative assessments done during the MPharm degree
- Criterion 6.7: It must be clear what standard-setting methods are used during the MPharm degree

The team therefore asked for an update on standard setting for all assessments. The provider explained that a working group had been established following the Part 1 event to determine the most appropriate standard setting approach for each form of assessment, and the following methods have been applied:

- For OSCEs, the provider uses the Angoff method to set pass marks. Students must pass each individual OSCE station to pass the OSCE overall. Two members of staff have been trained on an OSCEology workshop programme and lead teaching teams on standard setting for OSCEs. All OSCEs are validated and blueprinted by separate teams as part of the review process. Each year 3 and 4 OSCE station is marked by two assessors, typically an experienced actor and an academic marker. OSCE streams of markers, and marking pairs, are reviewed against each other and all borderline cases and fails are reviewed by the assessing team, with the aid of video recordings taken during each OSCE.

The team noted that in years 1 and 2, a staff member might play the role of the patient and mark from the recording. The team thought that it might be unnerving for students to be assessed by a member of staff they know and encourages the provider to consider using actors (or staff from other courses) as patients across all OSCEs to provide a more authentic assessment.

- For calculations assessment, the provider uses the GPhC style of assessment with a 70% pass mark. A difficulty level set for each question and different ratios of difficulty included in the assessment for each year.
- For multiple choice question (MCQ) papers, from the 2023-24 academic year a form of the Nedelsky method of standard setting has been used. MCQ questions normally have five possible answer options. Of the five options, the provider determines how many are plausible for the minimally competent student. The cut-off score for the question is the reciprocal of the number of plausible answers. The provider aims to align the pass mark for the examination at 40% (50% in year 4) and so adjusts the difficulty of questions to achieve this. The team advised the provider to reflect on this method. In the team's experience, this is not widely used in Schools of Pharmacy or Medical Schools. Other tools might be more appropriate.

The provider is clear that incompetent or dangerous students must be prevented from progressing and has a policy to ensure this, including if it is due to something not foreseen in the marking scheme. Pass/fail assessments are used throughout the course.

The team noted that external examiners had raised concerns about possible 'double-counting' of mitigating circumstances for borderline students, once at the time of assessment submission, and then again at the end of year classification stage. They asked if these processes had been reviewed and clarified. The provider explained that these are institutional level procedures. If a student has mitigating circumstances and fails an assessment, they are offered a deferred assessment (another first attempt, rather than a resit). The mark from the deferred assessment is then used in the final degree mark calculation. However, if student passes at the first attempt but has mitigating circumstances, then there is no need for deferred assessment, but the final Exam Board looks at a remodelled mark, taking out the original mark where there were mitigating circumstances and using instead an average of the marks achieved for other modules, where appropriate. The team was satisfied that, although somewhat cumbersome to implement, these procedures are appropriate and do not allow a student to progress without passing all assessments.

The team commented that some learning outcomes (namely, 47 and 48) appear to have only one point of assessment; the QI Project report in Year 4. They asked if the provider was satisfied that this is sufficient, especially given the external examiner's comments on the vulnerability of coursework to AI.

The provider stated that they will review this, as these learning outcomes are undoubtedly covered earlier in the curriculum, and if so, this should be mapped and recorded. The provider also stated that the Exam Board has discussed the use of AI, particularly in reflective pieces, and the University has policies around this which will be reviewed as AI develops. The provider is confident that, as the QI assessment is very focused on the individual project, it is difficult for students to use AI in this case.

The team asked students about the quality and timeliness of the feedback they receive on formative and summative assessments. Students were satisfied with the quality of feedback, but stated that the timeframes for feedback on written assessments were not clear and could be very long in some cases. The team asked the provider to provide clarification on feedback deadlines and was told that

feedback on written assignments should be provided within three weeks, not including holiday periods. The provider stated that they had already identified some dissatisfaction with feedback and have an action plan to address this.

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

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

Standard met? Yes  No

This standard was explored in detail at the part 1 event and the accreditation team was satisfied that all criteria are met, or will be met at the point of delivery.

### Teach out and transfer arrangements

The provider updated the team with regards to the teach out process for students graduating against the 2011 standards, noting that the 2020/21 intake of students graduated against the 2011 standards in July 2024. The provider noted where students who may have commenced studies before 2020/21 would graduate to the 2011 standards and therefore undertake foundation year training without the inclusion of independent prescribing training.

The provider also updated the team on the transition arrangements outlined at the part 1 event for students transferring to the new course. The provider gave details of an additional transition plan to enable students who may have deferred assessments or had to undertake a suspension of studies and who wished to transfer to the new course and be eligible for including independent prescribing training during their 2025/26 foundation year, which was approved by the team.

### Collaboration with the statutory education body and others

The provider continues to work closely with a wide range of organisations and providers. It meets regularly with NHS England and the Pharmacy Workforce System Leads from the seven systems of the South West. This meeting also includes leadership and placement management representation from the University of Reading and Portsmouth.

The team met placement providers and a representative of NHSE who all spoke very positively of their relationship with the provider and of the quality of the provider's students.

## Decision descriptors

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





