General Pharmaceutical Council

Bangor University, Master of Pharmacy (MPharm) degree and MPharm degree with preparatory year Step 3 accreditation event report, December 2024



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Event summary and	conclusions				
Provider	Bangor University				
Courses	Master of Pharmacy (MPharm) degree				
	Master of Pharmacy (MPharm) degree with preparatory year				
Event type	Step 3 accreditation				
Event date	4-5 December 2024				
Approval period	Working towards accreditation				
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021				
Outcome	Approval to progress to next step with conditions.				
	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the proposed new MPharm degree and MPharm degree with preparatory year to be delivered by Bangor University should be permitted to move from step 3 to step 4 of the accreditation process for new MPharm degrees and MPharm degree with preparatory year subject to three conditions.				
Conditions	 Staff members must be in post by the dates outlined in the staffing recruitment plan and as articulated during the Step 3 event. This is to ensure the viable and sustainable delivery of Year 1 of the MPharm degree and Year 0 of the MPharm with preparatory year in the academic year 2025/26 to the stated student recruitment target. An updated staff recruitment plan must be submitted to the GPhC to include the recruitment timetable for the academic, administrative and clinical posts confirmed to the team at the event. Staffing contingencies must also be clearly outlined in the plan should there be any delays to recruitment. The University must inform the GPhC once the staff members are in post and must also inform the GPhC at the earliest opportunity if there are any changes or delays to the updated staffing recruitment plan. This is to meet criterion 3.2. The updated staffing recruitment plan must be submitted by 20 December 2024, and updates must be provided in line with the recruitment timelines set out in this plan. This is an ongoing condition and the GPhC must be updated routinely in relation to staffing, beyond the initial recruitment plans necessary for year 1 delivery. 				

	 The University must submit a plan providing assurance of the management, roles and responsibilities for the Bangor University Pharmacy programme, following the promotion of the Head of Pharmacy to Head of School in January 2025. As part of the plan, the university must provide assurance outlining how the Head of Pharmacy's responsibilities with relation to the Pharmacy programme will be assigned to other members of the programme team as well as how the role will be backfilled. This is because it was not clear how the management structure and roles and responsibilities of the pharmacy programme would develop following this change. This is to meet criterion 4.2. A response to this condition must be received by 20th December 2024. The University must send the updated fitness to practise policy to the GPhC for review once it has been approved by the University. This is to ensure the University has the appropriate procedures in place to deal with fitness to practise concerns for pharmacy students. This is to meet criteria 5.9 and 5.10. A response to this condition must be received by 31st January 2025. The team's recommendation includes approval for a maximum student intake of 35 for the 4-year MPharm degree (to include direct entry and those students progressing from the preparatory year) and 10 for entry to the 5-year MPharm with preparatory year for the 2025/26 academic
Chanding conditions	exceed its planned student numbers without prior approval from the GPhC.
Standing conditions	The standing conditions of accreditation can be found <u>here</u> .
Recommendations	1. The team notes the updates provided at Step 3 in respect of the facilities expected to be in place for the pharmacy programme, as well as the contingency plans in the event of any delays to the proposed refurbishment. The team recommends that the provider continue to keep the GPhC updated both with regards to the refurbishment of the pharmacy simulation suite and the proposed refurbishment of the Deniol building. This relates to criterion 3.3. This is an ongoing recommendation and will be reviewed again at the Step 4 event.
Minor amendments	The Programme handbook should be updated to include a section on fitness to practise and rules for progression for the MPharm and MPharm with Preparatory Year.
Registrar decision	

	Following the event, the provider submitted documentation to address the conditions and the accreditation team agreed that the conditions 2 and 3 could move from 'not met' to 'likely to be met'. The progress will be reviewed further at the step 4 event. Condition 1 is ongoing and will be reviewed regularly by the accreditation team.
	The Registrar ¹ accepted the team's recommendation and granted permission for the Bangor University MPharm and MPharm with preparatory year degree to progress to step 4 of the accreditation process.
Key contact (provider)	Professor Stephen Doughty, Professor of Pharmacy and Head of Pharmacy Programme
Accreditation team	*Professor Antony D'Emanuele (Team leader), Pharmaceutical and Higher Education Consultant; Emeritus Professor of Pharmaceutics
	Dr Andrew Sturrock (team member - academic), Director of Pharmacy and Postgraduate Pharmacy Dean, NHS Education for Scotland; Visiting Professor, Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde; Honorary Professor, School of Pharmacy and Life Sciences, Robert Gordon University
	Professor Daniel Grant (team member - academic), Professor of Clinical Pharmacy and Pharmacy Education, University of Reading
	Professor Luigi Martini (team member - pharmacist), CEO Precision Health Technology Accelerator (PHTA) for University of Birmingham and Birmingham Health Partners
	Maeve Sparks (team member - pharmacist newly qualified), Rotational Pharmacist, Salford Royal Hospital
	Fiona Barber (team member - lay), Independent Member, Standards Committee, Leicester City Council
GPhC representative	*Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council
Rapporteur	Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council

^{*}Attended pre-event meeting

¹ or appointed delegate

Introduction

Role of the GPhC

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

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit the <u>website</u>.

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

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

Background

MPharm degree

Bangor University (the University) approached the GPhC to confirm its intention to begin the process for the accreditation of a new Master of Pharmacy (MPharm) degree and a new MPharm with Preparatory Year degree. A step 1 event was subsequently held in October 2022. At the event, the provider outlined plans for the delivery of an MPharm and MPharm with preparatory year. During the event, the GPhC representative and Accreditation Team Lead advised the provider that the earliest potential student intake to the new MPharm degree would be for the 2025/26 academic year, with the first cohort graduating in 2028/29. This would be subject to successful steps 2 and 3 of the accreditation process taking place in 2023/24 and 2024/25 respectively. The GPhC representative and Accreditation Team Lead also advised that key staff should be appointed well in advance of the Step 2 event; these should include the pharmaceutical science and pharmacy practice leads, who should be senior, permanent staff members.

A step 2 event was subsequently held in March 2024 and the accreditation team provided the following recommendations:

- 1. The team recommends that the University bring forward the recruitment of an experienced candidate to the pharmacy practice post as soon as possible, in order to provide further support and expertise in the development of the MPharm curriculum. This is because the team could see that there is still a significant amount of work to be undertaken to fully develop the new MPharm programme prior to the step 3 accreditation visit and proposed entry of the first cohort in September 2025. Additional expertise in the pharmacy practice elements of an MPharm programme will help support the further development of the proposed MPharm. This relates to criteria 3.2.
- 2. The team recommends that the University produce a detailed timeline outlining when the respective facilities are expected to be in place as well as clearly outlining contingency plans in the event of any delays to the proposed refurbishment. The team noted the existing facilities already in place as well as plans for the refurbishment of existing space to provide new facilities for the MPharm programme proposed to start in September 2025. This relates to criterion 3.3.

Following the Step 2 event, the University submitted documentation to address the recommendations as detailed above. The accreditation team reviewed the documentation and were satisfied that the criteria associated with recommendations had been addressed and would be reviewed again at the Step 3 event.

MPharm degree with preparatory year

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

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

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

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 19 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

The event

The event was held on site on 4-5 December 2024 and comprised of a series of meetings between the GPhC accreditation team and representatives of the proposed MPharm programme.

Declarations of interest

Professor Antony D'Emanuele declared that he had been involved in the recruitment of Professor Stephen Doughty when he was Head of School at De Montfort University, prior to Professor D'Emanuele's retirement.

Schedule

Day 1: 4 December 2024

09:00 – 11:00	Private meeting of the accreditation team, including break
11:00 – 13:00	Welcome and introductions Management and oversight of the MPharm degree Presentation from provider (maximum 30 minutes) covering: Questions and discussions
13:00 – 14:00	Lunch break and private meeting of the accreditation team
14:00 – 16:00	Teaching, learning, support and assessment - Part 1: Curriculum design and delivery • Presentation from MPharm programme representatives (maximum 30 minutes) covering: • Questions and discussions
16:00 – 16:15	Break
16:15 – 16:45	Facilities Update • Presentation from MPharm programme representatives (maximum 20 minutes) covering:
16:45 – 17:30	Private meeting of the accreditation team

Day 2: December 5 2024

09:00 – 10:30	Teaching, learning, support and assessment - Part 2: Delivery of Year 1, embedding independent prescribing, and in practice assessment • Presentation from MPharm programme representatives (maximum 20 minutes) covering: • Questions and discussions
10:30 - 11:00	Private meeting of the accreditation team (including break)
11:00 – 12:00	 Teaching, learning, support and assessment - Part 3: A detailed look at the planned teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team (as shared at the preevent meeting)
12:00 – 16:00	Private Meeting of the accreditation team, including lunch
16:00 – 16:15	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 Stephen Doughty	Professor of Pharmacy and Head of Pharmacy Programme; NWMS
Professor Mike Larvin	PVC College of Medicine & Health, Head of NWMS, and Dean of Medicine; NWMS & College of Medicine & Health
Professor Dyfrig Hughes	Co-Director, Centre for Health Economics & Medicines Evaluation and Director of Research & Impact; NWMS
Chris Drew	Head of Strategic Partnerships and Projects; Strategy, Projects and Planning Unit
Dr Huw Roberts	College Manager; College of Medicine & Health
Lois Lloyd	Chief Pharmacist; BCUHB
Professor Margaret Allan	Pharmacy Dean; HEIW
Laura Doyle	Head of Undergraduate and Foundation Pharmacist; HEIW
*Richard Lowe	Senior Lecturer in Pharmacy Practice; NWMS
Dr Adam Mackridge	Strategic Lead for Community Pharmacy; BCUHB and Clinical Lead Pharmacist (North Wales); NHS 111 and 0.2FTE Secondment to NWMS; NWMS
Dr Joanna Edwards	Senior Lecturer in Pharmacology and NWMS Director of Teaching and Learning; NWMS
Dr Jonathan Blank	Senior Lecturer in Pharmacology; NWMS
Dr Catrin Plumpton	Lecturer; NWMS
Dr Alyson Moyes	Lecturer in Medical Sciences and NWMS Senior Tutor; NWMS

Lecturer in Medical Sciences and NMWS Director of Student Engagement; NWMS

*also attended the pre-event meeting.

Key findings - Part 1 Learning outcomes

During the Step 3 event, the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree and MPharm degree with preparatory year. To gain additional assurance the accreditation team also tested a sample of six learning outcomes during the event. The following learning outcomes were explored further during the event: **3, 15, 21, 27, 45** and **53** with particular focus on how these outcomes would be delivered in the early stages of the programme as well as how they would then develop in the later stages.

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

See the <u>decision descriptors</u> 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 <u>Standards for the initial education and training of pharmacists</u>, <u>January 2021</u>.

Domain: Person-centre	ed care and	d collaboration (learning	ng outcomes 1 - 14)
Learning outcome 1 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 2 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 3 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 4 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 5 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 6 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 7 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 8 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 9 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 10 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 11 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 12 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 13 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 14 is	Met □	Likely to be met ✓	Not met □

Domain: Professional practice (learning outcomes 15 - 44)				
Learning outcome 15 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 16 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 17 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 18 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 19 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 20 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 21 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 22 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 23 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 24 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 25 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 26 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 27 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 28 is	Met □	Likely to be met ✓	Not met □	

Learning outcome 29 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 30 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 31 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 32 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 33 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 34 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 35 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 36 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 37 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 38 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 39 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 40 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 41 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 42 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 43 is	Met □	Likely to be met ✓	Not met □		
Learning outcome 44 is	Met □	Likely to be met ✓	Not met □		
Domain, Loadarchia ar	d managam	ant llearning outcom	ans 4E E2\		
Domain: Leadership ar			•		
Learning outcome 45 is	Met □	Likely to be met ✓	Not met 🗆		
Learning outcome 46 is	Met □	Likely to be met ✓	Not met 🗆		
Learning outcome 47 is	Met □	Likely to be met ✓	Not met 🗆		
Learning outcome 48 is	Met □	Likely to be met ✓	Not met 🗆		
Learning outcome 49 is	Met □	Likely to be met ✓	Not met 🗆		
Learning outcome 50 is	Met □	Likely to be met ✓	Not met 🗆		
Learning outcome 51 is	Met □	Likely to be met ✓	Not met 🗆		
Learning outcome 52 is	Met □	Likely to be met ✓	Not met □		
Domain: Education and	d research (I	earning outcomes 53	3 - 55)		
Learning outcome 53:	Met □	Likely to be met ✓	Not met □		
Learning outcome 54:	Met □	Likely to be met ✓	Not met □		
Learning outcome 55:	Met □	Likely to be met ✓	Not met □		
Key findings - Part 2 Standards for the initial education and training of					
pharmacists					

Standard 1: Selection and admission

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

Criterion 1.1 is:	Met □	Likely to be met ✓	Not met □	
Criterion 1.2 is:	Met □	Likely to be met ✓	Not met □	
Criterion 1.3 is:	Met □	Likely to be met ✓	Not met □	
Criterion 1.4 is:	Met □	Likely to be met ✓	Not met □	
Criterion 1.5 is:	Met □	Likely to be met ✓	Not met □	
Criterion 1.6 is:	Met □	Likely to be met ✓	Not met □	
Criterion 1.7 is:	Met □	Likely to be met ✓	Not met □	
Criterion 1.8 is:	Met □	Likely to be met ✓	Not met □	
Criterion 1.9 is:	Met √	Likely to be met \square	Not met □	

All applicants for the proposed MPharm and MPharm with preparatory year programmes that meet the academic criteria will be invited for interview. Applicants will not be filtered by any other means other than academic performance on a suitable qualification pathway and their academic reference. All international qualifications are appraised for equivalency to UK qualifications using UK ENIC and the Bangor University admissions team will assist in checking qualifications before an offer is made. The accreditation team ('the team') explored the procedures for international students who are unable to provide a DBS check and were advised that all international students will require a Certificate of Good Conduct from their country which will be part of the admissions process. It was confirmed that all international students will be interviewed. The MPharm Admissions Tutor will be a member of the academic staff who will be appropriately trained and have connection with the Marketing and Admissions teams at both College and University levels. The team also asked who will be reviewing the selection process to identify any potential discrimination. The University advised that the programme lead will have the responsibility of oversight of the admissions process and will monitor that all staff involved in interviews will have undertaken the necessary mandatory training and that they are effective in their role.

The team noted that the video and transcript on the applicant website needed to be amended to make clear the route that students will follow once they graduate in order to successfully complete the foundation year and register as a pharmacist independent prescriber. The University confirmed that the video and transcript had been removed from the website and were being modified accordingly in terms of the language used in relation to applying to register as an independent prescriber; the University also noted that the website text would be further edited in both English and Welsh to provide greater clarity.

The University has held a number of open days and noted that these have resulted in more interest than had been expected, in particular from people from a pharmacy background (for example, pharmacy technicians) and from mature students.

At the Step 2 event, the university had stated that A-level entry requirements for the MPharm degree would likely be set at AAB. However, as part of the submission document for the Step 3 event, the University stated that the A-level entry requirements for the proposed MPharm had been revised to ABB/BBB (120-128 tariff points). The team asked for clarification on the reasons behind this change and were informed by the University that they had conducted a comparator

analysis and considering the size and shape of their local market share, the University had decided to adjust the entry criteria to one grade lower than had been considered at Step 2.

As part of the submission, the University stated that the entry criteria for the MPharm with Preparatory year would be BBC/BCC (104-112 tariff points).

At the Step 2 event, the provider had advised that they were still to decide upon the format of delivery of the interview (online or in person). The University confirmed at Step 3 that all interviews will be conducted online as default. The team asked for an update on what safetynetting the provider will put in place to ensure later students do not have an unfair advantage if questions are shared. The University explained that they would have a bank of calculations questions and Situational Judgement Test (SJT) examples to draw upon. The University also noted that, if a student wished to attend an interview on campus, this will be reviewed and that the interview process would be the same for both the online and on-campus interviews. The University will closely monitor to check if a student was advantaged or disadvantaged by using one format over the other. The interview will comprise of an initial session with the admissions team, then 15minutes with one academic followed by 15minutes with another academic. The interview will comprise of motivation and understanding of the profession, reflection on GPhC standards, a calculations component and an SJT. The University confirmed that all relevant guidance material will be available on the University website and applicants will also receive communication prior to the interview on how to prepare, a series of instructions will also provide advice and guidance on how to approach the interview. The University confirmed that all material is being translated into Welsh.

The University also confirmed that they would ensure consistency of experience for students recruited through the Clearing process compared with those students who would be recruited as part of the main admission cycle. However, the University did note that they would need to be pragmatic and that in some cases for clearing, interviews might be with one academic rather than two. This will apply to both variants of the MPharm programme.

The team agreed that **criteria 1.1 – 1.8** are all 'likely to be met' as the selection processes have not yet been run and some aspects are still being developed. These will be revisited at the Step 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 \square	Not met □	
Criterion 2.2 is:	Met □	Likely to be met ✓	Not met □	
Criterion 2.3 is:	Met □	Likely to be met ✓	Not met □	
Criterion 2.4 is:	Met □	Likely to be met ✓	Not met □	
Criterion 2.5 is:	Met √	Likely to be met □	Not met □	
Criterion 2.6 is:	Met □	Likely to be met ✓	Not met □	

The University confirmed that all current staff who will be delivering the proposed MPharm and MPharm with preparatory year programmes have completed mandatory core EDI training and that

new staff will undergo this training as part of the induction stage. The team asked the University how they will ensure that external staff have appropriate EDI training. The University noted that placement supervisor training is compulsory and that the training will have to be completed prior to being accredited to be a placement site and that this will form part of the contractual agreement between Health Education Improvement for Wales (HEIW) and the University.

The University had commented at the Step 2 event that they were not actively considering provision of some Welsh language teaching of level 3 modules, but noted at the Step 3 event that discussions are under way to consider provision of some Welsh-language teaching of level 3 modules.

As part of the submission document, it was stated that the University is in discussions to ensure that the system that will be used for simulated dispensing (MyDispense) will contain mock/simulated patients from a diversity of backgrounds.

The team noted that **criteria 2.2, 2.3, 2.4 and 2.6** are all 'likely to be met' as some aspects are still being developed as students are not yet present. These criteria will be revisited at the Step 4 event.

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 □ Not met ✓ Criterion 3.3 is: Met □ Likely to be met ✓ Not met □

Since the Step 2 event, it was stated that the Head of Pharmacy Programme now also sits on the North Wales Medical School – Betsi Cadwaladr University Health Board (NWMS-BCUHB) Joint Delivery Group with the remit to oversee the development of the new Medical School provision of medicine, pharmacy and any future courses. The risk register presented to the team at the Step 2 event remains in use and under review. The University also explained that that work is underway to develop a combined NWMS risk register to incorporate elements of activity undertaken by medicine, pharmacy and physician associates, particularly where collaboration with external parties such as BCUHB is required, and this work will be on-going throughout the 2024/25 academic year.

At the Step 3 event, the University noted that there was a voluntary severance scheme in place as well as other measures to respond to a drop in international postgraduate student recruitment and rising costs. The team asked how pharmacy would be impacted by this. The University confirmed that the development of the MPharm remained a high priority for the University and that the Pharmacy project sat outside of the cost control measures. The PVC for the College for Medicine and Health also confirmed the University's ongoing financial commitment to Pharmacy, noting that savings for the wider College did not impact the North Wales Medical School, in which Pharmacy sits. The team agreed that **criterion 3.1 is** 'likely to be met' and will be revisited at the Step 4 event.

In terms of staffing, as part of submission document, it was noted that two Senior Lecturers (SL) positions had been offered in pharmacy practice and pharmaceutics. A Senior Lecturer in Pharmacy Practice had joined the academic team in April 2024 and has become established with local stakeholders as well as amongst the Bangor University staff. An offer was made to a candidate for the SL in Pharmaceutics position with a start date of 1 September 2024 who was subsequently

unable to take up the position. It was noted that the post was in the process of being readvertised and, to mitigate the loss of pharmaceutics expertise, two consultants have been brought in at one-day-per-week each to provide curriculum design input and were contracted initially between September-December 2024 with the possibility of further extension/renewal. The University noted that this situation was brought to the attention of the GPhC prior to the Step 3 event and discussions were held around this issue. The University highlighted that recruitment to this position was a priority and that interviews for the position had taken place at the end of November just prior to the Step 3 event. The University also noted that the post of Lecturer/Senior Lecturer in Pharmacy Practice was advertised in September 2024 and interviews held. This post was brought forward in response to the recommendations of the team at the Step 2 event. At the Step 3 event, the University noted that the recruitment in September 2024 had been unsuccessful and so the position was not yet filled, but the University highlighted that, like the Pharmaceutics post, it had been readvertised quickly with interviews planned in December 2024. The University also explained that pharmacy practice expertise from BCUHB could also be drawn upon if required.

The team asked the University to provide further reassurance surrounding recruitment, and the contingency plans in particular should the recruitment of these key posts be further delayed, as it was not clear to the team what provisions were in place if the posts continued to be unfilled. An additional meeting with the Head of Pharmacy and the Pro-Vice Chancellor for the College of Medicine and Health and current Head of NWMS was held as part of the event to further discuss recruitment and contingency plans. Having reflected on the discussion, the University described a series of contingencies, ranging from an ideal recruitment cycle, where current offers were accepted, to various backstop solutions, such as extending the contract of one of the pharmaceutics consultants to provide cover, and/or drawing on existing teaching at the University that would ensure sufficient members of staff and expertise to deliver Year 1 of the proposed MPharm and Year 0 of the MPharm with Preparatory Year. As part of this discussion, the PVC for the College of Medicine and Health confirmed that an additional pharmaceutics post could be appointed following the recent interviews. The University also highlighted that, as part of its staffing strategy, a further lectureship in Pharmaceutical Science was planned for advertisement in early 2025, as well as the recruitment of administrative and technical support.

Although the team was reassured by the updated staffing and contingency plans proposed by the University following the discussions at the Step 3 event, the team agreed that a **condition** should be set to ensure that there will be sufficient staffing in place to deliver Year 1 of the MPharm and Year 0 of the MPharm with Preparatory Year. As such, the condition set out that staff members must be in post by the dates outlined in the staffing recruitment plan and as articulated during the Step 3 event. This is to ensure the viable and sustainable delivery of Year 1 of the MPharm degree and Year 0 of the MPharm with preparatory year in the academic year 2025/26 to the stated student recruitment target. An updated staff recruitment plan must be submitted to the GPhC to include the recruitment timetable for the academic, administrative and clinical posts confirmed to the team at the event. Staffing contingencies must also be clearly outlined in the plan should there be any delays to recruitment. The University must inform the GPhC once the staff members are in post and must also inform the GPhC at the earliest opportunity if there are any changes or delays to the updated staffing recruitment plan. This is to meet **criterion 3.2.** It was noted that as part of the condition, an updated staffing recruitment plan must be submitted and updates must be provided in line with the recruitment timelines set out in this plan. This is an ongoing condition and

the GPhC must be updated routinely in relation to staffing, beyond the initial recruitment plans necessary for year 1 delivery.

In terms of facilities, it was noted that plans for the simulated pharmacy suite have been developed, costed and endorsed by the University since the Step 2 event. The University explained that work to refurbish the space in the Deniol Block had commenced at the end of November 2024. The University expected that this facility will be completed in Spring 2025, ideally February 2025, but at the latest by Summer 2025.

The University also updated the team on contingency plans for the premises required for pharmacy, including availability for small teaching spaces, larger lecture theatres, specialist areas (pharmacy simulation, anatomy suites, labs). The University is confident that facilities for the MPharm programme will be sufficient for delivery of Year 1 and have carried out modelling to ensure that the facilities are sufficient to accommodate the proposed numbers on the MPharm once the programme reaches at steady state. The University noted that additional spaces in the Brigantia building, plus the forthcoming refurbishment of the Deniol building, may also result in additional space that can be utilised by the proposed MPharm programmes. The team was also assured that priority was given in timetabling to the North Wales Medical School, consisting of the Medicine and Pharmacy programmes.

The University provided further updates on the refurbishment of the Deniol Building, noting that the original contractor had been replaced, and the tender was readvertised. It was noted that the new tender closed in October 2024. The team noted the updates provided at Step 3 in respect of the facilities expected to be in place for the pharmacy programme, as well as the contingency plans in the event of any delays to the proposed refurbishment of the pharmacy simulation suite, as well as the longer-term refurbishment of the Deniol building. The team agreed a **recommendation** that the provider continue to keep the GPhC updated both with regards to the refurbishment of the pharmacy simulation suite and the proposed refurbishment of the Deniol building. This relates to **criterion 3.3**. This is an ongoing recommendation and will be reviewed again at the Step 4 event and is '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 □	Likely to be met ✓	Not met □
Criterion 4.2 is:	Met □	Likely to be met □	Not met ✓
Criterion 4.3 is:	Met □	Likely to be met ✓	Not met □
Criterion 4.4 is:	Met □	Likely to be met ✓	Not met □
Criterion 4.5 is:	Met □	Likely to be met ✓	Not met □
Criterion 4.6 is:	Met □	Likely to be met ✓	Not met □

Prior to the Step 3 event, the University notified the team that the current Head of Pharmacy would be promoted to become Head of the North Wales Medical School from January 2025. The team, mindful of the workload and demands associated with development and successful delivery of a new MPharm programme, asked the University for clarification on the plans to backfill this role and the subsequent impact on delivery of year 1 of the proposed MPharm degree and year 0 of the MPharm with Preparatory Year programmes. The University explained that they are currently

succession planning for full programme leadership roles and that a deputy will be in place before teaching starts. The team agreed that it was not yet clear how the management, roles and responsibilities for the MPharm programmes would develop following the promotion of the Head of Pharmacy; a **condition** was therefore set that the University must submit a plan providing assurance of the management, roles and responsibilities for the Bangor University Pharmacy programme, following the promotion of the Head of Pharmacy to Head of School in January 2025. As part of the plan, the university must provide assurance outlining how the Head of Pharmacy's responsibilities with relation to the Pharmacy programme will be assigned to other members of the programme team as well as how the role will be backfilled. This is because it was not clear how the management structure and roles and responsibilities of the pharmacy programme would develop following this change. This is to meet **criterion 4.2**.

It was noted that the provider has developed a strong collaboration with HEIW on a strategic and operational level and that workforce and placement planning continues in collaboration with HEIW and the other Welsh Higher Education Institutions (HEIs) offering pharmacy programmes. Meetings are attended on a fortnightly basis to discuss placement planning around the Funded Pharmacy Undergraduate Placement Programme (FPUPP) programme. The provider advised that, in discussions with the other HEIs and with HEIW, they have adopted an all-Wales approach to weeklong (5 day) placement activities.

Placement site quality assurance and allocation are managed by HEIW. Legal frameworks for 2024/25 have been shared with the University. The University noted that forward planning is assisting them to ensure that they are adequately prepared for 2025/26 academic year. The team heard that internal discussions around the use of InPlace as the system for student placement allocation tracking are ongoing, as are stakeholder discussions around the types of scrubs/uniforms that they will be providing for their students whilst on placements.

The team asked the University to elaborate on the quality assurance of placement sites and to clearly articulate which roles are the responsibility of HEIW. A representative from HEIW advised that HEIW are responsible for the quality assurance of placement sites and that in advance of the expression of interest process, HEIW will undertake a visit of the placement site and discuss/advise on Key Performance Indicators that placement providers need to meet. HEIW advised that they initially found that placement supervisors at some sites did not have a full understanding of their roles and responsibilities and were concerned that they did not have the capacity to undertake the role. HEIW held discussions with the placement supervisors' organisations and flagged these to ensure that placement supervisors had sufficient capacity to undertake their roles. It was also noted that the placement supervisor training has been strengthened and that they must also confirm they have signed the agreement between the site and University. It was noted that HEIW will attend pre- and post-placement workshops to gain verbal feedback from students. The provider advised that they would use a standardised form that they will send out to placement sites to obtain feedback. A data sharing agreement is in place to provide copies to HEIW and that if concerns are raised, student permission is sought, and a tripartite meeting is held to discuss any issues that arise, and steps/action plans put in place to mitigate these.

The team enquired as to how placement providers are made aware of the differences between students and programmes whilst HEIW deliver a national placement model. The team were advised that a standardised set of resources, including a placement workbook (incorporating relevant entrustable professional activities (EPAs)), and training are made available to providers and

through allocation model, communications and timelines are also standardised. Placement sites are made aware of the students they are getting and from which HEI the students are coming from.

As part of the submission, the University noted that the IPE strategy is under development and remains at the draft stage at the moment. It was noted that a new Head of School for Health Sciences was appointed in September 2024 and so the full College-level IPE strategy is yet to be finalised and developed, but that it is noted that there is close working and coordination between key internal leads (pharmacy, medicine, physician associates and nursing) that provide a baseline assurance around IPE. A full strategic approach will emerge in the current academic year ready for implementation in September 2025. The team noted the changes in leadership for other schools involved in IPE which may lead to further opportunities for collaboration with other professions, which the team is supportive of.

It was noted that extensive stakeholder events took place in April and June 2024 with different groups, including patients contributing to the curriculum and placement discussions. These discussions resulted in some changes being made to the curriculum design and placement planning. These include modifications to modules and the decision to have a year-long structure for Year 4, as well as changes to placement duration and sectors across the years. In addition, some curriculum areas were strengthened and focussed on as part of the feedback, as well as some areas proposed for a spiral curriculum. Patient feedback was obtained through collaboration with Llais, the Welsh Patient Voice organisation. The provider noted that, together with medicine, they will be developing a NWMS Public and Patient Involvement (PPI) Strategy.

The University explained that the validation event for the proposed MPharm and MPharm with Preparatory Year had been held in November 2024 and that the report was expected shortly; the conditions and recommendations had been shared with the team as part of the additional documentation. The final validation report and the response of the programme team to the conditions should be sent to the GPhC.

The team agreed that criteria **4.1**, **4.3**, **4.4**, **4.5** and **4.6** were all 'likely to be met' as the MPharm programme was still being developed, such as agreements with placement providers, plans for IPE and PPI strategy were still being developed and will be revisited at the Step 4 event.

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 ✓	Not met □	
Criterion 5.2 is:	Met □	Likely to be met ✓	Not met □	
Criterion 5.3 is:	Met □	Likely to be met ✓	Not met □	
Criterion 5.4 is:	Met □	Likely to be met ✓	Not met □	
Criterion 5.5 is:	Met □	Likely to be met ✓	Not met □	
Criterion 5.6 is:	Met □	Likely to be met ✓	Not met □	
Criterion 5.7 is:	Met □	Likely to be met ✓	Not met □	
Criterion 5.8 is:	Met □	Likely to be met ✓	Not met □	

Criterion 5.9 is:	Met □	Likely to be met \square	Not met ✓
Criterion 5.10 is:	Met □	Likely to be met □	Not met ✓
Criterion 5.11 is:	Met ✓	Likely to be met \square	Not met □
Criterion 5.12 is:	Met ✓	Likely to be met □	Not met □
Criterion 5.13 is:	Met √	Likely to be met \square	Not met □

As part of the submission document, it was noted that significant curriculum development work has taken place since the Step 2 event, including the development of Learning Outcomes (LOs) and mapping of LOs. Following stakeholder input, one of the changes to the planned curriculum structure has been introduced. At the previous Step 2 event the provider planned two 60-credit capstone modules in Year 4, these have now been replaced with a 120-credit module. Alongside the work to develop the curriculum, a set of 11 academic LOs have been developed for the programme; the 55 GPhC learning outcomes had been mapped to these academic learning outcomes.

For the proposed MPharm programme, the modules are: PHM1 - Fundamentals of Pharmaceutical Science; PHM2 - Fundamentals of Pharmacy Practice; PHM3 - Research Project; PMC1 – Gastrointestinal; PMC2 - Skin Eyes and ENT; PMC3 - Infections and Immunity; PMC4 – Cardiovascular; PMC5 - Renal and Hepatic; PMC6 – Respiratory; PMC7 - Endocrine and Reproduction; PMC8 - CNS and Mental Health; PMC9 - Cancer Pain and MSK; PMC10 - Advanced Therapeutics and Clinical Practice; PRO1 - MPharm Professional Portfolio 1; PRO2- MPharm Professional Portfolio 2; PRO3 - MPharm Professional Portfolio 3; PRO4 - MPharm Professional Portfolio 4. For the proposed MPharm with preparatory year, the modules are: Introduction to Academic Skills; Introduction to Chemistry and Biology for Medicine and Pharmacy; Introduction to Laboratory Skills; History of Medicine; Human Systems and Biological Chemistry for Medicine and Pharmacy; Numeracy for Medical Sciences.

Following the Step 2 event, the University changed the name for the preparatory year from 'MPharm with Foundation Year' to 'MPharm with Preparatory Year' to better align with GPhC expectations and evolving sector norms.

The team asked the University how they will ensure implementation of a spiral, integrated curriculum including experiential learning opportunities. With regards to the MPharm with preparatory year, the programme will provide a foundational level 3 basis ensuring that students acquire a level of knowledge and skills to enable students to succeed on the MPharm programme. The bulk of the components are common across multiple degree pathways, however, the University advised that the programme team will work to ensure that pharmacy-specific elements are interwoven in the curriculum that will then flow seamlessly into level 4 and upwards of the MPharm programme. For the MPharm programme, the curriculum builds on initial components revisiting topics that increase in complexity across the advancing levels through to a year-long modules in level 7 where complex patient cases are considered, and student pharmacists will exercise increased levels of autonomy in the learning process. Advanced clinical skills are ultimately developed and assessed at the end of the MPharm programme, with a strong focus at that level on prescribing skills along with diagnosis and complex consultation skills, building on the foundations laid throughout levels 4, 5 and 6. The initial modules in level 4 provide a basic level of skills and knowledge in pharmacy practice and pharmaceutical sciences that will enable students to then tackle the PMC modules that focus on the patient, their medicine and their care, being framed around thematic and therapeutic areas to support students to understand how the underlying

science relates to patients and delivery of care. Through the PMC modules, the science and the practice of pharmacy will be interlinked in a spiral curriculum. Initial concepts will be revisited and ultimately presented in the final year through complex scenarios requiring students to synthesise knowledge and apply a range of their skills to simulated patient scenarios.

The complexity and depth of experiential learning exposure will develop as the programme progresses, with increasing amount of time spent on placement as the levels increase and the level of responsibility and complexity of EPAs developed as the students move through the years of the programme.

At the Step 2 event, the University indicated to the team that they would apply Bangor University reassessment regulations and permit two reassessment opportunities. The team recommended at the Step 2 event that they may wish to consider how many assessment opportunities are appropriate for the requirements of the MPharm. The University explained that they had taken this into consideration and now intended to apply a specific MPharm regulation that only a single reassessment opportunity will be permitted, as this is in line with practice at other Schools of Pharmacy. In terms of operationalising the requirement that all components must be passed, it has been confirmed that the current student management system will manage this requirement. A single reassessment opportunity will make this process even more manageable. The University advised that they would continue to permit two reassessment opportunities at level 3 for the MPharm preparatory year programme, as this will share commonality with other programmes within the School.

It was noted that the provider has put forward changes to the University's Code for Fitness to Practise such that there will be explicit reference to the GPhC within the code as the regulator for the MPharm programmes. It was noted that the programme team had proposed to the University that some of the wording of the University's Code for Fitness to Practise be modified to be more relevant to GPhC, and pharmacy expectations, which would then apply to both the MPharm programme and MPharm with Preparatory Year. The team agreed to set a **condition** that the University must send the updated fitness to practise policy to the GPhC for review once it has been approved by the University. This is to ensure the University has the appropriate procedures in place to deal with fitness to practise concerns for pharmacy students. This is to meet **criteria 5.9** and **5.10.**

The team agreed that **criteria 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7 and 5.8** were all 'likely to be met' as the curriculum for the MPharm and MPharm with Preparatory Year programmes are still being developed, as well as plans for experiential learning and IPE and will be revisited at the Step 4 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 ✓	Not met □	
Criterion 6.2 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.3 is:	Met □	Likely to be met ✓	Not met □	

Criterion 6.4 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.5 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.6 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.7 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.8 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.9 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.10 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.11 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.12 is:	Met □	Likely to be met ✓	Not met □	
Criterion 6.13 is:	Met √	Likely to be met \square	Not met □	
Criterion 6.14 is:	Met □	Likely to be met ✓	Not met □	

As part of the submission documentation, it was noted that a full assessment mapping has been developed based on the design principles outlined as Step 2 event, and have been mapped to the GPhC learning outcomes.

There will be a mixture of assessment types within the programme. OSCE examinations will be held in all years of the MPharm (levels 4-7), as well as calculations, single best answer questions and extended matching questions. Students will have opportunities for both formative and summative assessments, and coursework will also be integral to the programme. There will be programme specific regulations for the MPharm with Preparatory Year at level 3 to ensure parity with direct entrants to the MPharm. Professional Portfolio modules in each year will be used to assess students in pass/fail components of the programme such as numeracy, placement activity and IPE engagement.

The team asked how the University will maintain oversight of assessments across modules so as to avoid issues such as the bunching of assessments. The team also asked the University how they will ensure that LOs will be met at the required level of competence. The University advised that they will be using a system called Worktribe. The system can indicate which LOs are being assessed and in the appropriate manner; the system maps this out and shows this graphically. It was noted that the programme lead will monitor each academic year. The team were also told that patient feedback will be obtained during simulation activities, and the plan is to use patient actors for the Year 1 OSCE and real life patients in later years. From a placement perspective, HEIW advised that they have piloted patient feedback forms which are under development.

The University advised that a standard placement workbook used by other HEIs in Wales would be used for placement activities. These will include observations, level of supervision, supervisor feedback and student reflection. These are placed in the student's professional portfolio and will be reviewed and assessed by the academic team. Subject to internal resourcing, the provider is exploring the use of PebblePad as the main system for the student's professional portfolio.

The team asked the University for an update on how they plan to manage patient safety errors in assessments. The University explained that a 'red flag' approach to critical errors that jeopardise patient safety will be used. A red flag situation in an OSCE station will result in failure of the examination regardless of achievement in the rest of the stations. It was noted that the University will develop a pre-defined list of 'red flags' which will be developed with the module team to ensure a common understanding across the academic team and students.

As part of the submission documentation, the provider advised that conversations have taken place since the Step 2 event within NWMS around the appointment of a joint position between Medicine and Pharmacy of a psychometrician for the purpose of assisting with standard setting. It was noted that this remains a 'work in progress', with expected recruitment to this position in Spring 2025, The team noted that the University's approach to standard setting remains in line with that indicated at the Step 2 event.

The University noted that external examiners will be appointed for September 2025 onwards, recruiting one examiner for Pharmaceutical Science and one for Pharmacy Practice. This recruitment is expected to be completed between March to July 2025.

The team agreed that **criteria 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11, 6.12 and 6.14** were 'all likely to be met' as the development of the assessment strategy, assessment mapping, standard setting and training in assessment for staff were all ongoing and would be revisited at the Step 4 event.

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 studer	nt pharmacist	S	
Criterion 7.1 is:	Met □	Likely to be met ✓	Not met □
Criterion 7.2 is:	Met □	Likely to be met ✓	Not met □
Criterion 7.3 is:	Met □	Likely to be met ✓	Not met □
Criterion 7.4 is:	Met □	Likely to be met ✓	Not met □
Support for everyo	one involved i	in the delivery of the MP	harm degree
Criterion 7.5 is:	Met □	Likely to be met ✓	Not met □
Criterion 7.6 is:	Met □	Likely to be met ✓	Not met □
Criterion 7.7 is:	Met □	Likely to be met ✓	Not met □
Criterion 7.8 is:	Met □	Likely to be met ✓	Not met □

All new students on the MPharm and MPharm with Preparatory Year will have an induction period. This will include introductions to professionalism, expectations of behaviour, fitness to practise and preparation for placements. Students will also be able to access wider University induction processes. Students will undergo induction at any new placement site that they visit.

The team asked the University for an update on how they have progressed with programme design to ensure that students have an appropriate and realistic workload in relation to teaching and assessment. The University advised that they have a University wide assessment strategy and framework which was checked via the internal validation exercise to ensure that students are not being overburdened.

It was noted that placements could be spread across Wales, so the team enquired as to how the University will ensure students are provided with adequate support. The University advised that students would have access to the Student and Welfare Experience team, handbooks that provide signposting to direct support available, including who to contact. Personal tutors will ensure that students are placement ready. As part of current funding proposals, HEIW advised that they can provide contributions to travel and overnight stays. As part of fortnightly meetings between HEIW and HEIs, intelligence is shared on local knowledge of placement sites and travel and accommodation suggestions. For example, remote placement sites are attended by students in pairs.

Discussions have been held with stakeholders including BCUHB about invitations for pharmacists to engage in occasional sessional teaching on an ad-hoc basis, as well as early discussion around honorary appointments.

As part of the submission documentation, it was noted that students will be directed to mechanisms for providing feedback and raising concerns through provision of Programme and Module Handbooks.

It was noted that an existing institutional workload model will ensure a realistic workload for staff involved in the delivery of the MPharm programme. This will take into account marking demand in conjunction with the assessment strategy and takes into account the broader role of academics, for example personal tutoring. Staff development will be part of the appraisal process.

The team agreed that **all criteria in Standard 7 (7.1-7.8)** were 'likely to be met' as plans for support and development for student pharmacists and everyone involved in the delivery of the MPharm degree were still being developed and will therefore be revisited at the Step 4 event.

Decision descriptors

Decision	Descriptor
Met	The accreditation team is assured after reviewing the available evidence that this criterion/learning outcome is met (or will be met at the point of delivery).
Likely to be met	The progress to date, and any plans that have been set out, provide confidence that this criterion/learning outcome is likely to be met by step 7. However, the accreditation team does not have assurance after reviewing the available evidence that it is met at this point (or will be met at the point of delivery).
Not met	The accreditation team does not have assurance after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented does not demonstrate sufficient progress towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or they lack detail or sufficient clarity to provide confidence that it will be met by step 7 without remedial measures (condition/s).

