

University of East Anglia, Master of Pharmacy
(MPharm) degree and MPharm degree with
preparatory year reaccreditation Part 2 event
report, January 2025



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Event summary and conclusions

Provider	University of East Anglia
Programmes	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with preparatory year
Event type	Reaccreditation (Part 2)
Event date	16-17 January 2025
Approval period	2022/23 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	<p>Approval</p> <p>Reaccreditation of the MPharm degree and MPharm degree with preparatory year offered by the University of East Anglia was confirmed. There were no conditions.</p> <p>Reaccreditation was confirmed for a period of 6 years, with an interim event in 3 years' time.</p> <p>The team's recommendation includes approval for a maximum student intake of 140 for the 4-year MPharm degree (to include direct entry and those students progressing from the preparatory year), and 60 for entry to the MPharm with preparatory year. The University must not exceed its planned student numbers without prior approval from the GPhC.</p>
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Registrar¹ decision	Please see Part 1 report
Key contact (provider)	Dr James Desborough. Associate Professor in Pharmacy Practice
Accreditation team	Professor Chris Langley (Team leader), Professor of Pharmacy Law & Practice and Deputy Dean (Engagement and Development) of the College of Health and Life Sciences, Aston University*

¹ Registrar or appointed delegate

	<p>Professor Cate Whittlesea (team member - academic), Professor of Pharmacy Practice, and Director, UCL School of Pharmacy, University College London</p> <p>Ravi Savania (team member - academic), Associate Professor of Pharmacy Education, School Director of Teaching and Learning, University of Reading</p> <p>Professor Luigi Martini (team member - pharmacist), CEO Precision Health Technology Accelerator (PHTA) for University of Birmingham and Birmingham Health Partners</p> <p>Olivia Fisher (team member - pharmacist newly qualified), Medicines Safety and Paediatric Pharmacist, John Radcliffe Hospital, Oxford</p> <p>Fiona Barber (team member - lay), Independent Member, Standards Committee, Leicester City Council</p>
GPhC representatives	Chris McKendrick, Senior Quality Assurance Officer (Education), General Pharmaceutical Council*
Rapporteur	Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldavan Research (Educational and Writing Services)

*attended pre-event meeting

Introduction

Role of the GPhC

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

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

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the **Pharmacy Order 2010**. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditation and recognition 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

MPharm degree

The MPharm course at the University of East Anglia is delivered within the Faculty of Science by the new School of Chemistry, Pharmacy and Pharmacology which was formed recently by joining the former School of Chemistry and the School of Pharmacy. These two Schools have a long history of working together and were originally a joint school when the pharmacy course commenced at UEA in 2003. The schools have always been co-located and shared administrative support.

In response to the 2021 GPhC standards, there has been a review of the MPharm course content with the aim of creating space for a significant increase in experiential learning. Planned changes were reviewed at the Part 1 accreditation 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.

In 2020-21, the GPhC asked Schools offering an MPharm with preparatory year, but not due an accreditation event, to provide a written submission against the standards for assurance of the course provision in the interim period. The University of East Anglia submitted documentation relating to its MPharm degree with preparatory year (then known as MPharm with a Foundation Year) which was deemed to meet the required standards. The provider was informed in April 2021 that it could continue to offer the course until its next reaccreditation event, at which point the course would undergo a formal accreditation process, alongside the reaccreditation of the MPharm degree. The MPharm degree with preparatory year was therefore considered for accreditation at the Part 1 event.

The Part 1 event took place on site at the University on 18-19 May 2023. The then accreditation team recommended that the MPharm degree and MPharm degree with preparatory year offered by the University be reaccredited, subject to a satisfactory part 2 event. There were no conditions or recommendations.

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 8 January 2025. 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 16-17 January 2025 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree plus meetings with past and present students and with experiential learning partners and placement supervisors.

Declarations of interest

There were no declarations of interest.

Schedule

Day 1: 16 January 2025

Private meeting of accreditation team, including break

Progress meeting 1 – management and oversight

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

This session will focus on:

Standard 1 – Selection and Admissions

Standard 2 – Equality, Diversity and Fairness

Standard 3 – Resources and Capacity

Standard 4 – Managing, developing and evaluating MPharm degrees

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

Lunch break and private meeting of accreditation team
Meeting with students
Private meeting of accreditation team

Day 2: 17 January 2025

Private meeting of the accreditation team
Progress meeting 2 – curriculum and assessment <ul style="list-style-type: none"> Questions and discussions focusing on standards 5 and 6 as well as aspects of standards 2 and 7. <p>This session will focus on:</p> <p>Standard 5 – Curriculum design and delivery</p> <p>Standard 6 – Assessment</p> <p>Exploration of any ‘likely to be met’ learning outcomes</p>
Break and private meeting of the accreditation team
Meeting with experiential learning partners and placement supervisors
Private meeting of the accreditation team, including lunch
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 Anja Mueller	Head of School*
Professor Rob Field	Pro Vice Chancellor (Science)
Peadar Langan	Senior finance Business Partner (Science)
Danielle Burrell	Associate HR Business Partner
Dr James Desborough	Pharmacy Course Director*
Dr Aram Saeed	Pharmacy with Preparatory year Course Director
Emma Marks	Pharmacy Placements Director*
Dr Jeremy Sokhi	Head of year 4
Dr Vilius Savickas	Deputy Placements Director
Dr Rosemary Norton	Pharmacy Admissions Lead

Dr Fraser MacMillan
Laura Ellis
Dr Leoni Palmer
Dr Tharin Blumenschein
Dr Paul McDermott
Dr Andy Round
Sophie White
Isobel Scott
Jenny Badcock
Dr Myles Cheeseman
Dr Chris Hamilton
Dr Laszlo Fabian

Director of Admissions
Associate Professor in Pharmacy practice
Director of Learning and Teaching
Chair of Equality, Diversity and Inclusivity
Head of year 3/Senior Advisor
Deputy Senior Advisor
Teacher-Practitioner
Lead for clinical assessment skills
Lecturer in Pharmacy Practice
Chair of Examinations
Deputy chair of examinations
Head of year 1

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

Paul Duell	East of England Head of Pharmacy Education and Training, NHS England
Sharon Leverett	Advanced Pharmacist and Education Programme Lead, Norfolk and Norwich University Hospital
Simon Ingham	Superintendent Pharmacist, Cromer Pharmacy/Cromer Group Practice
Helen Palmer	Head of Pharmacy Workforce and Business Development, Norfolk and Waveney ICB
Paul Jone	Healthcare Academy Trainer, Boots
Liz Kramer	Pharmacy Manager, Hurns Chemists
Rob Clark	Lead Pharmacy Technician Education and Training, Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
Gemma McGuigan	Deputy Chief Pharmacist, James Paget University Hospital
Robin Saadvandi	Pharmacist Team Leader – Medicine, Norfolk and Norwich University Hospital
Jenny Hannah	Education Lead Pharmacist and CGC prescribing Lead, West Suffolk Hospital
Alina Mazalu-Dragu	Advanced Pharmacist Clinical Education, North West Anglia NHS Foundation Trust
Kay Watkinson	Practice Manager, Grove Surgery Thetford
Sandra Capuzzi	Store Based pharmacist, Boots Eaton
Tracey Clarke	Practice Business Manager, Magdalen Medical Practice Norwich

MPharm students

Four from Year 0 (preparatory year)

Two from Year 2 (4-year route)

Two from Year 2 with preparatory year)

Four from Year 3 (4-year route)

Four from Year 4 (4-year route)

One recently qualified from 5-year route with preparatory year

*Attended pre-event meeting

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 and MPharm degree with preparatory year. To gain additional assurance the accreditation team also tested a sample of **six** learning outcomes.

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

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

See the **decision descriptors** for an explanation of the 'Met' and 'not met' decisions available to the accreditation team.

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

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

Learning outcomes met? Yes ☒ No ☐

LO13. Recognise the psychological, physiological and physical impact of prescribing decisions on people (Shows how)

LO14. Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care (Shows how)

The team was told that these LOs will be covered in the students' e-portfolio and clinical skills passport. Evidence to meet the LOs is collected during placements. Assessment is by verification of authenticity by the placement provider followed by marking by academic staff using additional information from OSCE assessment.

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcomes met? Yes ☒ No ☐

LO28. Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person (Shows How)

The team was told that this LO will be covered in the students' e-portfolio. Evidence to meet the LO is collected during placements. Assessment is by verification of authenticity by the placement provider followed by marking by academic staff using additional information from OSCE assessment.

LO18. Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate (Does)

The team was told that this LO is covered in the Year 4 business case coursework that requires students to develop a novel pharmacy service. Fundamental to the business case is the safety and effectiveness in service design. In addition, students must deliver a public health campaign which requires students to consider aspects of safety and accuracy in their campaign activities. The LO is assessed in the professional development portfolio in compulsory activities such as the placement logs and where students collect evidence and reflect on their placement experiences.

LO36. Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing (Shows How)

LO37. Prescribe effectively within the relevant systems and frameworks for medicines use (Shows How)

LO38. 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 wished to know who signs off these LOs (36, 37 and 38) related to prescribing. The team was told that there is a range of assessments including simulations and the Clinical Skills Passport. It was told that case-based teaching provides the framework in years 3 and 4 to make prescribing decisions in increasing complex situations. Students are required to work through a logical clinical decision-making process to reach a decision and justify that decision. Thus, students in Year 3 can practise prescribing for different conditions in clinical workshops. Students need to be aware of their scope of practice. LOs 36, 37 and 38 are assessed in the professional development portfolio where student will be required to evidence and reflect on their placement experiences mapping these to the GPhC LOs. Written examinations include case-based questions and care planning activities in years 2, 3 and 4. Objective Structure Pharmacy Examinations (OSPEs), year 1 and 2 and Objective Structured Clinical examination (OSCEs) years 3 and 4 all include stations or activities where students will be required to apply professional judgment and work within the limits of their skills and knowledge to supply or prescribe medicines.

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

Learning outcomes met? Yes ☒ No ☐

These LOs were all met at the Part 1 event

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

Learning outcomes met? Yes ☒ No ☐

These LOs were all met at the Part 1 event

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

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

Standard 1: Selection and admission

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

Standard met? Yes ☒ No ☐

The team agreed that all criteria in Standard 1 were met or would be met at the point of delivery.

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

In relation to criterion 1.2, *higher-education institutions must actively aim to identify and reduce discrimination in selection and admission processes. As a minimum, every year, the MPharm degree admissions profile must be analysed by protected characteristics, as defined in the Equality Act 2010. Documented action must be taken if that analysis shows that the admissions process may be disadvantaging students*, the submission stated and the team heard that the School's Equality, Diversity and inclusivity (EDI) committee meets six to eight times a year to review relevant data and agree and implement action plans in conjunction with the school executive. The team was provided with EDI data relating to admissions and progress that had become available only one week before the event and which was still undergoing further analysis. Initial analysis showed that offer rates for black and white students are similar, while the offer rate is slightly lower for Asian and "other" applicants. The School plans to investigate further the lower offer rate to Asian students, by breaking down the data between direct entry and preparatory year courses, and discussing possible reasons with students of Asian origin. A small number of mature students from the applications had a slightly lower success rate compared to other protected characteristics. The School is working with the University widening participation officer for mature students to provide one-to-one support by pharmacy staff for mature applicants. There is a similar offer rate across all other protected characteristics where there are sufficient base numbers in the data.

A Preparing for Pharmacy programme has provided training and experience for students from Polar 4 areas or those with reported disabilities in the School's area to support application and success on a pharmacy course, providing training and experience in the pharmacy sector with support for learning development, applications, and interviews. Several students from this programme have secured places on the pharmacy course; their ongoing achievement is being monitored.

Support for the application process is offered to all applicants in the form of a drop-in session. Currently the School is exploring ways to provide information for interviewees about questions in formats other than direct oral questions.

The team noted the University request to increase the intake to the MPharm course from the current 120 students to 140, noting also that the actual intake in the 2024-25 academic year was 133. The

resource implications of this request are considered in the commentary to Standard 3 below, but the team was assured that there would be no change in the tariffs for either the MPharm or MPharm with Preparatory Year, remaining at CCC for the Preparatory Year course.

Standard 2: Equality, diversity and fairness

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

Standard met? Yes ☒ No ☐

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

Five of the six criteria relating to equality, diversity and fairness were judged as met at the Part 1 event with one criterion judged as likely to be met.

In relation to 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*, as described under Standard 1, the EDI committee reviews data, discusses and agrees action plans and monitors progress. The School has introduced a bespoke one-to-one mentoring system as part of the Peer-Assisted Learning (PAL) programme for the MPharm. This action followed a small awarding gap identified with students of colour. The team was told that although there had been a narrowing of that gap since the introduction of the mentoring system, recently the gap was beginning to be identified again. The School has contributed to a wider UEA Transforming Access and Student Outcomes (TASO) in higher education grant which funded an evaluation of the impact of the PAL scheme. This evaluation has identified positive effects on the transition into Year 1 of study including engagement and progression and a reduction in attrition.

The team learned from the EDI data referred to in the commentary to Standard 1 that continuation rates have increased in the last three years, but that a gap in continuation rate has appeared between male and female students, with male students having poorer results. The School plans to investigate the possible causes of this continuation gap, discussing it and working on engagement and attainment with groups of male students.

There has been a continuous review of data on performance of students from the MPharm with preparatory year. Continuation is still lower for students in the MPharm with a Preparatory Year programme. There has been a significant difference in attendance and engagement with formative activities compared to direct year entry students in Year 1 MPharm. As a result, additional sessions have been incorporated into Year 1 for preparatory year students. The data has been shared with students along with an open discussion with the cohort about the School's expectations and the impact of lower engagement. The engagement monitoring approach has been strengthened to identify students who may be struggling, and to help identify any issues and put in appropriate support.

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.

Two of the three criteria relating to resources and capacity were met at the Part 1 event, with one criterion judged as likely to be met.

In relation to criterion 3.1, *there must be robust and transparent systems for securing an appropriate level of resource to deliver a sustainable MPharm degree that meets the requirement of these standards*, the submission explained that the newly formed School of Chemistry, Pharmacy and Pharmacology is a part of the Faculty of Science; the team was told by a senior University officer that the MPharm is a flagship provision for the University with its best practice in teaching representing an example for the Faculty. The team was assured that the formation of the new School has not had any adverse effect on the budget for the MPharm programme. The budget allocation to the School is based on student numbers, teaching grants and tuition fees minus the contribution to the University to pay for central services. The School budget plan is calculated annually based upon expected numbers of home and overseas undergraduate students, home and overseas taught postgraduate students and home and overseas research postgraduate students.

The submission stated that the current undergraduate target for admission to the MPharm degree is 120 entrants, including MPharm with preparatory year students. There is also a preparatory year for both the MPharm and the Pharmacology and Drug discovery degrees with a current target of 60 and 20 students, respectively. The target for overseas students totals 26 on all the School's undergraduate degrees. The current business plan does not include any increase in student numbers. However, the team was told that with the NHS workforce plan seeking more pharmacists and the current financial stresses in higher education, the School is exploring the opportunities to increase its home student intake by 20 students, starting from 2025/26. This would represent 140 students in Year 1, to include a maximum of 60 from the preparatory year. The team was told that this increase, if approved by the GPhC, will only occur if it is supported by resources from the University to help support student travel/accommodation on placement (see commentary to Standard 5 below). The team was assured that this proposed increase in intake would impact teaching at the University minimally, since these additional students can be incorporated into the current class/group structure and will not take up additional teaching delivery resource.

The team noted that the University had announced in November 2024 a significant reduction in staff head count to support its financial sustainability. The team was told that discussions about the implementation of staff losses was still ongoing at the time of the present visit but that it was likely that the Science faculty will need to reduce by 25 FTE academic staff. The team was assured that although the implications for the MPharm staff complement are not yet known, since consultations with trade unions are ongoing, the overall impact on the delivery of the MPharm degree is expected to be minor and is unlikely to hamper the proposed increase in student intake. In this context, the team was told that there was a focus on any new staff having prescribing skills and meeting professional requirements. To this end, two new lectureships in pharmacy practice have been offered and accepted. It was stressed that there was no intention to cut the number of teacher-practitioners or seconded staff as it was considered essential to retain clinical-facing staff. The team agreed that criteria 3.1 and 3.2 were met but emphasised to the University that under the standing conditions of accreditation, the institution must inform the GPhC of any outcome of the present negotiations over staffing that may have a deleterious effect on the delivery of the MPharm.

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.

Three of the six criteria relating to managing, developing and evaluating MPharm degrees were met at the Part 1 event, with three criteria judged as likely to be met.

In relation to criterion 4.1, *there must be systems and policies in place to manage the delivery of the MPharm degree, including the periods of experiential and inter-professional learning*, the submission stated that the University has an overarching policy on placements including information on roles and responsibilities, placement types and requirements, quality assurance, risk management and inclusivity and accessibility. Since September 2024 UEA has used the InPlace placement management system. This system is designed to contain all logistical information for students and placement providers and to ensure that all placements and students have met minimum requirements for hosting and allocation. This includes completion of contracting, provider capacity, mandatory training, occupational health clearance and enhanced DBS checks. This system will also capture attendance and feedback. Placement providers interviewed had varied views on the InPlace system with several examples given of lack of knowledge of whom to contact in case of problems and of general communication difficulties. Students interviewed also told the team of problems with the allocation of placements, with several students unable to gain one of their five choices. The academic team acknowledged that the allocation system was far from ideal despite their best efforts to provide students with suitable locations for their experiential learning. Students interviewed rated the placement scheme as the facet of the programme most in need of improvement (see also commentary to Standard 5 below).

Placements are supported by specific experiential learning workbooks to ensure a consistent experience. Placement providers interviewed had variable views on the usefulness of the placements; some were delighted with the students and felt that they enhanced the service, while others appeared to consider that the students represented extra staffing and were disappointed at their perceived poor contribution to the organisation.

Completion of core task and the collection of additional evidence by the student supports preparation for “shows how” assessments at the University and evidence of meeting “does” level learning outcomes. Practice educators and students complete learning agreements at the start of relevant placements, verify activities used for evidence collection and sign off professionalism at the end of the placement. The verified activities are entered into the students’ portfolios and assessed by academic staff.

Placement agreements are in place with each hosting organisation. Risk assessments are conducted by placement providers prior to the commencement of placements. For NHS Trusts that are receiving MPharm students, a quality placement audit has been undertaken by UEA, using the NHS England multi-professional audit tool. In addition, UEA alongside multiple placement providers has signed the national NHS Education Contract which is applicable in many settings.

In relation to criterion 4.2, *there must be agreements in place between everyone involved that specify the management, responsibilities and lines of accountability of each organisation, including those that contribute to periods of experiential and inter-professional learning*, the team was told that placement supervisors undergo training via an e-learning package along with bespoke support from the academic team and meetings with larger providers. The team was told that initially the placement hosts needed significant support but now were becoming more independent.

The submission explained that although the NHS England Entrustable Professional Activities (EPAs) are not officially incorporated into the UEA MPharm experiential learning placements currently, they are acknowledged and linked in the longitudinal placement workbooks for practice educators and students alike. Thus, suggested placement tasks are assigned levels of entrustment based on the perceived ability of an MPharm student to carry out the task taking into consideration their academic studies and previous MPharm placement experience. These levels of entrustment relate directly to the supervision required for an activity by an appropriately trained person. The practice educator can use these levels to manage the activities undertaken by students, and ultimately the safety of patients in the practice setting.

There are bespoke service level agreements with two organisations where a range of staff deliver a package of teaching, administration, and experiential learning management. This is where it is not appropriate for one specialist to deliver all the teaching, such as in mental health provision. These contracts are a variation of the traditional teacher-practitioner contracts which rather than name an individual, outline the activities to be delivered as part of the service and the person(s) responsible for management and oversight in each organisation.

The team understood that there are constraints to providing GP-focussed placements and wished to know what discussions were underway to allow experiential placement provision in primary care GP practice. It was told that the School was working with the local ICB and pharmacy workforce lead to emphasise the need for more GP placements. Also, the QI placement in Year 4 could include groups undertaking GP placements.

In relation to criterion 4.3, *the views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering MPharm degrees*, the submission explained that the School has an established Patient and Public Involvement (PPI) group that meets 2-3 times a year that has discussed admissions interviews, key attributes of graduates, consultation assessments, OSCE stations and standard-setting, professionalism and relevant course components.

The School works with NHS England and the other higher education institutions in a regional school liaison committee for the East of England which meets every two months to facilitate collaboration and develop a partnership approach to implementing the IETS and sharing best practice. The Course Director is also a member of the NHS England regional pharmacy workforce development group. This ensures a co-ordinated approach to workforce planning and delivery with all key stakeholders in the region. There is also an MPharm Placement Advisory Group (MPPAG) which meets every six months to plan, discuss and agree actions for placement activity. The MPPAG has representation from placement providers for the MPharm course.

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.

Eleven of the thirteen criteria relating to managing, developing and evaluating MPharm degrees were met at the Part 1 event, with two criteria judged as likely to be met.

In relation to criterion 5.6, *the MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals. Student pharmacists must be exposed to an appropriate breadth of patients and people in a range of environments (real-life and simulated) to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes in part 1 of these standards. This experience should be progressive, increase in complexity and take account of best practice*, the team learned that there are 367.5 hours of experiential learning, comprising 49 days over the 4 years of MPharm, largely in community pharmacy, and including 120 hours of interprofessional learning in Year 4. The submission explained that students begin building their practical experience of working with patients, carers and other healthcare professionals from the start of the programme with a community pharmacy placement based on over-the-counter remedies. Subsequently, there are placements in both community and hospital pharmacy in Years 1-3, with the level of student independence increasing with more hands-on experience. In the Year 4 QI project many students focus on improving prescribing practice.

Students are expected to talk to each of the health charities present at a healthcare charity showcase at the university, to understand more about what they do, the conditions they represent and support and the implications of that health condition of their members/users. Students must then speak to a family or friend about their experience of healthcare and taking medicines to enable them to write their first evidence and reflection. This is followed by bringing patients into the classroom for students to have discussion with patients they have never met before. From then on patients or service users representing a variety of conditions are brought into the classroom to provide students an opportunity to understand their experiences of various conditions.

Academic staff, students interviewed, and the SEB representative discussed the difficulties of providing the placement programme in a widely spread-out rural region with a severely limited public transport infrastructure. Students told the team of having to rise at extremely early hours and travel long distances to reach their placement location, while others benefitted from placements close to the University or home. This situation was exacerbated by the costs involved, sometimes amounting to several hundred pounds. The team was told that students could claim £20 per week per placement for travel expenses and that small allowances could be made for accommodation. It was clear to the team that this situation represented a major cause of distress to students to the level that it was likely to reduce the value of their placement experience. Additionally, a major placement provider told the team that the financial reimbursement for placement providers was insufficient to allow a full placement experience for students when pharmacies were under considerable pressure from NHS work. As indicated in the commentary to Standard 4 above, students interviewed rated the placement scheme as the facet of the programme most in need of improvement. However, the team agreed that

the School was doing its best to provide the placement scheme under its current straightened circumstances, including the possibility of introducing week-long block placements. The team also heard of the School's ambition to have a 50 percent excess of placements to allow for emergencies.

The team wished to know about examples of the QI placement projects and how these have allowed students to work closely with other HCPs, patients and service users. It was told that all available settings are used, including mental health provision. Projects include prescribing trends, deprescribing, hypertension management, antibiotic stewardship, diabetes, with the aim of optimising processes, for example, discharge processes with a focus on wider multiprofessional systems to include involvement with operations teams, clinical directors, nurses and doctors. Students are encouraged to involve patients in their research although it was acknowledged that some students may not be able to achieve this but will meet other stakeholders. Students interviewed did not recollect much or any contact with carers although there is a workshop with patients that may involve carers.

In relation to 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*, the team learned that there are 130 hours of IPE, comprising 17.3 days over the 4 years of MPharm, 120 hours of which form part of the placement provision above. The submission explained that students undertake an Inter-professional team learning (IPL) programme that increases in complexity and application. This University-wide IPL programme co-ordinated by the Centre for Interprofessional Practice (CIPP) at the University includes student doctors, nurses, midwives, occupational therapists, operating department practitioners, paramedics, physiotherapists, speech and language therapists, clinical psychologists and social workers. The team heard that in Year 1 students undertake a multidisciplinary group workshop on a communication, life support and consent tasks. In Year 2 they undertake a shadowing placement with a non-pharmacy health care professional, and in Year 3 undertake a joint placement with a medical student in which they take a joint patient and medication history and develop a care plan. In Year 4 the 120-hour Quality Improvement (QI) placement emphasises gaining stakeholder views of their QI problems and potential solutions. This requires students to speak and work with a variety of intra and interprofessional groups and often includes patients or service users.

The team was told that one of the functions of the two newly appointed pharmacy practice staff will be to drive the further development of IPL although timetabling issues and different cohort sizes and changes in personnel in other subject areas continue to be a barrier to progress.

An optional activity for pharmacy students involves the CIPP coordinating Schwartz rounds to provide a structured forum where staff and students can come together regularly to discuss the emotional and social aspects of working in health and care.

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.

Thirteen of the fourteen criteria relating to assessment were met at the Part 1 event, with one criterion judged as likely to be met.

In relation to criterion 6.3, *Assessment plans for the MPharm degree must assess the outcomes in part 1 of these standards. The methods of assessment used must be: a. appropriate to the learning outcomes b. in line with current and best practice, and c. routinely monitored, quality assured and developed*, the submission explained that the professional development portfolio contains several individual components based on students collecting evidence from experiential learning and mapping it to the GPhC learning outcomes; they are expected as a minimum to have evidence for all 16 “Does” level learning outcomes (except LO32 calculations) by the end of the course. The team wished to know how it was ensured that students have met the Learning Outcomes at the “Does level” and was told that all 16 “Does” level outcomes are assessed in multiple places, including the requirement that the supporting evidence has been collected in the real world.

As described in the commentary to Standard 4, the practice educators verify activities used for evidence collection and sign off professionalism at the end of the placement. The verified activities are entered into the students' portfolios and assessed by academic staff. On review in Year 4, any concerns that the learning outcomes have not been evidenced in the portfolio will result in the student undergoing a portfolio *viva voce*. The assessors review placement experiences with the student to identify if there is evidence for meeting any missing learning outcomes. If this is not identified, students will fail their professionalism assessment, and it is most likely that a further period of experiential learning will be organised to enable gathering of sufficient evidence. It was stressed that this process had not yet been tested but the School did not expect many students to have to submit to the *viva voce* assessment and any subsequent remedial activities.

The documentation explained that for learning outcome 28, *demonstrate effective diagnostic skills, including physical examination, to decide on the most appropriate course of action for the person*, a Clinical Skills Passport has been developed, designed to complement learning from workshops and lectures and contain information and guidance on each relevant clinical skill. It also contains a matrix and student-held record in which trainees can demonstrate competency development over the years of the course. In preparation for their prescribing role all students will be signed-off as competent to carry out core clinical assessment skills including general skills, for example, appropriate use of relevant equipment, infection prevention, vital signs and basic ear, nose and throat assessment. Placements may provide the opportunity to utilise these skills in practice, and NHS England Foundation Trainee Pharmacist assessment tools are available as a formal way of recording feedback. Sign-off for these skills will be overseen by the Lead for Clinical Assessment. By the end of Year 4 students must be signed off for all skills in the Clinical Skills Passport.

The team wished to know how summative and formative feedback is provided to students and was told that the time limit to provide formative feedback is 20 working days; the team was told that this limit had been complied with completely in the previous academic year. Students sometimes get written personalised feedback on formative work, along with generic feedback on laboratory work, and can get feedback on summative assessments although priority is given to failing students. Formative feedback on project work is individualised. Formative feedback support for student portfolios builds up from Year 1 with a criterion-based mark scheme checking on the depth of reflections.

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

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

Standard met? Yes ☒ No ☐

The team agreed that all criteria in Standard 7 were met or would be met at the point of delivery.

All of the eight criteria relating to support and development for student pharmacists and everyone involved in the delivery of the MPharm degree were met at the Part 1 event. There were no additional changes or modifications from the part 1 event. However, given the issues with the placement scheme outlined in the commentaries to Standards 4 and 5, the team wished to know what information is provided to students about placements and locality, including travel and accommodation, pre-application and also while on the programme. The team was told that the placement scheme is outlined on the University website that placements are a mandatory part of the programme. Although the team could not locate information on costs from the website, it did identify reference to potential costs under “additional course fees” documentation. The provider agreed that the present situation with respect to placement provision and its associated costs is not optimal but as referred to in the commentary under Standard 5, the team recognised that the School was doing its best to provide the placement scheme under the current difficult circumstances.

Teach out and transfer arrangements

There have been no additional changes or modifications from the part 1 event.

For students who have had a break in studies there is a process for ensuring that any experiential learning they missed is caught up in the subsequent year. This is only likely to affect students in the last two years returning to year 4 of the course. These students will be provided with additional experiential learning in the January assessment period as there are no assessments in year 4 during that period. It is therefore anticipated that all students graduating from 2025 will meet the 2021 standards.

Collaboration with the statutory education body and others

The submission stated that the Head of School regularly attends Pharmacy Schools Council meetings as well as meetings of the Sustainability in Pharmacy Education group and the National Pharmacy AMS

Educational group.

Three staff members are members of the NHS England Regional Pharmacy Schools Liaison Committee.

The course leader is a member of the NHS England regional Workforce development group.

Another member of staff is a member of the Norfolk and Waveney Education leads network and the NHS England East of England Stakeholder Programme Steering Group and attends the UEA/NHS England quarterly engagement meetings in addition to engaging on a regular basis with the LPCs and ICBs in the region where possible.

A member of staff is a member of the ICB quality faculty meetings.

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).

