

**Teesside University, Master of Pharmacy
(MPharm) degree Step 3 accreditation event
report, December 2024**



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Event summary and conclusions

Provider	Teesside University
Course	Master of Pharmacy (MPharm) degree
Event type	Step 3 accreditation
Event date	12-13 December 2024
Approval period	Working towards accreditation
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	<p>Approval to progress to next Step with conditions.</p> <p>The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the proposed MPharm degree to be offered by Teesside University may proceed from Step 3 to Step 4 of the accreditation process for new MPharm degrees. The team's recommendation permits a provisionally accredited MPharm degree to be delivered to students from the 2025/26 academic year, subject to three conditions.</p>
Conditions	<ol style="list-style-type: none"> 1. Teesside University must review and update the assessment plan and its mapping to the GPhC learning outcomes to ensure it includes robust, valid, and reliable assessments that adequately sample and assess the breadth of underpinning scientific, clinical, and legal knowledge acquired at each level of study. The updated plan must be informed by pedagogic evidence and incorporate assessment methodologies appropriate for evaluating knowledge at the 'knows' and 'knows how' levels. These updates must be clearly reflected in an updated assessment plan, marking scheme, and rubrics. This is because the accreditation team determined that the current assessment plan does not adequately test whether students have acquired the required underpinning knowledge, and is to meet criteria 6.2 and 6.3. 2. Teesside must continue to develop clear and documented module descriptors and produce a detailed delivery plan for all body systems proposed in year 1 delivery of the programme. This is because the accreditation team found that the submission and subsequent accreditation event did not provide a sufficient level of detail/assurance required for a Step 3 event. This is to meet criteria 5.1 and 5.2. 3. Teesside University must address the conditions set during the University Approval and Clarification Event on December 6 2024. This is because the accreditation team noted that several of the

	<p>overarching concerns and conditions detailed in the University’s feedback were consistent with their own observations. This is to meet criterion 4.1.</p>
Standing conditions	<p>The standing conditions of accreditation can be found here.</p>
Recommendations	<p>Teesside University should review the implications of the 70–80% pass mark for the summative pharmaceutical calculations assessment on overall yearly grades. While the Teesside programme team stated that this pass mark is consistent with other UK MPharm courses and prepares graduates for the registration assessment of pharmaceutical calculations, the accreditation team noted that calculation assessments are typically competency-based, and are either pass/fail, or assigned a lower weighting. This recommendation relates to criterion 6.3.</p>
Minor amendments	<ul style="list-style-type: none"> • In student facing documentation the provider should update language to “registration assessment”, rather than “pre-registration” style questions. • In the module handbook, page 3, the provider should clarify the number of assessments (i.e. two OSCEs, two pharmaceutical calculations assessments)
Registrar decision	<p>Following the event, the provider submitted documentation to address the conditions and the accreditation team was satisfied that all three conditions can move from ‘not met’ to ‘likely to be met’. The progress will be reviewed further at the step 4 event.</p> <p>The Registrar¹ accepted the team’s recommendation and granted permission for Teesside University MPharm degree to progress to step 4 of the accreditation process.</p>
Key contact (provider)	<p>Professor Samantha Weston, Director of Pharmacy*</p>
Accreditation team	<p>Professor Ruth Edwards (Team leader), Professor of Pharmacy Education, University of Wolverhampton*</p> <p>Parbir Jagpal (team member - academic), Director of Prescribing, School of Pharmacy, University of Birmingham</p> <p>Dr Tania Webb (team member - academic), Associate Head of the Leicester School of Pharmacy and Associate Professor in Molecular Pharmacology, De Montfort University</p> <p>Stephen Doherty (team member - pharmacist), Head of Foundation School, NHS England</p>

¹ Or appointed delegate

	Dafydd Rizzo (team member - pharmacist newly qualified), Clinical Pharmacist, Cardiff and Vale University and Post-Registration Foundation Pharmacist – desktop review only Liz Harlaar (team member - lay), Independent Business Consultant
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer (Education), General Pharmaceutical Council*
Rapporteur	Brian Furman (Rapporteur) Emeritus Professor of Pharmacology, University of Strathclyde

*Attended pre-event meeting

Introduction

Role of the GPhC

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

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

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

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

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

Background

Following an approach to the GPhC by Teesside University, and a Step 1 event in November 2022, it was agreed to proceed to a Step 2 event for the accreditation of an MPharm degree, which would be delivered by the University's School of Health and Life Sciences (SHLS) from its main campus at Middlesbrough. A Step 2 event took place in May 2024. On that occasion, the accreditation team recommended to the Registrar of the General Pharmaceutical Council (GPhC) that the proposed MPharm degree may proceed from Step 2 to Step 3 of the accreditation process for new MPharm degrees, subject to two conditions. These were in order to meet criterion 3.2 and were:

1. The University was required to keep the short to medium term MPharm staffing strategy under review and provide regular updates to the GPhC on recruitment progress and the use of existing Teesside staff in the development of the MPharm programme. This was because although the accreditation team could see some of the experience required for the development of the MPharm curriculum within the current core MPharm team, there was a recognition that some professional and developmental expertise may be missing that may be filled as part of the current recruitment cycle/plan.
2. The University was required to review the long-term staffing strategy and business plan for the MPharm, benchmarking against the sector norms in terms of staffing required at each Step of an MPharm accreditation and the associated delivery of the programme. This is because although the accreditation team could see adequate level of staffing commitment to the proposed MPharm within the updated strategy, this may still be on the lower end in comparison to similar established Schools of Pharmacy with similar proposed steady state student numbers and demographics.

In order to meet these conditions, the Director of Pharmacy has consulted with colleagues from Schools of Pharmacy that recruit from applicant demographics similar to those expected at Teesside. This was to provide further depth and understanding of the range of staff roles that may be required to support some of these incoming students, and to inform the continuing staff recruitment plans. The Director of Pharmacy has remained in contact with the GPhC's Quality Assurance team member and provided regular updates to the staffing recruitment since May 2024. Information on staff appointments is presented under standard 3.

The team also recommended that the University should consider revisiting the teaching, learning and assessment strategies, including interprofessional and experiential learning activities, reflecting on the discussions held throughout the Step 2 event and drawing on wider expertise and experience, underpinned by sector and evidence-based approaches. This was because although there were draft plans for these strategies, the team felt that wider and broader academic input would be beneficial in developing the overall detail. This relates to standards 5 and 6. In response to this recommendation, the staff, along with colleagues from other science programmes in the School and external input, have undertaken an extensive revision of the curriculum and of the learning teaching and assessment strategies, which are described under standards 5 and 6.

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 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 22 November 2022. 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 12-13 December 2024 and comprised a series of meetings between the GPhC accreditation team and representatives of the proposed MPharm programme.

Declarations of interest

There were no declarations of interest.

Schedule

Day 1: 12 December 2024	
09:00 – 11:00	Private meeting of the accreditation team
11:00 – 13:00	Welcome and introductions Management and oversight of the MPharm degree <ul style="list-style-type: none">• Presentation from the provider (maximum 30 minutes)• 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 <ul style="list-style-type: none">• Presentation from MPharm programme representatives• Questions and discussions

16:00 – 17:00	Private meeting of accreditation team
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Day 2: 13 December 2024

09:30 – 11:00	Teaching, learning, support and assessment - Part 2: Delivery of Year 1, Embedding independent prescribing and in practice assessment <ul style="list-style-type: none"> • Presentation from MPharm programme representatives • Questions and discussions
11:00 – 11:30	Private meeting of the accreditation team
11:30 – 12:30	Teaching, learning, support and assessment - Part 3: <ul style="list-style-type: none"> • A detailed look at the planned teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team
12:30 – 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
Alexander, Rebecca	Assistant Chief Pharmacist, North Tees and Hartlepool NHS Foundation Trust
Almond, Joanne	Quality Manager, Student Learning & Academic Registry (SLAR)
Alrahi, Asif	Company Director, pharmacyEXPRESS
Bradley, Amy	Lecturer in Pharmacy
Breckon, Jeff	Associate Dean (Research & Innovation, SHLS)
Chambers, Linda	School Manager, SHLS
Clough, Erica	Principal Lecturer (Learning & Teaching), SHLS
D'Emanuele, Anthony	Honorary Professor – Pharmacy, SHLS
Day, Helen*	School Registrar, SHLS
Devitt, Jonathon	Placement Development Lead, SHLS
Dodou, Kalliopi*	Head of Pharmaceutics
French, Ann*	Dean, School of Health & Life Sciences (SHLS)
Gibson, David	Pharmacy workforce, education and training Regional lead, North East and Yorkshire School of Pharmacy and Medicines Optimisation
Godfrey, Scott*	Associate Dean (Marketing & Recruitment, SHLS)

Harris, James	Chief Pharmacist and CD Accountable Officer, County Durham and Darlington NHS Foundation Trust
Head, Ruth	Lead Pharmacist (Tees), Roseberry Park Hospital
Jinks, Ann	Placements Manager, SHLS
Johnston-Blyth, Carlie	Associate Dean (Learning & Teaching, SHLS)
Maguire, Michael	Honorary Professor – Pharmacy, SHLS
Maule, Ewan	Honorary Professor – Pharmacy, SHLS
McCann, Linda	Admissions Manager, SRM
Mitchell, Ruth	Associate Dean (Enterprise & Knowledge Exchange)
Okpara, Tochukwu	Regional Manager, pharmacyEXPRESS (incoming Learning In Practice Lead, pharmacyEXPRESS)
Osborne, Debbie	Senior Lecturer in Prescribing, Community & Childhood Studies, SHLS
Scott, James	Learning In Practice Lead, South Tees Hospitals NHS Foundation Trust
Sibbald, Diane	Placement Development Lead, SHLS
Smith, Fiona	Lecturer in Pharmacy
Thomas, Kevin	Associate Dean (International, SHLS)
Tierney, Callum*	Head of Pharmacy Practice
Tweddle, Laura	Senior Clinical Pharmacy Manager and Workforce Development Lead, South Tees Hospitals NHS Foundation Trust
Weston, Samantha*	Director of Pharmacy

* also attended the pre-event meeting

Key findings - Part 1 Learning outcomes

During the Step 3 accreditation, the team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree. To gain additional assurance the accreditation team also tested a sample of six learning outcomes during the event. The following learning outcomes were explored further during the event: **3, 7, 17, 21, 25 and 49.**

The team agreed that all 55 learning outcomes were likely to be met.

See the [decision descriptors](#) for an explanation of the 'Met' 'Likely to be met' and 'not met' decisions available to the accreditation team.

The learning outcomes are detailed within the [Standards for the initial education and training of pharmacists, January 2021](#).

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

Learning outcome 1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 9 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 10 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 11 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 12 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 13 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 14 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

Learning outcomes 1-14 are likely to be met. This is because the curriculum, as well as the learning and teaching strategy, are still under development (see standard 5) and the assessment strategy needs further attention (see standard 6). Further evidence for meeting these outcomes should be available after the commencement of the course in October 2025. The outcomes will be further reviewed at Step 4.

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcome 15 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 16 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 17 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 18 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Learning outcome 19 is	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

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

Learning outcomes 15-44 are likely to be met. This is because the curriculum, as well as the learning and teaching strategy, are still under development (see standard 5) and the assessment strategy needs further attention (see standard 6). Further evidence for meeting these outcomes should be available after the commencement of the course in October 2025. The outcomes will be further reviewed at Step 4.

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

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

Learning outcomes 45-52 are likely to be met. This is because the curriculum, as well as the learning and teaching strategy, are still under development (see standard 5) and the assessment strategy needs further attention (see standard 6). Further evidence for meeting these outcomes should be available after the commencement of the course in October 2025. The outcomes will be further reviewed at Step 4.

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

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

Learning outcomes 53-55 are likely to be met. This is because the curriculum, as well as the learning and teaching strategy, are still under development (see standard 5) and the assessment strategy needs further attention (see standard 6). Further evidence for meeting these outcomes should be available after the commencement of the course in October 2025. The outcomes will be further reviewed at Step 4.

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

Standard 1: Selection and admission

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

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

The documentation described the selection process and the way that the University ensures that this process will be equal and fair, as well as embracing the diversity of applicants. The student admission profile will be analysed annually by protected characteristics, with a review and revision of the admission process if the analysis reveals any disadvantage to particular groups of students. The Central Admissions team will scrutinise applications against pre-determined entry criteria, which will include a minimum of BBB at A-level, or equivalents such as Access to Higher Education Diploma, International Baccalaureate, Advanced Scottish Highers or the Irish Leaving Certificate; A-levels or equivalent must include chemistry and at least one other STEM subject. Applicants meeting the specified criteria will be invited to book an interview date on campus: international applicants and those who may need to travel substantial distances may apply for an online interview, which will be identical in structure to interviews taking place face-to-face. The interview will be conducted by an MPharm course team member together with a service user/carer and will comprise a series of questions including a short numeracy/literacy exercise together with a series of questions designed to seek clarity on personal motivations, and an understanding of NHS recruitment values, as well as a situational judgement test. A standardised interview form will be employed, and applicants' answers will be scored, these scores and feedback being used to determine if offers are to be made. In response to the team's wish for further details about the interview, the provider explained that each applicant will be normally asked four numeracy questions, of which three must be answered correctly to pass the interview. The interview will also include six questions around values and a situational judgement test which will assess literacy, as well as the applicant's understanding of NHS values; here, applicants will be questioned on a scenario which they will have read just beforehand. Applicants will be marked against criteria, which cover aspects such as empathy, communication, and demonstration of a patient-centred approach. Interviewers, including service users, will be trained. Applicants whose scores fall below the pass mark will be discussed following the interviews and marking will be moderated where required. Only applicants passing the interview will be made an offer. The team

heard that the interview process will be the same for those applying through clearing, where the standard requirement for a minimum of three B grades will be maintained.

The team agreed that all nine criteria relating to selection and admission are likely to be met. This is because evidence for meeting these criteria is incomplete. Further evidence for meeting these criteria should be available after the admission of the first cohort of students in October 2025.

Standard 2: Equality, diversity and fairness

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

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

The documentation reiterated the University's approach to equality, diversity and fairness, including its commitment to expanding participation by actively encouraging applicants from diverse backgrounds, as well as supporting individuals from under-represented groups, and those with disabilities or special educational needs. The University has a comprehensive process in place for the analysis of attainment of students across all programmes, broken down according to protected characteristics. Equality, diversity and fairness will become a standing agenda item on the weekly MPharm course team meetings.

All academic staff undergo a formal induction process and mandatory training sessions that cover equality and diversity, with the requirement for annual refresher sessions. The MPharm curriculum will ensure that students understand their legal and professional responsibilities in the context of equality, diversity and fairness.

Wishing to learn about the development of the programme in this context, the team heard that the curriculum will include issues around ethnicity, sexual orientation, disability and neurodiversity. The staff explained that the local population, including students was very diverse and was the most deprived in the UK. There will be an MPharm dashboard covering equality and diversity and appropriate adjustments for students will be put in place where required.

The team agreed that while criteria 2.1-2.3 relating to equality, diversity and fairness are met, criteria 2.4-2.6 are likely to be met. This is because evidence for meeting these criteria is incomplete. Further evidence for meeting these criteria should be available when the programme commences in October 2025.

Standard 3: Resources and capacity

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

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

At the part 2 event, criterion 3.2 (*'The staff complement must be appropriate for the delivery of all parts of the MPharm degree'*) was not met and the team imposed two conditions (see 'Background'). These required the University to keep the short to medium-term MPharm staffing strategy under review, as well as to review the long-term staffing strategy and business plan for the MPharm, benchmarking against the sector norms in terms of staffing required at each Step of the MPharm development and the associated delivery of the programme.

The documentation showed that the University expected to have 6.4 FTE academic staff in post by the end of the 2024/25 academic year. These included the recently appointed Head of Pharmacy Practice and two lecturers in pharmacy, as well as four 'Learning in Practice Leads' at 0.2FTE, one from community practice and three from NHS foundation trusts, together with a 'Health Coach', also at 0.2FTE. Anticipating progression from Step 3, the documentation stated the intention to recruit a further Professor in Pharmacy, as well as up to a further 1.2FTE Placement Lead/Academic Practitioners to be in post for the 2025/26 academic year, in line with the presented business plan. Additionally, colleagues from the Department of Science are contributing to development of the curriculum and will be part of the course delivery team. The University has appointed three honorary professors who are committed to the development of the MPharm programme, as well as to supporting onsite delivery of materials: these appointments include a former head of a school of pharmacy. The provider confirmed to the team the recruitment of one further FTE academic post and the additional 1.2FTE Learning in Practice Leads/Academic Practitioners in 2025. The academic post is intended to be in science, overlapping with clinical practice. While confident that the University will be able to recruit the required staff, the provider described to the team contingency plans, which included part time secondments from practice, as well as the use of head-hunting agencies to support staff recruitment. The planned student recruitment remains at 30 for 2025/26, 50 for each of 2026/27 and 2027/28 and 100 for 2028/29.

Noting that the pharmacy business plan indicated a potential ambition to open several additional courses aimed at pharmacy professionals, the team asked how the provider intended to resource these. The staff explained that they had not yet started the approval processes for these courses, and that they would submit requests for staffing resources when the programmes have been developed. The team noted that it is not standard practice to include income streams in a business plan from courses for which associated costs, such as staffing, have not been clearly identified as expenditure. The team also noted that some activities, such as the tripartite review of students while on placement (see standard 6), are staff and workload intensive and this may not have been reflected in the business plan as student numbers increase over the Steps to steady state.

The team agreed that while criterion 3.3 remains met, criteria 3.1 and 3.2 relating to resources and capacity are likely to be met. This is because key staff members remain to be appointed, and the business plan shows income streams from courses that have yet to be approved and developed.

Standard 4: Managing, developing and evaluating MPharm degrees

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

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

The documentation described how overall responsibility for the delivery of all programmes within the School of Health & Life Sciences lies with the Dean of the School. In light of the University's intention to begin development of an undergraduate medical degree, the MPharm degree will be delivered by the newly created Department of Pharmacy & Medical Sciences within the School. The management responsibility for the MPharm programme is delegated to the Director of Pharmacy, who will chair the Pharmacy Board of Studies and will also attend the SHLS Learning and Teaching Committee. The MPharm Programme Lead, Year Heads and other key individuals will also be members of the Pharmacy Board of Studies. The MPharm Programme Lead will assume overall responsibility for developing the MPharm structure and curriculum and will work closely with the Director of Pharmacy in determining academic appointments and assigning teaching and administrative responsibilities to staff members. Year Heads will have oversight of the curriculum within a specific year and will each oversee the staff members involved in delivery in that year.

The School has a well-established placements team, with strong links across foundation trusts in the region. The delivery and quality of pharmacy student placements will be managed by the School Placements Office, and supported by the MPharm Learning in Practice Leads and the placement providers within a defined agreement. In response to the team's wish to be updated on the management, responsibilities and lines of accountability of each organisation contributing to periods of experiential learning, the provider explained that this will be the role of the chief pharmacists in the trusts and the corresponding relevant people in community pharmacy. The learning in practice leads will work one day per week in the University and will spend the rest of the time in their place of work; they will be co-managed between the academic team and the central placement team.

In response to the team's wish to learn of their progress in securing placements in various sectors to deliver the experiential learning programme, as well as in obtaining signed agreements with the providers, the staff described how they had established good communication channels between placement providers and the University; discussions were underway to address placement capacity and the numbers of placement days to be offered by each organisation. This was confirmed by representatives of various NHS trusts and community pharmacy organisations, who stated their commitment to offering placements and described how they valued their engagement with the University, which enables them to establish what placements are expected to provide. Firm agreements on the numbers of placement days will be established early in the new year.

Since the Step 2 event, the provider hosted a series of five on-line stakeholder meetings, covering curriculum design, equality, diversity and inclusion, learning in practice, patient involvement and prescribing. During the event, the team heard that the staff had also held a 'Service Users and Carers' event, drawing on patients diagnosed with conditions that will be covered in the course, together with their carers and families. This event, which comprised plenary and small group sessions, explored the skills and attributes expected of pharmacy students. The service users/carers showed great interest in being involved throughout the MPharm course, providing students an opportunity to

learn in a safe environment. The MPharm course team will also seek the input on the planned MPharm from students through the BPSA Executive Team.

The team noted the eleven conditions imposed at the University’s Programme Approval and Clarification Event held on 6 December 2024 and imposed a condition (condition 3) that the provider must address the conditions set during this Approval and Clarification Event. This is because several of the overarching concerns and conditions detailed in the University’s feedback were consistent with their own observations and overlap with GPhC standards and is to meet 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’*).

While noting the intentions and the enthusiasm of the placement providers, the team noted that no agreements were yet in place; this is to meet 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’*), which therefore remains likely to be met.

The other four criteria (4.3-4.6) relating to managing, developing and evaluating MPharm degrees are likely to be met: this is because evidence for meeting these criteria remains incomplete.

Standard 5: Curriculum design and delivery

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

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

The documentation described how the course will comprise of a single 120-credit module in each year, these being ‘Understanding healthy people’ (year 1), ‘Management of common conditions’ (year 2), ‘Management of chronic and emergency conditions’ (year 3) and ‘Management of clinical complexity’ (year 4). The curriculum will be delivered using integrated case studies, these continuing longitudinally across the four years to show progression of patients’ conditions with time. The case studies will incorporate major body systems and their disorders and will cover normal anatomy and

physiology in year 1, progressing to pathophysiology in years 2-4 based on clinical data. Similarly, fundamentals of pharmacology in year 1 will progress to pharmacogenomics across the years. Students will apply their knowledge, including clinical examination skills, in on-campus simulation work and during placements. The curriculum will be delivered using a blend of lectures or equivalent, laboratory classes, clinical skills sessions, case-based learning (CBL) sessions, and simulation-based learning, as well as interprofessional learning and experiential learning through placements. The team heard that the first year will address six body systems (respiratory and cardiovascular; gastrointestinal, liver and renal; endocrine and reproductive; musculoskeletal and lymphatic; central nervous system and skin; immune system) across the 120 credits, with integration of the relevant sciences including anatomy and physiology and aspects of formulation. The team was presented with outline plans for the delivery of year 1, with the six body systems covered across two semesters using four weeks per system; a more detailed plan was presented for the delivery of the first body system ('Cardiovascular and respiratory'); this appeared generic and the documentation describing the content lacked overarching detail expected at this Step. Teaching, including lectures, pharmacy skills practice, simulation work, interprofessional learning and placements have been provisionally timetabled, along with the assessments across three semesters. Noting the 626 hours of self-directed learning in year 1 and wishing to know how students will be supported to manage this, the team was told that about half of this time will comprise of highly directed guided reading, with group discussions in seminars to check their understanding, as well as a number of formative assessments.

The team asked how the proposed case-based learning strategy will assure that students have the depth of underpinning scientific knowledge required for delivery of patient care, and how new scientific, legal and clinical concepts will be introduced. The staff explained that year 1 will cover all basic knowledge on anatomy, physiology, routes of administration, absorption of medicines, formulation, dosage forms, as well as chemical structures, and will include communication skills along with social science. Material will be delivered using didactic teaching through lectures, with taught material feeding into seminars, and case-based learning sessions. Formative assessments, calculations tests and drop-in sessions at the end of each week will assure that students have acquired the underpinning knowledge; these formative quiz assessments will be provided digitally via the Blackboard virtual learning environment (VLE). The staff will monitor student engagement through the formative assessments, data from which will be stored on the VLE. Concepts will be revisited each year with increasing complexity. Noting the intention stated at Step 2 to use problem-based (PBL) and team-based learning (TBL), the team was told that team-based learning had not yet been investigated, although the staff were keen to use PBL. The use of terminology relating to these teaching modes was inconsistent in the documentation and the team noted that it would be helpful to clarify terminology and be consistent in its use, especially for the benefit of students and any Step 4 submission and associated documentation.

The team asked for an overview of how years 1-3 will provide a foundation for prescribing in year 4, including critical thinking and clinical assessment skills. The staff described how the body system material will be repeated and become more complex as the students progress through different levels of the programme, and as the patients with whom they deal become more complex; this also relates to the use of longitudinal case studies, where the patients in the cases age, with their initial conditions worsening and new conditions developing across the years. In year 1, the course will emphasise obtaining consent and consultation skills; here, students will participate in over-the-counter recommendations, through making suggestions to the pharmacist. By year 4, students will be

expected to be working with, and making decisions alongside, prescribing pharmacists during placements. Clinical skills teaching and assessment will be adapted from an existing postgraduate module, and planning for this is underway with input from colleagues in nursing. An external provider, who already trains pharmacists in this area, has offered to come onto the campus to help deliver the teaching of clinical skills in the context of pharmacy.

Experiential learning will comprise of 145 days of placements across the four years in various settings covering community and hospital pharmacy, GP practice, as well as including mental health organisations, care homes, prison and industry. Students will be prepared for experiential learning through simulation, using the virtual ward environment and model ward/bay resources available on campus to familiarise students with scenarios that they may encounter when on placement. This will allow students to develop their clinical skills in a safe environment, as well as allowing formative assessment of their competence prior to engaging in placements. Wishing to learn how the staff will ensure that students have the required competence prior to their learning in practice in each part of the programme, the team was told that following their simulation work, students will make a declaration of competence; there will be sufficient time for further upskilling for students who are not yet ready. Students who are deemed unsafe will not be allowed to go out on placements. Although this model has been established for year 1, it has not yet been developed for later years of the programme. Representatives of the placement providers told the team that they value the opportunity to know the preparedness of students before they embark on their learning in practice.

Interprofessional education (IPE) alongside students of other healthcare professions, including dentistry, diagnostic radiography, occupational therapy, physiotherapy, and dietetics, will be delivered through online learning in years 1, 3 and 4. The documentation stated that discussions are underway with nursing and midwifery courses to provide IPE in year 2. Chiropractic, dietetics and physiotherapy courses are piloting a final year virtual simulation activity to follow a patient journey based around frailty/post stroke rehabilitation and pharmacy will be involved in this to provide a medicines perspective.

The team heard that students will be allowed one resit attempt after failing the first sit. In response to student feedback from elsewhere in the University, there will only be a short period between the main assessment and the resit; evidence has shown this to produce a better success rate. If students fail the resit, they would be required to retake the whole year.

The provider's responses and the submitted documentation did not provide the level of detail/assurance concerning the curriculum, the teaching and learning strategy and the coherence of the links among the components required for a Step 3 event. Therefore, criteria 5.1 and 5.2 are not met, and the team imposed a condition (condition 2) that the University must continue to develop clear and documented module descriptors and produce a detailed delivery plan for all body systems proposed in the delivery of the programme for year 1. In this context, the team would like to receive the updated first year module specification ('Understanding healthy people' -PHA4000-N) by the end of January 2025. Moreover, at Step 4, the accreditation team will expect to see much clearer integration of independent prescribing into the curriculum so that Teesside University pharmacy students will be 'prescribing ready' at the point of graduation.

The team agreed that while criterion 5.11 is met, criteria 5.3-5.10 and criteria 5.12-5.13 relating to curriculum design and delivery are likely to be met. This is because evidence for meeting these criteria, for example, in relation to practical experience of working with patients, carers and other

healthcare professionals (criterion 5.6) and interprofessional learning (criterion 5.7) remains incomplete.

Standard 6: Assessment

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

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

The documentation described how the assessments will demonstrate that students have met the 55 GPhC learning outcomes. The summative assessments follow a consistent pattern across each year, comprising objective, structured clinical examinations (OSCEs), calculations tests, a project report, a presentation and an assessment of the e-portfolio, which will incorporate reflections, as well as evidence for students' competence in undertaking entrustable professional activities signed off by Learning in Practice leads, or designated supervisors on placement sites. Each year will also include formative assessments. Standard setting procedures will be used where appropriate for the assessments. Assessment will incorporate feedback to students and, where possible, students will also receive feedback from patients and practising pharmacists.

Wishing to learn how the assessment strategy has developed since Step 2 of the accreditation process, the team heard how there will be two OSCEs and two pharmaceutical calculations examinations in each year, the first of each at the end of semester 1 and the second in semester 3. The OSCEs, which will follow a similar model across all four years, will each comprise of five stations of seven minutes duration, with two assessors at each station; one assessor will be a member of academic staff, the second being a service user/carer, and the stations will include consultations and clinical skills. The complexity of the patients used and of the tasks will increase across the years; for example, in higher years, students will need to respond to diagnostic data. The team heard that the 10 stations in each year will cover the whole curriculum, including the underlying science. The other assessment elements comprise a presentation, a written report focussed on research, and the e-

portfolio, where entries include reflections and continuing professional development. The team learned that there will be no written examinations, on the basis that these allow students simply to cram and regurgitate information (see later). Noting that a significant proportion of the final grade is dependent on a group presentation, the team asked how it will be assured that the awarded mark represents an individual student's input. The staff explained that marks will be awarded for slides and for an individual's presentation, along with a contribution from peer review by other members of the group. Noting that the report will be formatively assessed in semesters 1 and 2 before being submitted for summative assessment in semester 3, the team wished to learn the links between these formative and summative assessments. The staff described how the formative assessment will be embedded into personal tutor meetings based on a draft report, on which the student will receive feedback. The tutors will be advised on the amount and nature of the formative feedback that should be provided, in order to ensure that the summative submission is the student's own work rather than being based on extensive tutor input.

In response to the team's wish to learn how assessments at the 'does' level will be integrated into the e-portfolio, the staff gave an overview of how the e-portfolio will be used to record students' placement assessments during the first year. Semester 1 will be based on simulated placement activities on campus, with the learning in practice leads in attendance. These will provide fundamental behavioural aspects, such as hand hygiene and will include activities relating to competencies, such as obtaining patient consent. There will be two checking points in each semester, which will involve the student, the learning in practice lead and a member of academic staff; these will allow the academic staff and the learning in practice lead to determine student progress and enable the students to start reflections on their own competence. Here, in semester 1, students will make a declaration of minimal competence; there will be opportunities to upskill if the student is not yet ready. In semester 2, there will be one day of placement activity each week for ten weeks, during which students will learn, reflect and accumulate evidence relating to their competencies which will be recorded in their e-portfolios; there will be frequent debriefing sessions between the student and learning in practice lead across the placement days, in addition to the two tripartite checking points. Year 1 competences at 'does' level relate to professional behaviours such as obtaining consent and will be assessed using mini-clinical evaluation exercises (mini-CEX) and direct observation of procedural skills (DOPS), as used for foundation year trainees; these will be assessed by a qualified professional, with all evidence being uploaded to the e-portfolio and competence being ultimately decided by the learning in practice lead and a member of academic staff. The portfolio will be submitted at the end of semester 2.

Wishing to know how workplace assessors will be trained, how assessments will be standardised across placements and how the University will validate decisions, the team heard that the workplace assessments will be undertaken by placement staff and reviewed by the learning in practice lead who will determine if a student has passed or failed. Student development will be seen across several assessments and information on this will be collated by the learning in practice lead. Students' portfolio reflections will be assessed by a single member of academic staff within the University. Where student performance on placement is unsatisfactory, there will be additional placement opportunities in semester 3. The team advised the provider that a panel approach, such as a panel of learning in practice leads, is required, rather than pass/fail decisions being made by a single individual, especially in the case of borderline students. Concerning standardisation, all placements will follow the same processes so that students gain the same experience. The School intends to use pharmacies

with experience of taking on students for the foundation training year. The learning in practice lead will train pharmacy staff using lunchtime learning sessions, which are already commonly employed in hospitals. There will be standard operating procedures relating to the competencies that students are expected to achieve. The learning in practice leads will be timetabled, so that they are sometimes working directly with the students.

Noting plans to involve service users and carers in assessing students and providing feedback, the team asked about the training that they will receive for this role. The staff explained how service users and carers are already involved in other programmes and receive training at School level. They will not be involved in pass/fail decisions but will provide feedback on students' performance, which may be used as evidence in the portfolio. The team also asked how internal examiners will be trained and supported, particularly those enrolled from a practice setting. The staff explained that all will undergo mandatory training, which will be very comprehensive and delivered through lunchtime sessions and via the VLE; all staff members will be assigned a buddy and a mentor.

The team heard that standard setting will be used for OSCEs and the pharmaceutical calculations assessments, although not for the report, the presentations, or the e-portfolio. After exploring various options, the Angoff method was selected as the most appropriate for standard setting. For OSCEs, this will involve two different groups of pharmacists. Marking will include a global rating score for communication and general attributes. Standard setting for the calculation assessment will depend on the experience and expertise of staff members. Wishing to understand the reason for awarding 20% of the module mark for a calculations competency assessment that is standard set to 70%/80%, the team was told that the staff had reflected on how this is done in other Schools of Pharmacy. While the Teesside programme staff stated that this pass mark is consistent with other UK MPharm courses and prepares graduates for the pharmaceutical calculations registration assessment, the accreditation team noted that calculation assessments are typically competency-based, and are either pass/fail, or assigned a lower weighting. The team recommended that the University should review the implications of the 70–80% pass mark for the summative pharmaceutical calculations assessment on overall yearly grades.

Noting that there will be no written examinations, the team wished to learn how the students' knowledge of, for example, chemistry, pharmaceuticals, biology, physiology, and pharmacology will be assessed. The staff explained that this will be achieved using the assessments described above, with written reports providing the main element, as well as presentations offering a good opportunity to demonstrate knowledge; a student's abilities to answer questions forms part of the assessment of presentations. The team stated that it is generally best practice in academia for some type of assessment to determine students' underpinning knowledge. While the staff proposed that this could be achieved through adding a sixth OSCE station that would focus on science, the team agreed that the current assessment plan will not adequately test whether students have acquired the required fundamental knowledge and thus agreed that criteria 6.2 and 6.3 are not met. The team therefore imposed a condition (condition 1); this required the University to review and update the assessment plan and its mapping to the GPhC learning outcomes to ensure that it includes robust, valid, and reliable assessments that adequately sample and assess the breadth of underpinning scientific, clinical, and legal knowledge acquired at each level of study. The updated plan must be informed by pedagogic evidence and incorporate assessment methodologies appropriate for evaluating knowledge

at the ‘knows’ and ‘knows how’ levels. These updates must be clearly reflected in an updated assessment plan, marking scheme, and rubrics.

Concerning the other criteria relating to assessment, the team agreed that while criteria 6.1 and 6.13 are met, criteria 6.4-6.12 and criterion 6.14 are likely to be met. This is because evidence for meeting these criteria is incomplete.

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

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

Support for student pharmacists

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

Support for everyone involved in the delivery of the MPharm degree

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

The documentation described the systems in place to provide the support required for students to achieve the learning outcomes for year 1. The systems were as described at Step 2 and include induction, supervision, ensuring an appropriate and realistic workload, the provision of personal and academic support by, for example, personal tutors, and access to resources. Similarly, the documentation also described the systems for supporting everyone involved in the delivery of the programme to develop in their professional role. These systems included the provision of appropriate training, mentoring for new staff members, ensuring an appropriate and realistic workload, the provision of peer support and providing opportunities for continuing professional development. The University has mechanisms for both staff and students to raise concerns.

The team heard that every student will be allocated a personal tutor and that there will be regular tutor meetings scheduled throughout the year. Students will meet their tutors during the ‘Welcome Week’, when they will sign a learning agreement. The team was presented with a plan for this Welcome Week, which included introduction to the GPhC’s standards for pharmacy professionals and fitness to practise, as well as an induction covering the library, occupational health, finance and campus security. During this week, students will also be introduced to prescribing and will meet service users and carers.

Noting the plans to employ a significant number of practitioners on part-time contracts, and wishing to know the plans for induction of these people, the team was told that they will be taken on as associate staff members and will undergo the same induction as all other staff, along with robust

training, accompanied by mentoring from the teaching staff in developing teaching materials and skills; there will be regular workshops around topics such as marking and assessment. Where appropriate, they will also take on additional training, such as the PGcert in Higher Education.

As the development and delivery of a new programme is very time-consuming, the team asked how it will be assured that staff members have an appropriate and realistic workload. The staff described how this was being considered in collaboration with other members of staff from the Science Department. The University has a flexible workload model which covers all activities, allowing time to be built in for development as well as delivery.

The team agreed that all eight criteria relating to the support and development for student pharmacists and everyone involved in the delivery of the MPharm degree are likely to be met. This is because evidence for meeting these criteria is incomplete. Further evidence should be available at Step 4, once the first cohort of students is in place and further members of staff have been appointed.

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).

