General Pharmaceutical Council

University of Central Lancashire (UCLan), Master of Pharmacy (MPharm) degree reaccreditation monitoring report, July 2024

Event summary and conclusions

Provider	University of Central Lancashire
Course	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (part 1) monitoring
Event date	11 – 12 July 2024
Approval period	2023/24 – 2031/32
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	As a result of this monitoring event the accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by the University of Central Lancashire should be reaccredited, subject to a satisfactory part 2 reaccreditation event in the 2024/25 academic year. Reaccreditation is recommended for a period of 6 years after the part 2 event, with an interim event at the mid-way point. The accreditation team reserves the right to amend this accreditation period if necessary, following the part 2 event.

At the part 1 reaccreditation event in 2023 the MPharm degree was reaccredited for a period of one academic year only. This was because the accreditation team did not have full confidence at that time that the MPharm degree could be delivered to the required standard, as a result of the pharmacy staff's understanding of contemporary assessment methods, poor student performance in the latter years of the course, poor staff-student relations and general instability in the School of Pharmacy and Biomedical Science.

The team noted that the failure rate for assessments in the 2023/2024 diet were very high, and, in the context of the School's action plan, the School must provide the GPhC with a full report on the August 2024 resit diet, including pass/fail rates, degree classification details and a description of the quality assurance surrounding the resit process, including how, in a concrete and demonstrable way, the School can be sure the standard of resits is the same as for first sitting assessments. This must include how external examiners have been involved in the resit process.

The University of Central Lancashire should be aware that schools should be graduating students in 2025 who are fit to enter the full Foundation training year, including independent prescribing training. However, not all schools are in that position and the graduates from some will take the |

	Foundation training variant not including prescribing. Given UCLan's accreditation history and relative maturity, the Part 2 accreditation team will have to form a view on whether UCLan graduates in 2025 can join the full Foundation training programme, including independent prescribing training, or not.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendation	1. The School should embed assessment in placement work and should clarify exactly what is required at what level, by whom students will be assessed, and how placement providers will be trained meaningfully to contribute to assessment. The School should consider benchmarking itself against other providers and liaise with NHSE about its requirements. This will be checked at Part 2.
Key contact (provider)	Dr Clare Lawrence, Dean of School
Accreditation team	*Dr Mathew Smith (Team Leader), Director of Learning and Teaching, School of Pharmacy & Pharmaceutical Sciences, Cardiff University Professor Daniel Grant (team member – academic) Professor of Clinical Pharmacy and Pharmacy Education, University of Reading Dr Hamde Nazar (team member – academic) Senior Lecturer, School of Pharmacy, Newcastle University Dr Hayley Wickens (team member – pharmacist) Consultant Pharmacist, Genomic Medicine, NHS Central and South Genomic Medicine Service Alliance Dafydd Rizzo (team member – pharmacist newly qualified) Clinical pharmacist, Cardiff and Vale University Health Board Liz Harlaar (team member – lay) Independent Business Consultant
GPhC representative	*Damian Day, Head of Education, General Pharmaceutical Council
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde (Rapporteur)

* attended the 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).

Reaccreditation of MPharm degrees is carried out in accordance with the **adapted methodology for reaccreditation of MPharm degrees to 2021 standards** and the programme was reviewed against the GPhC's **Standards for the initial education and training of pharmacists, January 2021.**

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

Background

The MPharm degree at the University of Central Lancashire began in 2004. The University first admitted students to the MPharm in 2007, producing its first MPharm graduates in 2011. The programme is delivered by the School of Pharmacy and Biomedical Sciences and underwent part 1 of the reaccreditation against the GPhC's 2021 standards in 2023. On that occasion the accreditation team agreed to recommend to the Registrar of the GPhC that the University should be reaccredited to provide an MPharm degree for a further period of one year, with an additional reaccreditation visit in 2024 and a part 2 reaccreditation event in the academic year 2024-25. There were seven conditions as follows:

1. The School was required to fill unfilled staff posts and submit a formal timetable for doing so to the GPhC by 1st August 2023. The team was particularly concerned that there was no assessment lead at the time of the reaccreditation. This was to meet criterion 3.2
2. The School was required to rewrite its assessment and standard setting strategies to ensure clarity in what is being assessed, when and to what standard. This was required to include, but was not confined to, a strategy for assessing learning in practice, which was required to actually assess such learning as well as prescribing. Students in all years had to know what assessment strategies and standards were to be used at the start of each academic year. This was to meet criteria 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.8, 6.9, 6.11 and 7.6.
3. The School was required to produce a fully developed learning in practice strategy for 2025-2026 onwards (when prescribing will be introduced into the pharmacist foundation training curriculum), including what learning will occur in which places, and who would deliver the teaching. The team agreed that relying on in-school simulation is not sufficient to meet learning outcomes at the specified level. This was to meet criteria 4.1, 4.2, 5.2, 5.3 and 5.6.
4. The School was required to formalise a student engagement and confidence plan to improve relations between staff and students and, also, through an implemented and monitored student code of conduct, develop a true sense of professionalism among students. The team learned that disruptive and inappropriate behaviour by students in teaching sessions had been a barrier to learning for others. This was to meet criteria 4.4, 4.5, 5.9, 7.4 and 7.8.
5. The School was required to adhere to its own MPharm admissions policies: offers below the published BBB tariff must be extremely limited, evidence-based, justified and documented. This was to meet criteria 1.3, 1.5 and 1.8.
6. Linked to the previous condition, the School was required to provide the GPhC with a list of MPharm admissions offers made before and during clearing to prove that it has met its own standards. If applicants did not meet the standard but were admitted nevertheless, those students will not be accredited. This was to meet standard 1 in general.

7. The School was required to fully implement and actively monitor the action plan linked to UCLan graduate performance in the GPhC's Registration Assessment and to submit progress reports to the GPhC. This is to meet criterion 4.5 and standard 6 in general.

The School has undertaken all required actions and submitted the requested documentation to the GPhC. The GPhC agreed that conditions 5 and 6 were met, that conditions 1, 2 and 7 were likely to be met by the part 2 reaccreditation event in 2024-25, and that conditions 3 and 4 will be reviewed during a monitoring event, rather than a full reaccreditation event. This was scheduled for July 2024 and the following is a report of that event.

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 25 June 2024. The purpose of the pre-event meeting was to prepare for the monitoring 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 at the University on 11 – 12 June 2024 and comprised a meeting between the GPhC accreditation team and representatives of the MPharm course as well as a meeting with current MPharm students.

Declarations of interest

There were no declarations of interest.

Schedule

Day 1: 11 July 2024

09:00 – 10:30	Private meeting of the accreditation team
10:30 – 12:30	**Welcome and introductions** **Progress meeting:** • **Presentation from provider covering how the conditions set at the part 1 reaccreditation event have been addressed** • **Questions and discussions**

12:30 – 13:15	Private meeting of accreditation team, including lunch
13:15 – 14:30	**Experiential Learning** • **Presentation from provider (maximum 15 minutes) covering the development of experiential learning following the Part 1 reaccreditation event** • **Questions and discussions**
14:30 – 15:00	Private meeting of accreditation team, including break
15:00 – 15:30	**Meeting with placement partners (virtually via Teams)** o Involvement in preparing students for Foundation training in 2024 and 2025 (when IP will be introduced)
15:30 – 15:45	Private meeting of the accreditation team
15:45 – 16:45	**Meeting with MPharm students – year 1**
16:45 – 17:00	Private meeting of the accreditation team

Day 2: 12 July 2024

09:00 – 09:30	Private meeting of the accreditation team
09:30 – 10:45	**Meeting with MPharm students – years 2-4**
10:45 – 11:00	Break
11:00 – 12:30	**Assessment** • **Presentation from provider (maximum 15 minutes) covering the development of assessments following the part 1 event** • **Questions and discussion**
12:30 – 15:00	Private meeting of accreditation team, including lunch
15:00 – 15:15	Delivery of outcome to the University

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Alder, Dr Jane*	Associate Dean (Teaching and Learning)
Allan, Professor Janice	PVC Academic Leadership

University of Central Lancashire (UCLan), Master of Pharmacy (MPharm) degree reaccreditation monitoring report, July 2024

5

Bond, Zoe	Schools Operations Manager
Bremner, Emma	Senior Lecturer and Placement Lead
Brown, Cathryn	Senior Lecturer & EDI Lead
Cogan, Louise*	Deputy Associate Dean & MPharm Course Leader
Court, Dr Elaine	Principal Lecturer in Pharmacology & Student Experience Lead
Dr Donna Daly,	Senior Lecturer in Physiology & Year 3 Lead
Dr Tamer Rabie,	Lecturer in Pharmacy Practice & Year 4 Lead
Ferraz, Dr Amina	Principal Lecturer in Pharmaceutics & Student Recruitment Lead
Kabbani, Dina	Student Experience Coach
Kadri, Bina	Senior Lecturer and Placement Lead
Lawrence, Dr Clare*	Dean of School
Lawson, Dr Charlotte	Associate Dean (Business Development)
Meer, Dahnish	Lecturer in Pharmacy Practice & OSCE Lead
Smith, Dr Chris	Principal Lecturer in Pharmacy Education
Urmston, Ann	Senior Lecturer & IPE/PPE Lead
Watson, Jennie	Teacher Practitioner
White, Christine	Lecturer in Pharmacy Practice

*also attended the pre-event meeting

The accreditation team also met two groups of MPharm students: the first comprised six students from year 1, while the second comprised five from year 2, four from year 3 and six from year 4.

Part 1 Learning outcomes

At the part 1 event, the accreditation team agreed that of the 55 learning outcomes, 41 were met, eight were likely to be met by the part 2 event and six were not met. Individual learning outcomes were not explored during the monitoring event, but will be explored further at the part 2 event.

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

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

Part 2 Standards for the initial education and training of pharmacists

The criteria that sit beneath each standard are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

Standard 1: Selection and admission

Students must be selected for and admitted onto MPharm degrees on the basis that they are being prepared to practise as a pharmacist		
Criterion 1.1 is: Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.2 is: Met ☐	Likely to be met ✓	Not met ☐
Criterion 1.3 is: Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.4 is: Met ☐	Likely to be met ✓	Not met ☐
Criterion 1.5 is: Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.6 is: Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.7 is: Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.8 is: Met ✓	Likely to be met ☐	Not met ☐
Criterion 1.9 is: Met ✓	Likely to be met ☐	Not met ☐

The documentation described how the admissions team reviews each application and, in collaboration with the MPharm admissions tutor, decides whether or not to invite the applicant for interview. Subsequently, the decision to admit an applicant onto the pharmacy course is shared by the academic staff conducting the interviews, the admissions tutor and, if needed, members of the School Suitability Panel. The need to adhere to the minimum entry requirements (condition 5) was shared with the University admissions team, and clear and comprehensive communication was provided regarding the importance of maintaining this for all applicants. No offers were made below the published entry standards, and every confirmed applicant met or exceeded the minimum entry requirements, with the exception of three applicants whose admission was made in error by the University admissions team. Similarly, the School upheld the entry requirements during clearing, with all applicants undergoing the usual comprehensive interview and numeracy assessment. From September 2025, the School will limit the subjects acceptable at A-level. Applicants must achieve minimum grades BBB or equivalent 120 points from three A Levels, which must include biology or chemistry at grade B or above and another science at grade B or above. Science subjects will be restricted to biology, chemistry, mathematics, further mathematics, physics or statistics. Moreover, the documentation stated that the foundation route will no longer be accepted for entry to the MPharm. In response to the team's wish to learn more about changes made to the admissions processes, the staff emphasised that there is now strict adherence to the admissions criteria. Staff have been trained, with all offers being reviewed and double checked by the admissions team. Decisions on admission rest within the School and the Dean has the final say. The University has supported the School in its admissions policy. Querying the decision to remove the foundation course as a route for entry to the MPharm, the team heard that the quality of students coming through that route had declined; for example, of 134 applicants for pharmacy from the foundation course, only 22 were accepted. As a result of the restructuring, the foundation year is now within the School. The whole foundation course and its modules are being redesigned and it will remain as an entry route to biological science degree programmes. Following a review, it may be reinstated eventually as an entry route to the MPharm, possibly with the inclusion of pharmacy-specific modules.

All interviews, which assess applicants' values and motivation, as well as numeracy, are now conducted face-to-face, other than those for overseas applicants, whose interviews remain online. Analysis of the performance of all applicants showed that most BTEC applicants (76%) failed to progress to the interview stage, while 73% of Access to HE applicants failed at the interview stage. 82% of A-Level applicants were successful in getting invited to an interview and 72% of all A-Level applicants passed the interview.

University of Central Lancashire (UCLan), Master of Pharmacy (MPharm) degree reaccreditation monitoring report, July 2024

7

Admissions decisions for the MPharm programme are made solely based on merit, and analysis of admissions data by protected characteristics did not show any apparent bias or discrimination in the selection and admissions processes, although data on some characteristics, for example, ethnic background are limited, either because information was not provided by the applicants at the point of application, or it was not recorded/captured by the University. Seeking further information about the equality, diversity and inclusion (EDI) data collected in 2023 and for the 2024 intake, the team was told that the School executive conducts an in-depth analysis of every applicant and every offer made to check for bias, as well as examining EDI in relation to progression and attainment. While analysis of data shows no discrimination in the admissions process, progression and attainment is lower for mature students and carers, although the relevant data are confounded by language problems. Additional support is provided for these individuals.

The team agreed that criteria 1.1, 1.3 and 1.5-1.9 are met. Criteria 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'*) and 1.4 (*Selection processes must give applicants the guidance they need to make an informed applicati*on) are likely to be met by the part 2 event in 2025: this is because the selection and admissions processes had been modified in the academic year 2023-24. Further evidence for meeting these outcomes should be available at the part 2 event.

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	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.2	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.3	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.4	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.5	Met ✓	Likely to be met ☐	Not met ☐
Criterion 2.6	Met ✓	Likely to be met ☐	Not met ☐

The documentation described how, since the part 1 reaccreditation visit, the University has developed some new dashboards around disability and inclusion. The Disabled Learner profile report allows tutors and operational staff to more easily see which students on a module require adjustments for teaching and assessing. The 'Inclusive Support' data dashboard allows staff to see how many students have declared a disability at the enrolment stage, and how many of those are accessing support from the University's 'Inclusive Support' service. This should help personal tutors to recommend the Inclusive Support service to their students. Currently 92% of students in the School who have declared a disability and who access support continue or qualify, compared with 84% of such students who do not access support.

The accreditation team agreed that all six criteria relating to equality, diversity and fairness are met.

Standard 3: Resources and capacity

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

Criterion 3.1	Met ☐	Likely to be met ✓	Not met ☐
Criterion 3.2	Met ☐	Likely to be met ✓	Not met ☐
Criterion 3.3	Met ✓	Likely to be met ☐	Not met ☐

The documentation described the academic and administrative appointments made since the part 1 reaccreditation visit (See condition 1). These include new and replacement posts. There are also several staff members who are seconded to the University by their employers; these include a Boots teacher practitioner and three clinical tutors who are part of the placement team. The School is currently working with additional NHS trusts to recruit a further three hospital pharmacist clinical tutors.

Of the staff members employed directly within the School, 13 are GPhC-registered pharmacists, five are registered overseas, and one is a GPhC registered pharmacy technician. Together with the teacher practitioners and clinical tutors, this gives a total of 17 GPhC registered pharmacists. This will increase to 20 in September 2024 with the arrival of two lecturers in prescribing and one lecturer in pharmacy practice, and to 23 later in the 2024-25 academic year with the appointment of three hospital clinical tutors. Currently, three members of staff are independent prescribers, and additional pharmacist staff members are undertaking independent prescribing training. The team heard that the School was always looking to increase the number of pharmacists and pharmacist independent prescribers on the staff, for example, by the appointment of clinical tutors, and honorary and clinical lecturers, as well as by repurposing existing positions towards pharmacy and prescribing; part-time posts would be considered, so that staff members can maintain their clinical practice as well as undertaking academic activities. The staff stated that the School always received a large number of applications for advertised posts. Overall, the School was confident that the number of pharmacists was sufficient, and the Pro Vice-Chancellor told the team that the University management can consider special requests for additional staff to meet the requirements of health regulators.

The School now has three centrally funded posts who design, co-ordinate, integrate, support, deliver and assess the simulated learning activities within the course. The Placement Team is growing to support the ongoing expansion of the placement programme, with an additional Placement Co-ordinator to support community pharmacy and third sector placements, together with the developing community and hospital based Clinical Tutor team.

Responding to the team's wish to learn if the School has identified any risks to the programme, and what mitigating actions are being taken, the staff listed low pass rates in year 4, poor NSS results, and the maintenance of student numbers without detriment to quality, as well as the School's ability to provide sufficient experiential learning. Concerning year 4 pass rates, the School is taking actions to ensure that as many students as possible will graduate in August (see standards 6 and 7). Significant changes have been made to ensure that the quality of entrants to the course is enhanced, and plans are being implemented to increase student engagement, which, it is hoped, will reduce failure rates. Although challenges remain, extensive progress has also been made in the provision of placements through working with providers and with NHSE (see standard 5).

The accreditation team agreed that criterion 3.3 is met. Criteria 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') and 3.2 (*'The staff complement must be appropriate for the delivery of all parts of the MPharm degree'*) are likely to be met by the part 2 event: this is because the new members of staff, especially some of the clinical tutors who will have a key role, particularly in assessment of students during placements, are not yet in post. Additional evidence for meeting these criteria should be available by the part 2 visit.

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	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.2	Met ☐	Likely to be met ✓	Not met ☐
Criterion 4.3	Met ☐	Likely to be met ✓	Not met ☐
Criterion 4.4	Met ✓	Likely to be met ☐	Not met ☐
Criterion 4.5	Met ☐	Likely to be met ✓	Not met ☐
Criterion 4.6	Met ☐	Likely to be met ✓	Not met ☐

The documentation stated that the systems and policies for managing, developing and evaluating the MPharm degree remain as outlined at the part 1 reaccreditation event in 2023. As discussed at the part 1 event, the University restructuring was finalised in August 2023; this removed the faculty structure and reduced the total number of schools to ten. Noting that a group had been established to monitor the new School structure and ensure effective change management, the team requested an update. The staff stated that the restructuring had achieved its intended aim. University professional services had been restructured at the same time, and professional services were now allocated specifically to the School. The Dean reports regularly to the Vice-Chancellor Group (VCG) which seeks assurance on the functioning of the School, the senior leadership of which meets weekly to consider specific actions relating to ongoing matters such as standard setting. The School provides an assurance report, which covers all data from the School, and which goes to the VCG via the Academic Board. The VCG monitors student metrics and intervenes where required. The staff stated that the restructuring has been beneficial and there is now a robust governance structure. The Dean's regular meetings with the VCG ensures that this group now understands pharmacy and its requirements and recognises the importance of long-term thinking. The new GPhC standards have given the School leverage, and the Pro Vice-Chancellor and VCG are supportive and understanding.

A detailed learning in practice strategy has been developed (See condition 3) with experiential learning placements in all four years (see narrative under standard 5); this was developed in collaboration with the Education & Training Lead pharmacists at the local trusts and will be fully implemented across the next three years. There is ongoing dialogue with the Education & Training Leads to deliver placements and discuss the progression of hospital placements. This has resulted in an agreement regarding the clinical tutors, who will become the main supervisors, assessors and point of contact for each trust going forward.

The management of time in practice settings involves close collaboration with the placement providers, who must sign up to the Placement Agreement which sets out the legal basis for the placements and outlines key expectations. Each organisation provides details of dates and capacity for hosting students, with the Placement Administrator allocating students, informing both students and providers, and keeping up-to-date records. Supervisors are provided with guidance for each placement, including expectations around student conduct, workplace activities and assessments.

Appropriate supervisor training is being rolled out and providers can contact the placement team at any time if there are any queries or concerns. Since the part 1 visit, the placement team has been centralised at university level. The University has procured a placement management software system, and the central placements team will be able to support DBS checks, occupational health screening and procurement of uniforms, as well as providing support to deal with urgent queries while students are on placement. The School has appointed an Experiential Learning Educator who will support the organisation of placements. Noting the introduction of a placements team in Academic Registry to offer centralised placement support to the School, the team sought clarification of how this operates and how the central team interfaces with staff in the School. The staff explained that this was established only in March 2024 and its role is to look after administrative tasks relating to placements, such as contractual arrangements, vaccination requirements, and health and DBS checks, while providing a single point of contact for students out on placement and removing the administrative burden from the School, with which it works very closely. Responsibilty for finding placement sites remains predominantly within the School. The staff told the team that there are regular discussions with the placement providers, from whom the School receives extensive feedback and who are involved in updating the placement workbooks. A group of placement partners representing various sectors confirmed that they had good working relationships with the School and participated in meetings with the placement team. They told the team that they were impressed with the UCLan students, who demonstrated professionalism, were well prepared, keen to learn and asked appropriate questions. The providers had considerable experience over a number of years and knew what was expected of them. Although they had no bespoke training, they had received wider training through NHSE and were familiar with the supervision and assessment of foundation year trainees. They received guidance documents from the School outlining learning outcomes and the tasks to be undertaken on placements.

Comensus will continue to provide input and a patient voice to teaching and assessment, open days, interviews, advisory groups and portfolio development. The patient and public engagement (PPE) and interprofessional education (IPE) leads will embed, manage and continually review the involvement and integration of PPE and IPE activities within the course, keeping aware of developments locally, regionally and nationally. The leads liaise with Comensus about IPE and PPE activities within the School and act as the point of contact for Comensus. In response to the team's wish to learn how patients' views are collected and used, the staff explained that this was not yet undertaken formally but there is extensive feedback through students' interactions with Comensus patients, who are very well trained and who want to engage with students; students document feedback from Comensus patients in their personal development portfolio logs. More formal use of patients' views may emerge as structured learning events involving patients are implemented during year 3 hospital placements.

Students must meet the pre-placement requirements before being allocated to a placement; these include an enhanced DBS check, Occupational Health clearance, successful completion of mandatory training, and signing up to the Student Placement Agreement. They are briefed before placements and must attend pre-placement workshops to ensure adequate preparation for the planned activities and familiarity with expectations. Evaluation of the placements is undertaken both formally and informally. Providers complete an online review form and are also invited to more formal placement review meetings.

A condition (condition 4) arising from the part 1 reaccreditation was the requirement to develop a 'student engagement and confidence plan'. The implementation of this plan was facilitated by the

secondment into the School of a Change and Implementation Manager. Visits to many teaching and learning sessions resulted in a number of recommendations relating to approach to assessments, staff training and development, student professionalism, organisation and management, communication, student feedback, support for students and student achievement. A key part of the plan was focussed on improving communication across the School, including between colleagues and with students. Several different channels of communication were promoted across 2023-24. These included an anonymous feedback board, informal face-to-face or online meetings, a formal student feedback forum, formal student feedback review meetings, structured feedback via online surveys, e-mail and verbal feedback from students, meetings of final year students with external examiners, and School-specific meetings with the Senior University Management Team. The School now emphasises the importance of consistent, timely and empathetic communication with students and has implemented systems to ensure this. Work continues to improve student feedback on experiential learning and interprofessional education (IPE) sessions. Such feedback includes completion of questionnaires at the end of each IPE session and placement. Condition 4 also required the School to implement and monitor a student code of conduct to develop a true sense of professionalism among students. In response to this, the School has revised and implemented a professionalism policy, which included staff training to help empower staff members to tackle disruptive and inappropriate student behaviour. Peer-to-peer and other teaching observations were conducted across the School, with the aim of sharing good practice in relation to engaging large groups of students in learning activities, as well as identifying any training needs for teaching staff. The team heard how the School emphasises the importance of engagement and attendance, with poor attendance resulting in referral to fitness to practise. Attendance at meetings with personal tutors is monitored, and poor engagement is flagged to the Student Experience Coach, who also deals with year 1 students who do not engage with the regular, weekly, multiple-choice question tests. Students will fail their portfolios if they fail to attend meetings with their personal tutors. Seeking an explanation of the poor attendance at the Staff-Student Liaison Committee (SSLC), the team was told that while attendance at the November meeting was good, semester 2 attendance remained problematic because of the students' focus on assessments. Student representatives engage with the School staff outside formal meetings. The School was seeking to rectify poor attendance by allowing alternate student representatives or increasing the number of representatives per year. Student representatives are trained by the Student Union, this training including how to progress issues to the School. However, there are many other ways of gaining student feedback on the course, including through meetings with tutors, open face-to-face forums, and feedback obtained during lectures. The School makes clear to students the channels for raising concerns, including through the anonymous 'Unitu' platform. First year students told the team that the SSLC works well and that the School was generally responsive to their feedback and concerns, although sometimes slow to respond. Students in later years agreed that communication between staff and students was good and had improved markedly since last year.

The team agree that criteria 4.1 and 4.4 relating to the management, development and evaluation of MPharm degrees are met. The following criteria are likely to be met by the part 2 event, at which time additional evidence should be available:

- *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.*
- *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.*

- *4.5 Systems and policies must be used in such a way that the MPharm degree is evaluated on the basis of evidence and that there is continuous improvement in its delivery.*
- *4.6 MPharm degrees must be revised when there are significant changes in practice, to make sure provision is relevant and current.*

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	Met	Likely to be met	Not met
Criterion 5.1	Met ☐	Likely to be met ✓	Not met ☐
Criterion 5.2	Met ☐	Likely to be met ✓	Not met ☐
Criterion 5.3	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.4	Met ☐	Likely to be met ✓	Not met ☐
Criterion 5.5	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.6	Met ☐	Likely to be met ✓	Not met ☐
Criterion 5.7	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.8	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.9	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.10	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.11	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.12	Met ✓	Likely to be met ☐	Not met ☐
Criterion 5.13	Met ✓	Likely to be met ☐	Not met ☐

The documentation reiterated the progressive nature of the curriculum, built on increasing clinical complexity and uncertainty in the topics studied, and the increasing focus on holistic, person-centred care across a variety of settings.

Since the part 1 reaccreditation visit, in response to condition 3, the School has revised the learning in practice strategy to include more detail on the provision of experience in a variety of practice settings, enabling students to apply and develop their knowledge and skills, in order to meet GPhC learning outcomes. The total number of placements across the MPharm has been increased and the team heard that the School had a good relationship with NHSE, which had been very supportive in helping to expand the placement provision. Year 1 now includes a four-day third sector placement in addition to four days in community pharmacy and one day of hospital pharmacy experience, this serving as an introduction to hospital pharmacy, in preparation for year 3. Year 2 students undertake three four-day community pharmacy placements, which build on and contextualise year 1 teaching, covering, for example, law, prescription handling, community pharmacy services, gaining information from patients, clinical governance, and communication skills. There is now an extended, 12-day hospital pharmacy placement in year 3, where students will consolidate skills learned in year 2, and undertake tasks such as history taking, interpretation of patient notes and medicines reconciliation, as well as reviewing pharmaceutical care with the pharmacist and experiencing the workings of multi-disciplinary teams. Year 4 now includes four days in community pharmacy, eight days in a GP practice and four days of specialised placements, with an element of student choice to mirror the students'

interests. The GP practice placement will build on a half-day session in year 3 and will allow students to develop a deeper understanding of the role of the pharmacist in this sector. The focus will be consultations with patients, applying evidence-based guidelines and implementing plans for patient monitoring and management. Interprofessional learning has also been increased through a year 3 session with optometry students.

The team heard that the new experiential learning plan was introduced for year 1 in the current academic year and will cover years 1 and 2 in the academic year 2024-25, with interim arrangements for years 3 and 4 to meet the 2021 GPhC standards: year 4 students will undertake 8 days of placement work in the 2024-25 session. Full implementation will take place in the 2025-26 academic year (except for year 4 where they are aiming to go up to 12 days with 16 the year after). Learning activities for placements, including skills, have been mapped to GPhC learning outcomes in each year's experiential learning. Students will record the activities in workbooks and document the appropriate evidence; they will be signed off against the various activities. If students fail on a placement, this will be addressed in the August examination diet by a resit OSCE (students who fail will have a resit placement to cover the failed aspects) covering the various activities. Questioning whether the 2025 graduates will have experienced sufficient placements to meet the 2021 GPhC standards, the team was told that as a result of the mapping the School was confident that this can be delivered, with each learning outcome demonstrated more than once and with numerous opportunities for students to develop their skills. On placement will be monitored by the clinical tutors, who will play a critical role. Supervised learning events will help to ensure that the 'does' level will be met; these are generic to various activities and do not require specific types of patients. The team looks forward to seeing more detail on the implementation of the new experiential learning plan at the part 2 visit.

The team was told that feedback from students about their placements is captured through post-placement workshops, student reflections and evaluation forms, although the School does not receive many returns of the forms. The staff stated that first-year students have enjoyed the placements, especially hands-on dispensing and their work in the third sector such as charities for older adults or homeless people. This was broadly confirmed to the team by the first-year students. Students in other years were generally happy with their placements, although there was some variability among the hospitals and GP practices, and the students expressed the view that there should be greater uniformity to ensure that everybody has the same experience.

The team agreed that criteria 5.3, 5.5 and 5.7-5.13 relating to the design and delivery of the curriculum are met. The following criteria are likely to be met by the part 2 event, when additional evidence should be available:

- *5.1 There must be a curriculum and a teaching and learning strategy for the MPharm degree, which set out how student pharmacists will achieve the learning outcomes in part 1.*
- *5.2 The component parts of the MPharm degree must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached.*
- *5.4 The learning outcomes must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally.*
- *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.

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	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.2	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.3	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.4	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.5	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.6	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.7	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.8	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.9	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.10	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.11	Met ☐	Likely to be met ✓	Not met ☐
Criterion 6.12	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.13	Met ✓	Likely to be met ☐	Not met ☐
Criterion 6.14	Met ✓	Likely to be met ☐	Not met ☐

The documentation described how the assessment strategy has been revised in response to condition 2. The new strategy makes explicit what is being assessed, when and to what standard, and also details how students will be assessed in practice settings. Most of the credit-bearing assessment (approximately 80%) is based on examinations, with the rest coming from coursework, including laboratory reports, presentations, data interpretation, service proposals, audit and critical appraisal. Pass/fail assessments include calculations examinations, objective structured clinical examinations (OSCEs), portfolios and workshop engagement. Examination questions increase in complexity, from multiple-choice question (MCQ)-based knowledge recall and understanding in years 1 and 2 to patient-based, single best answer questions in years 3 and 4, requiring students to apply knowledge and make decisions on best treatment options for complex patients. OSCE assessments develop from a station-based practical in year 1 to a 10-station OSCE in each of years 2 and 3, culminating in a 12-station OSCE in year 4. In presenting the team with further information concerning the implementation of the assessment strategy, the staff described the use of workbooks which have been introduced successfully for use in all workshops in years 1 to 3, as well as the introduction of weekly multiple choice question tests in year 1. Attendance at the workshops is mandatory, and, within the workbooks, students must complete a worksheet that is marked and signed off in class; they are required to complete 75% of these worksheets and where they fail, they must complete the worksheets in person on the campus under controlled conditions. The School holds a spreadsheet showing the worksheets completed by each student and their meeting of the relevant learning outcomes. The weekly MCQ tests in year 1 comprise 10 questions, as well as five calculations answered in a fixed time period at a set time on a specific day. Student engagement with, and

performance in, completion of the worksheets and the year 1 MCQ tests have been good. Students in all years told the team that, in general, they were broadly satisfied with their assessments. They found the workshop worksheets helpful in structuring the workshops and in motivating their attendance, although they would like to receive the worksheets sooner. They were, however, concerned about the School's inflexibility in not allowing latecomers into workshops, bearing in mind that many students commute. Another concern was the flagging of problems by Turnitin in submitted assessments soon after submission, with subsequent referral to personal tutors or Student Wellbeing and investigation by the School; this caused stress and students would prefer the flagging to be revealed to them after a decision is made to progress towards a formal academic misconduct process.

The assessment strategy now details the activities undertaken on placement, the associated assessments and the link to the GPhC learning outcomes, to which all assessments are mapped. Students will compile a portfolio of evidence and reflections on their placement experiences within each of the 'professionalism' modules. In years 3, as well as providing evidence, students' skills will be assessed through workplace-based assessments as part of supervised learning events, using, for example, case-based discussions, medication related consultation framework (MRCF), mini-clinical evaluation exercises (mini-CEX) and direct observation of practical skills (DOPS). These assessments, which will help to support the transition to the foundation training year, will be conducted by the clinical tutor (CT) team, with CTs defining standards together with teaching staff and undertaking the final sign off of the SLEs, while personal tutors will sign off students' portfolios. The placement lead and MPharm course lead will have oversight of the assessments and will support the CTs. Prior to year 3 placements, students will be prepared for the workplace-based assessments, having had similar workshop exercises in earlier years. Students will undertake mandatory preparatory learning through pre-placement workshops. The quality of workplace-based assessments will be assured through evaluation of the placements, meetings with placement providers before and after placements, supervisor training, which will vary across the different sectors, and site visits by the clinical tutors. The placement partners told the team that they may be involved in assessment of their students and were aware of the inclusion of SLEs in placements but had not yet had any training on this, although they were already familiar with such assessments through assessing Foundation Year trainees. The team looks forward to seeing further developments in the workplace-based assessments at the part 2 visit, as well as the clarification of the respective roles of clinical tutors and placement supervisors in these assessments.

Meeting outcomes at the 'does' level through workplace-based assessments will be assured through repeated assessment of outcomes, the use of the worksheets in the workbooks and the evidence recorded in the portfolios. In response to the team's wish to learn more about the 'Professionalism in Practice' assessment, especially how this is assessed at the 'does' level, the staff explained that this will start from September 2024 and will be mapped across to 'behaving professionally' outcomes. The assessment will comprise a testimonial completed by the placement supervisor covering aspects such as attendance, politeness, appropriate dress, and punctuality, and will include statements relating to any concerns about students failing to refer patients to other health professionals, or about them working beyond their competence.

All coursework assessments (including portfolios), examination questions and OSCE stations are written by the teaching team and undergo internal verification to ensure clarity, level appropriateness and accuracy. Examinations are blueprinted to taught material. Verified assessments are then circulated to external examiners and any comments addressed by teaching teams. Appropriate

standard setting methods are used for all examinations, and students are made aware of this process. The team heard that standard setting, using borderline regression, is already in place for OSCEs, while a modified Angoff method has now been implemented successfully for all examinations across all years. All members of staff have received training in standard setting, and the School's procedures have been reviewed by the University's Professor of Medical Education. The students in higher years told the team that they now had a better understanding of standard setting, although there seemed to be some lack of clarity on this topic among year 1 students.

All assessments are moderated and analysed following marking. The University moderation policy requires that at least 10% of coursework submissions across a range of marks are moderated. Written coursework with multiple markers is scrutinised to ensure parity, and if discrepancies arise, scaling or remarking is performed as required. After an examination has been taken, the performance of individual questions and of the examination as a whole is reviewed. Similarly, the performance of OSCE stations is reviewed to identify stations that have performed differently from others and to determine reasons for any discrepancies. Recordings of OSCE stations from a representative sample and all borderline students are moderated. Subjective elements of portfolios are marked by various staff members; reflections are marked by personal tutors, while evidence from placements will be agreed by the placement supervisor and reviewed by the personal tutor, who will determine if it meets the requirements to pass. The portfolio will be moderated using normal University coursework guidelines. The rigour of in-practice assessments will be maintained by ensuring that all placement supervisors are trained, with appropriate marking schemes being used. The team looks forward to seeing further developments in the training associated with supervision and assessment during experiential learning at the part 2 visit.

Patient safety is considered in all summative assessments. If a student's action/inaction could potentially cause patient harm, this will be referred to the Patient Safety Panel, which is chaired by the MPharm course leader and includes an experienced pharmacist plus another member of academic staff. The potential for harm, and the level of that harm, will be discussed, and an appropriate penalty will be applied; this ranges from a written reflection on the situation, to failing the assessment. Students will be given individual feedback on the reason why they have been referred to the Panel. Repeated referrals and/or lack of insight and reflection may lead to a referral to fitness to practise procedures. Noting the penalties for patient safety/red flag issues in an assessment, the team queried whether there was a formal framework for dealing with these issues. The staff explained that wherever patient safety matters arise from a student missing critical points or doing something unsafe in an OSCE, or in other assessments including coursework, these are referred to the Patient Safety Panel, which will decide the level of harm as low, moderate or severe according to formal definitions. Where the level of harm is 'low', students must produce a reflection. A 'moderate' level of harm results in students suffering a penalty, such as a mark reduction, as well as producing a reflection. If the panel determines a 'severe' level of harm, the student will fail the entire assessment. To pass the final OSCE, students must pass at least 9 out of 12 stations: missing a critical point results in failure of the specific station, while a dangerous action results in failure of the entire OSCE.

Students receive regular feedback on formative assessments including year 2 and 3 OSCEs. This includes both individual and group feedback. Placement supervisors are encouraged to provide both informal and formal feedback, the latter being provided, for example, through the 'Professionalism in Practice & Skills in Practice' assessments. Year 1 students told the team that feedback was generally sufficiently timely, although this varied among the assessments. Students in higher years agreed that

feedback had improved both quantitatively and in terms of timeliness since last year.

In response to the team's wish to learn about their views on the low pass rates this year, the students attributed this to various factors, including their inadequate preparation for OSCEs, the formative OSCE being much easier than the final one, insufficient practice for multiple choice questions, and examinations being based on additional reading without the relevant material appearing on the lecture slides. In response to the team's wish to understand why large numbers of students had failed calculations questions, the staff explained that this was due to a variety of reasons including the previously lower entry standards that impacted the performance of students now in high years. While aware that improvements were still needed, the team heard that the School has now changed the way that calculations teaching is delivered, along with an increase in the number of staff members involved.

The team agreed that criteria 6.1, 6.5, 6.9, 6.12, 6.13 and 6.14 relating to assessment are met. The following criteria are likely to be met by the part 2 event, when additional evidence should be available.

- *6.2 Higher-education institutions must demonstrate that their assessment plan is coherent, fit for purpose, and makes sure that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment.*
- *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 appropriate to the learning outcomes, in line with current and best practice, and routinely monitored, quality assured and developed*
- *6.4 Assessment must be fair and carried out against clear criteria. The standard expected of students in each area to be assessed must be clear; and students and everyone involved in assessment must be aware of this standard. An appropriate standard-setting process must be used for summative assessments done during the MPharm degree.*
- *6.6 Pass criteria for all assessments must reflect safe and effective practice.*
- *6.7 It must be clear what standard-setting methods are used during the MPharm degree.*
- *6.8 Higher-education institutions must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of experiential and inter-professional learning, during the MPharm degree, against each of the learning outcomes.*
- *6.10 Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers, patients, and supervisors.*
- *6.11 Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment.*

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	Met ☐	Likely to be met ✓	Not met ☐

Criterion 7.2	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.3	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.4	Met ✓	Likely to be met ☐	Not met ☐
Support for everyone involved in the delivery of the MPharm degree			
Criterion 7.5	Met ✓	Likely to be met ☐	Not met ☐
Criterion 7.6	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.7	Met ☐	Likely to be met ✓	Not met ☐
Criterion 7.8	Met ✓	Likely to be met ☐	Not met ☐

The documentation summarised the support mechanisms available for both students and staff, with support throughout the year remaining as described during the part 1 reaccreditation event: coaching was available for all MPharm students, with both one-to-one support and group workshops. All students must meet with their personal tutor at least twice per year to discuss academic progress and wellbeing, as well as their personal development plans. From the start, students are made aware of the procedures for raising concerns in the School. Similarly, staff members are all made aware of how to raise concerns relating to either a student or a fellow member of staff. The team heard that the close relationship between the School and the placement coordinator allows the ready raising of any concerns arising from placements.

In response to condition 4, there has been an increased emphasis on ensuring student attendance and engagement. During the 'Welcome Week', students must complete a quiz relating to School and University processes; this ensures their engagement with all material relevant to professional behaviours and expectations and patient safety, as well ensuring their appreciation of the support systems available to them; these aspects are additionally stressed in the year 1 professional practice module. Attendance is monitored in weekly meetings involving the School's Achievement Coach and Retention Lead, and processes are in place to address students whose attendance is unsatisfactory. Students in years 2-4 told the team that communication between staff and students had improved markedly. They were better supported now and feel more comfortable to talk to the staff, with senior staff members being approachable, very helpful and responsive to feedback, and personal tutors being proactive in checking up on their students; year 1 students told the team that the personal tutor system worked well.

Peer-to-peer observation and other teaching observation systems allows the identification of any staff training requirements, which are then discussed and agreed during staff appraisals. Training is also incorporated into School meetings, allowing discussion and sharing of good practice. Specific training relating to standard setting has taken place. Mandatory staff training sessions are undertaken each year and there is also recommended training offered through the Centre for Collaborative Learning. The placement supervisor booklet includes all the relevant contact details and telephone numbers.

Querying the impact of the new assessment strategy on student workload, the team was told that the workload on the new course is appropriate to the 120-credit weighting in each year, with assessments designed to promote learning and much of the work being undertaken during classes through completion of the worksheets. The regular multiple choice question tests introduced into year 1 have previously been demonstrated to be effective on the bioscience course: they help the students to timetable their learning and the tests can be completed at home. The School is working with the students on timetabling and is trying to free up as much time as possible to take account of student working and commuting patterns. The year 1 students told the team that although the workload was manageable, the timetable was very full, and that they would appreciate having one day off per week,

along with a better spread of the workload to liberate time for revision. They also commented that they are sometimes required to come onto campus for just one workshop, which was problematic for students who commute.

Noting the high failure rates, especially in years 2-4, the team asked how the School was supporting students after the release of the results. The staff described how the School had sent out a 'frequently asked questions' document before the results were released. Face-to-face revision days are being provided for each year group, ensuring the availability of appropriate staff to address each assessment. Students will be able to see the analysis of multiple-choice question papers to show which questions were answered poorly and will be able to contact their personal tutors to go through the examinations. Tutors will receive individual e-mails showing where each student had performed badly. Student Wellbeing staff members are on standby, especially to deal with students who are at risk, for example, as a result of mental health issues. Year 4 students who had failed were all contacted, and it was established that their Foundation Year training employers were flexible concerning their starting dates. Students who had failed semester 1 assessments had received a personal e-mail with breakdown of their results and the School had provided a feedback session, although the revision days would only take place across the summer.

The team agreed that criteria 7.3 and 7.4 relating to the support and development for student pharmacists, and criteria 7.5 and 7.8 relating to the support and development for everyone involved in the delivery of the MPharm degree are met. The following criteria are likely to be met by the part 2 event when additional evidence should be available:

- *7.1 There must be a range of systems in place during the MPharm degree to identify the support needed by students, and to support them to achieve the outcomes in part 1 of these standards. They must be based on a student's prior achievement and be tailored to them. Systems must include induction, effective supervision, an appropriate and realistic workload, personal, study skills and academic support, time to learn, access to resources, and remediation, if needed.*
- *7.2 Student pharmacists must have support available to them covering academic, general welfare and career advice.*
- *7.6 Training must be provided for everyone involved in the delivery of the MPharm degree.*
- *7.7 Everyone involved in the delivery of the MPharm degree must have effective supervision, an appropriate and realistic workload, mentoring, time to learn, continuing professional development opportunities, and peer support*

Decision descriptors

Decision	Descriptor
Met	The accreditation team is assured after reviewing the available evidence that this criterion/learning outcome is met (or will be met at the point of delivery).
Likely to be met	The progress to date, and any plans that have been set out, provide confidence that this criterion/learning outcome is likely to be met by the part 2 event. However, the accreditation team does not have assurance after reviewing the available evidence that it is met at this point (or will be met at the point of delivery).
Not met	The accreditation team does not have assurance after reviewing the available evidence that this criterion or learning outcome is met. The evidence presented does not demonstrate sufficient progress towards meeting this criterion/outcome. Any plans presented either do not appear realistic or achievable or they lack detail or sufficient clarity to provide confidence that it will be met by the part 2 event without remedial measures (condition/s).