

**Kingston University, Master of Pharmacy
(MPharm) degree programmes, Part 2 event
report, December 2024**



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Event summary and conclusions

Provider	Kingston University
Programmes	<p>Master of Pharmacy (MPharm) degree (4-year)</p> <p>Master of Pharmacy (MPharm) degree with preparatory year (5-year)</p> <p>Master of Pharmacy (MPharm) degree with year 1 taught over two years (5-year)</p>
Event type	Reaccreditation (Part 2)
Event date	12-13 December 2024
Approval period	2023/24 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	<p>Approval</p> <p>Reaccreditation of the MPharm degree, MPharm degree with preparatory year, and MPharm degree with year 1 taught over two years offered by Kingston University was confirmed. There were no conditions.</p> <p>Reaccreditation was confirmed for a period of 6 years, with an interim event in 3 years' time.</p>
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Key contact (provider)	*Professor Reem Kayyali, Head of Department of Pharmacy
Accreditation team	<p>*Professor Chris Langley (Team leader), Professor of Pharmacy Law & Practice and Deputy Dean (Engagement and Development) of the College of Health and Life Sciences, Aston University</p> <p>Dr Gemma Quinn (team member – academic), Head of School of Pharmacy and Medical Sciences, University of Bradford</p> <p>Ravi Savania (team member – academic), Associate Professor of Pharmacy Education, School Director of Teaching and Learning, University of Reading</p>

	<p>Lesley Johnson (team member – pharmacist), Education and Training Consultant</p> <p>Anum Iqbal (team member – pharmacist), Locum Pharmacist in primary and secondary care, PhD Researcher Newcastle University</p> <p>Katie Carter (team member – lay), Consultant in Healthcare Regulation and Education</p>
GPhC representative	*Philippa McSimpson, Quality Assurance Manager (Education), General Pharmaceutical Council
Rapporteur	Richard Calver (rapporteur), Freelance education consultant

*attended pre-event meeting

Introduction

Role of the GPhC

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

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

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

Background

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

MPharm degree

The MPharm programme offered by Kingston University was last reaccredited in 2018. The provider is part of the Pan-London Pharmacy Consortium along with University College London, King's College London, and this consortium supports the delivery of the undergraduate placements.

MPharm degree with preparatory year

As well as the standard four-year MPharm degree, the Department offers a 5-year MPharm degree with a preparatory year. This is currently titled 'MPharm Extended Degree with Foundation Year' but will be renamed 'MPharm Extended Degree with Preparatory Year' from the 2025/26 academic year onwards.

MPharm degree with year 1 taught over two years

Previously, this programme was accredited as a separate two-year foundation degree, which permitted entry to year 2 of the Department's 4-year MPharm degree. From 2025/26 this programme will be offered as a 5-year MPharm degree and renamed 'Pharmacy with Biopharmaceutics'. Satisfactory completion of the first two taught years allow a student to either progress to the remainder of the MPharm degree or to join alternative degree pathways within the University.

Reaccreditation part 1

The part 1 reaccreditation event for all the above programmes was held in February 2024. Following this event, the accreditation team recommended to the Registrar of the GPhC that the provider's MPharm degree, MPharm degree with preparatory year and MPharm degree with year 1 taught over two years be reaccredited, subject to a satisfactory part 2 event and two conditions. The conditions were:

1. To remove opportunities for summative coursework and practical components to be passed 'as aggregate'. This is because there is insufficient justification for students to be permitted to progress without demonstrating achievement of the passing standard for each assessment. This is to meet criteria 5.8 and 6.14.
2. The pass criteria for the year 4 summative objective structured clinical examinations (OSCEs) must be revised to ensure that students are not permitted to pass if their actions demonstrate severe patient harm through unsafe practice. Overarching criteria should be developed to clearly define what constitutes patient harm in relation to the potential impact of the student's actions on the patient, to ensure consistency and clarity to both students and those involved in marking this assessment. This is because the accreditation team agreed that the current pass criteria for this assessment do not sufficiently prioritise patient safety and the demonstration of safe and effective practice. This is to meet criteria 6.2, 6.4, 6.5, 6.6 and 6.14.

The provider submitted evidence to address these conditions following the part 1 event. In addressing condition 1, the provider confirmed that all MPharm modules had been modified to remove opportunities for 'aggregate' passes, and that, for each module, each element of assessment must be passed in order to achieve an overall pass for that module. The provider had also made the need to pass each element of a module a condition for a student to progress from the Foundation degree to the second year of the MPharm degree.

The provider also confirmed that the following process was being introduced to address condition 2:

1. The pass mark for the OSCE is standard set.
2. Students and staff will be given a list of examples of patient harm incidents (both physical and psychological). The list will be visited regularly and updated in the light of OSCE blueprints and incidents arising.

3. The provider will train staff marking OSCEs at level 6 and 7 (year 3 and 4) to recognise such harms and issue students with a 'yellow card' for the relevant station. Training will be compulsory and must be completed before staff may assess OSCEs.
4. A Safety Committee will be established with a minimum quoracy of 3 members of registered pharmacists including a minimum of 1 independent prescriber pharmacist. Other staff may be called on as needed if a decision cannot be reached.

The provider further explained that the Safety Committee will enhance the safety culture of prescribing within the MPharm course. This committee will assess the level of patient harm when students commit an incident and will recommend action and learning to reduce the likelihood of repeated errors.

The accreditation team agreed that the provider's responses were sufficient to meet both conditions, and that the criteria related to these conditions were changed from 'not met' to 'met' or 'likely to be met'.

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 28 November 2024. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event.

The event

The event took place virtually on 12 – 13 December 2024 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with students.

Declarations of interest

There were no declarations of interest.

Schedule

Day 1: 12 December 2024

Private meeting of accreditation team, including break

Progress meeting 1 – management and oversight

- **Introductions**
- **Introductory presentation (maximum 20 minutes) covering:**
 - Overview of progress, developments and updates since the part 1 event
- Questions and discussions focusing on standards 1, 2, 3 and 4 as well as aspects of standard 7.

Lunch break and private meeting of accreditation team

Meeting with students

Private meeting of accreditation team

Day 2: 13 December 2024

Private meeting of the accreditation team

Progress meeting 2 – curriculum and assessment

- Provider demonstration of e-portfolio system (10 mins)
- Questions and discussions focusing on standards 5 and 6 as well as aspects of standards 2 and 7.

Break and private meeting of the accreditation team

Meeting with experiential learning partners and placement supervisors

Lunch break

Private meeting of the accreditation team, including lunch

Deliver outcome to programme provider

Attendees

Course provider

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

Name	Designation at the time of accreditation event
Kathy Curtis*	Dean, Faculty of Health, Science, Social Care and Education (HSSCE)
Aga Wala	Finance Business Partner, HSSCE Faculty
Neil Williams*	Associate Dean for Learning & Teaching, HSSCE Faculty
Mehmet Dorak*	Head of School, Life Sciences Pharmacy and Chemistry (LSPC)
Kim Thomas*	Faculty Project Manager

Reem Kayyali*	Head of Pharmacy
Alexis Bailey	Lead for St. George's University of London (SGUL) on the Kingston Pharmacy Courses
Amr Elshaer*	Admissions Tutor and Fitness to Practise Chair
Gianpiero Calabrese	Admissions Tutor and Personal Tutor Scheme Lead
Federico Buonocore	Admissions Tutor
Sarah Murray*	Reaccreditation Clinical Lead
Talut Saqi*	Placement Lead
Dipa Patel	MPharm Course Director Years 1&2
Thuy Mason	MPharm Course Director Years 3&4
Ali Al-Kinani	Course Director Foundation Degree
Leanne May	Oriel preparation and support Lead and Digital support tools for teaching Lead
Swati Patel	Interview Lead and Personal Tutor Lead
Shereen El Nabhani	IPE Lead
Fran Arrigoni	Critical Thinking and Art into Science Lead
Heba Ghazal	Calculation Teaching and Assessments Lead
Caroline Kim	Course Director Foundation Degree
Farida Butt	London Consortium Project Researcher
Philip Crilly	Associate Professor in Pharmacy Practice and Digital Public Health
Mireille Hassoun	MPharm Course Director
Hachemi Kadri	Senior Lecturer
Ricarda Micallef	Associate Professor in Pharmacy Practice
Maryam Wassati	MPharm Course Director

*attended the pre-event meeting

The accreditation team also met a group of 24 MPharm students, comprising students from all three MPharm programme variants.

Key findings - Part 1 Learning outcomes

During the Part 1 reaccreditation process the accreditation team had reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree and MPharm degree with preparatory year. To gain additional assurance the accreditation team also tested a sample of **six** learning outcomes. Having reviewed the learning outcomes, the team agreed that all 55 learning outcomes were met, or would be met at the point of delivery.

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

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

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

Learning outcomes met/will be met? Yes No

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcomes met? Yes No

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

Learning outcomes met? Yes No

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

Learning outcomes met? Yes No

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

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

Standard 1: Selection and admission

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

Standard met? Yes No

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

The provider's written submission showed that applications for the 2024/25 academic year were slightly lower than for the previous year, and the team discussed this point at the event. The course staff explained that this was an anomaly caused by unexpectedly large numbers of applicants in the previous year and that applications remain buoyant. Staff also confirmed that, since the part 1 event, they had taken measures to prevent applicants not meeting the entry tariff from being admitted to the courses: the admissions team now includes staff dedicated to the pharmacy courses, and admissions staff are carefully trained so that they are aware of the entry requirements for the programmes.

Standard 2: Equality, diversity and fairness

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

Standard met? Yes No

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

The team explored the provider's approach to monitoring student performance broken down by protected characteristics. The provider described several processes to monitor this information and use it to improve student performance. For example, the provider uses student progression data for each of the programme entry routes to develop module enhancement plans and course enhancement plans. These plans are reviewed by the course leader and Faculty Education Committee, and course staff use the data to raise the performance of the whole cohort, with particular emphasis on under-represented groups.

The provider has several initiatives to support students' learning, including a new dual tutor system which uses clinical tutors and pastoral tutors to monitor students' academic progress and to provide support for personal matters. Students told the team that their tutors were supportive and that the dual system was beneficial. The students confirmed that their clinical tutors help them understand and meet the course learning outcomes and that their help was particularly useful when they needed to discuss their portfolios and reflective statements. They also confirmed that their pastoral tutors were helpful in offering general support and directing students to other university systems. The

course team has also developed a peer-mentoring scheme to support students' learning. Students also benefit from a 'Future Skills' programme which is delivered throughout the university and offers guidance on study skills and employability skills.

Students also confirmed that the university and course team are committed to supporting equality and respecting cultural diversity. The programme encourages students to consider cultural topics throughout their studies. For example, they participate in workshops on cultural competence and employability in years 1 and 2. Workshops also cover health inequalities and the use of appropriate language. The course team also distributes monthly emails informing students of cultural events, and the university runs several cultural societies.

Standard 3: Resources and capacity

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

Standard met? Yes No

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

Following the provider's written submission, and the outcome of the part 1 event, the team was keen to confirm that the provider had sufficient staff to deliver the course in all of its formats. For example, the team noted that the provider was introducing a new MSc in the 2025/26 academic year. The course team explained that existing staffing levels would be sufficient to manage initial student enrolment to the MSc course. The MSc syllabus would be based on existing staff interests, and new staff have been recruited. These new staff will contribute to the MSc for only one day per week so they will have sufficient time to also support the MPharm course. The MSc will therefore benefit the MPharm courses, and additional staff will be recruited if the MSc begins to admit more students, maintaining the current student-to-staff ratio.

The course team also confirmed that staffing for the MPharm course was sufficient. The number of GPhC-registered staff has been maintained since the part 1 event, two teacher-practitioner posts have been filled, and the provider hopes to recruit more teacher-practitioners from existing hourly-paid staff. The provider is expecting to increase the number of hourly-paid lecturers in time to assess the OSCEs in 2025. Five hourly-paid staff have been appointed and the provider is confident that a further thirteen will be recruited. Staff at the local hospital are keen to take up hourly-paid roles, for example. The provider ensures that hourly-paid staff receive effective training, and that this includes training for OSCEs. The number of staff holding prescribing qualifications has increased since the part 1 event and the provider expects this to increase further by encouraging existing staff members to gain qualifications in prescribing. Prescribers from other disciplines, such as medicine, also teach on the course.

The course team also explained the system used to ensure appropriate staffing. A spreadsheet maps the course curriculum to staff expertise, so the course team can ensure that the curriculum is adequately covered. The provider also tries to replace departing staff with staff holding similar interests so that the curriculum remains covered, and the University has always allowed extra staff to be recruited if student numbers rise (see also Standard 7).

Standard 4: Managing, developing and evaluating MPharm degrees

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

Standard met? Yes No

This standard was explored in detail at the part 1 event and the team was satisfied that all criteria are met, or will be met at the point of delivery. The provider reported no changes or updates to the delivery of this standard.

Standard 5: Curriculum design and delivery

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

Standard met? Yes No

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

The provider's written submission and presentation at the event had highlighted some matters relating to the availability of placements in general practice, and the team explored the provider's approach to these placements. The course team reported that twenty practices had provided placements last year but that some have now left the scheme, however the provider is using a workforce development group (the Southwest London Training Hub) and a working group with other universities to secure more placements in London and Surrey. The course team confirmed that all students would participate in a general practice placement but at different times, with placements taking place in the summer between Years 3 and 4 for some students but at other times for other students. The course team expects these placements to run for five days instead of the ten days originally planned, but was confident that a five-day placement would be long enough for students to complete the appropriate placement activities.

Course staff described other options for securing placement experience, including within prison settings. They acknowledged that some students were reluctant to gain experience in the prison sector but added that it could deliver valuable experience of medication reviews, multidisciplinary team meetings, in-patient units, palliative care, and mental health clinics. Staff expect the prison sector to offer more placement opportunities in future.

Some students reported to the team that they had taken some summer placements which had interfered with their summer holidays and made paid employment difficult to obtain. Course staff explained that use of the Summer period has been a temporary measure for the cohorts of students transitioning to the new standards to allow them to catch up and gain sufficient patient experience in later years of the programme, and that this would not be continued going forward.

The team was confident that the provider's approach was sufficient to meet this Standard's criterion for patient-facing experience (criterion 5.6) but will expect the provider to ensure that there are sufficient GP placement days or sufficient alternatives. The team will revisit the placement arrangements at a future reaccreditation visit to look at the impact of the pressure on GP placement opportunities as well as community pharmacy opportunities.

The course team also described the plans for the Consortium Accreditation Team which will be involved in quality assurance of placement sites from Spring 2025. It includes representatives from one or two of the three pharmacy schools comprising the consortium; a University not providing a

representative agrees to accept recommendations made by the representatives of the other one or two universities. Since this is a new initiative, a researcher is being employed to examine its effectiveness, and a stakeholder meeting will discuss plans in February 2025. The system will be subject to ongoing improvements based on feedback from providers, students and other stakeholders. Students provide anonymous feedback on placements through feedback forms and can also raise concerns to placement leads or clinical tutors. The provider can take action when students report concerns: measures include discussing improvements with the placement provider, removing placement sites if concerns are serious or, if necessary, reporting the placement site to the GPhC. Course staff confirmed that a member of staff has already visited each site to verify the suitability of facilities and supervision. The team therefore concluded that the provider had a suitable process for the quality assurance of placement sites.

The provider now uses an electronic system (Pebblepad) to record students' activities and achievement of learning outcomes, and the accreditation team discussed this system with the course team and students. Course staff informed the team that Pebblepad allows tutors to check that individual students are meeting their learning outcomes as well as identifying any common problems. This might include cases where several students fail to meet a particular learning outcome, for example. Students have scanned and transferred their older paper-based documents to Pebblepad to ensure that learning outcomes recorded on the paper-based system continue to be tracked. Some students told the accreditation team that this had been an onerous task, but the course team confirmed that this had only been necessary while the electronic system was being embedded. Students told the accreditation team that, although they had needed time to become familiar with Pebblepad, they were generally satisfied with it and saw its value in recording their learning outcomes and other activities. Placement supervisors shared this view, and students and supervisors confirmed that they had received training before using Pebblepad.

The team explored the provider's approach to interprofessional learning. Course staff emphasised that they collaborated with nursing, midwifery and social care colleagues, and that interprofessional learning was available throughout the course. Examples included simulation workshops in which pharmacy students collaborate with nursing students to manage clinical cases. The provider's IPE Steering Committee was set up in January 2024 and has already helped to broaden learning opportunities, including collaborating with Kingston Council to secure placements for working with vulnerable people alongside psychology students. Students confirmed that interprofessional learning had been beneficial, particularly when discussing clinical cases with medical students from St. George's, University of London, and when working with the local migrant population alongside other professionals.

Standard 6: Assessment

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

Standard met? Yes No

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

Following the provider's written submission, and the outcome of the part 1 event, the team was keen to discuss the provider's approach to unsafe practice by students during assessments. The course team presented a detailed process for investing potential harm in OSCEs, pointing out that all students were expected to reflect on their OSCE performance, including any unsafe practice. The staff explained that the new Safety Committee will become operational in January 2025, in time for the 2025 OSCEs. Students will be informed of the committee's role in January 2025. The committee will assess the nature of a safety incident, including the level of harm presented to patients. Students will not be permitted to pass their assessment if they expose patients to moderate or severe levels of harm. Staff will also recommend programmes of learning development, such as simulation sessions or e-learning tasks to avoid repeated errors. Students cannot resit OSCEs unless they have completed the recommended learning and reflection. The committee's terms of reference have been drafted: the committee will comprise pharmacists and representatives from placement providers, and will use NHS England guidelines for classifying harm. The committee may also consult external colleagues (for example, staff at St George's Hospital, or other placement providers) if decisions need a different professional view. Staff expect the committee to take less than one week to make decisions, and often no more than two days.

Staff are confident that the committee will allow the course team to discuss safety incidents arising in OSCEs and to identify opportunities to learn from these incidents, and they also hope that the committee's remit will be extended to cover errors arising in simulations. A list of errors has been developed with input from placement providers across different sectors. In the meantime, the provider continues to discuss incidents at meetings and circulates a bulletin to staff and students.

Staff will also be trained to recognise harm in OSCEs from January 2025. Training will include a range of errors that staff are expected to recognise and will include the procedure for logging incidents. The course team is also considering how clinical tutors can be trained. They have asked tutors to note any issues so that details can be disseminated to students, and students are expected to reflect on errors for their own development. The course team also confirmed that students receive appropriate training on patient safety issues, and study a range of events, guidelines and different patient characteristics. For example, training in minor illnesses includes red flag incidents and the need to refer in accordance with Pharmacy First guidelines. Students also study prescribing for vulnerable patients, and adverse reactions to drugs. These concepts are tested in OSCEs (see also Standard 5).

The provider uses a Fitness to Practise process which may be applied if students commit an error in an OSCE assessment which indicates that their fitness to practise may be compromised. The course team explained that this might include unprofessional behaviour, such as laughing inappropriately. It would not necessarily include clinical errors unless a student failed to take accountability for any necessary remedial learning.

The accreditation team used the event to discuss the provider's assessment strategy. The course team explained that OSCEs had been designed to increase in complexity across the course, covering minor illness consultations in year 1 before extending to more complex topics, such as drug histories, safeguarding considerations, managing chronic illnesses, and managing adverse reactions and safety issues. Later stages of the course feature more OSCE stations and place more emphasis on prescribing.

The team also discussed the provider's approach to standard setting, particularly with respect to the course's level 4 (year 1) synoptic assessment. This assessment uses a combination of multiple-choice, short answer and long answer questions. Course staff explained that standard setting is not used for

this assessment: it is unnecessary because multiple-choice questions comprise less than half of the assessment and the assessment only assesses students' theoretical knowledge, not their clinical skills. They also emphasised that students must still achieve the standard pass mark of 40%, and that the assessment is subject to conventional quality assurance by internal and external examiners. Staff also confirmed that standard setting is applied to all assessments in subsequent stages of the course.

The team recognises that the GPhC does not insist that all written assessments are standard set. The team therefore agreed that criteria 6.4 and 6.7 of this standard were met in accordance with current practice bearing in mind the provider's rationale in relation to the non-clinical nature of the level 4 assessment.

The team also queried why external examiners are not routinely invited to attend assessment boards. The course staff explained that the university uses a two-tier system with two types of external examiners: those external examiners who check the fairness of examinations but do not attend assessment boards, and those who attend assessment boards to confirm the fairness of the assessment board process but do not see the actual papers. Staff confirmed that external examiners check all assessments before they are set and view a sample of marked papers, ratifying the fairness and consistency of marking and confirming that learning outcomes are met. External examiners also discuss their observations at annual meetings with the course team and these have led to some recent changes to assessments. For example, assessments now use more short answer questions to avoid using multiple-choice questions which have too many similarities, and OSCEs now include more interactive stations. Staff also expect online assessments to help them analyse the results in more detail for the benefit of the external examiners. The accreditation team was therefore confident that the provider uses external examiners effectively to support the quality assurance of assessments, and that it acts on their advice.

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

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

Standard met? Yes No

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

The accreditation team considered the impact of the clinical tutor role on staff workload, since some pharmacist staff members are now required to monitor the progress of a large number of students. Course staff acknowledged that the clinical tutor roles had caused staff workloads to increase, but they expect clinical tutors' activities to be formally timetabled in future so that time will be allocated to this part of the role. This will acknowledge and illustrate the increase in staff workload and will therefore support resourcing. Staff told the accreditation team that they value the new clinical tutor system and are confident that it is sustainable: it is currently used for year 2 students onwards, but more staff will contribute as clinical tutors in future when the system is extended to year 1 students, and this will allow workloads to be distributed more evenly.

The team acknowledges the processes available to ensure that staff workloads remain manageable, but observes that the marking and monitoring of e-portfolios will impact clinical tutors' workloads. The team also recognises the impact of OSCEs on staff workload and hopes that the provider will remain mindful that staff workloads require careful monitoring.

Some students told the accreditation team that placements sometimes raised their workload significantly, particularly when held over the summer or close to assessments for other modules. Staff explained that they try to ensure that students' workloads remain fair and are willing to consider students' feedback on this point. They will also provide students with advice on effective workload management (see also Standard 5).

Teach out and transfer arrangements

The provider's written submission explained that three current students had started the MPharm course before 2020/21. These students had received mitigation for some assessments and had been offered exceptional retakes so they could start their foundation year training in 2024/25. The provider expects that two of the students who had mitigation in all assessments will opt for a teach out route by starting their foundation training year in July 2025. The provider has also supported students who started the course between 2020/21 and 2023/24 to transfer to the 2021 requirements. The support measures were described in detail in the provider's part 1 submission and included careful mapping of learning outcomes and additional summer camps and summer schools in 2023 and 2024. The provider has found that most learning outcomes have been met and covered prior to the final year and the remainder will be covered in final year teaching. Clinical tutors were provided with a summary spreadsheet outlining for each of their final year tutees the learning outcomes that each of their final year tutees have met.

Collaboration with the statutory education body and others

As outlined in the Stage 1 submission, the provider is part of a consortium which also includes University College London and King's College London. This consortium has helped develop the Pebblepad system and the quality assurance process for placement sites, as detailed under Standard 5.

Decision descriptors

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

