

**University of Reading, Master of Pharmacy
(MPharm) degree and MPharm degree with
Preparatory Year reaccreditation part 2 event
report, February 2025**



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Event summary and conclusions

Provider	University of Reading
Programme/s	Master of Pharmacy (MPharm) degree Master of Pharmacy (MPharm) degree with Preparatory Year
Event type	Reaccreditation (Part 2)
Event date	5-6 February 2025
Approval period	2022/23 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval Reaccreditation of the MPharm degree and MPharm degree with Preparatory Year offered by University of Reading was confirmed. There were no conditions. Reaccreditation was confirmed for a period of 6 years, with an interim event in 3 years' time.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Minor amendments	No minor amendments were required.
Registrar¹ decision	Please see Part 1 report.
Key contact (provider)	Professor Katrina Bicknell, Professor and Head of Pharmacy
Accreditation team	*Dr Mathew Smith (Team leader), Director of Learning and Teaching, School of Pharmacy & Pharmaceutical Sciences, Cardiff University Dr Fran Lloyd (team member – academic), FFRPS MRPharmS Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast Dr Hamde Nazar (team member – academic), Professor of Pharmacy Education and Primary Care Research, School of Pharmacy, Newcastle University

¹ Registrar or appointed delegate

	<p>Lesley Johnson (team member – pharmacist), Education and Training Consultant</p> <p>Maeve Sparks (team member – pharmacist recently qualified), Rotational Pharmacist, Salford Royal Hospital</p> <p>Dr Cathy O’Sullivan (team member – lay), Workforce Development Consultant</p>
GPhC representatives	*Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council
Rapporteur	Richard Calver (rapporteur), Freelance education consultant

*also 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).

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 recognitional 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 Reading School of Pharmacy (RSoP) was established in 2004 and admitted its first cohort of MPharm students in 2005. RSoP is an autonomous department that sits within the School of Chemistry, Food and Pharmacy. The department has its own management and academic structures, roles and responsibilities. The GPhC’s held a part 1 reaccreditation event in June 2023. This event

confirmed reaccreditation of the MPharm, subject to a satisfactory part 2 event and to the provider meeting two conditions.

The two conditions were:

1. To remove opportunities for compensation and condonement in assessments. This will require that students pass each summative assessment in the module, in addition to achieving the overall pass mark for the module. This is because the current assessment regulations have the potential for a student to complete the programme whilst not demonstrating achievement of the passing standard for all assessments. This is to meet **criteria 5.8, 6.2, 6.3, 6.6 and 6.14**.
2. Students must achieve 480 credits overall to be awarded an MPharm degree, with 120 credits in year 4 at level 7. This is to meet the minimum requirements for an integrated Master's degree as set out in QAA's Higher Education Credit Framework for England. This is to meet **criterion 5.8** and the requirements set out within the IETP standards.

The provider addressed **condition 1** by amending the programme progression and award requirements which now require students to pass all individual assessments, as well as passing the module overall. Compensation and condonement are not allowed. These changes also addressed **condition 2** since students must now achieve 480 credits overall, including 120 credits at level 7 in order to be awarded the MPharm. The GPhC considered that these measures were sufficient to satisfy the two conditions.

The accreditation team also made two recommendations at the part 1 event, namely:

1. That all Clearing interviews are conducted via videoconference, rather than telephone. This is to provide an equitable process to the standard application route, and for additional assurance of the candidate's identity and that they are not being supported with their responses. This relates to **criterion 1.7**.
2. That the current practice of using academic staff to carry out the role of the simulated patient within the summative OSCEs is reviewed. This is to present a more authentic assessment experience for the student. This relates to **criterion 6.2**.

The provider confirmed that they have not entered the Clearing process for the MPharm course in the last 5-6 years/recruitment cycles. However, the provider also committed to conducting all interviews by videoconference should the course enter Clearing in future. The provider also confirmed that OSCEs are now used at all stages of the course. Non-pharmacy staff, PhD students and actors now act as simulated patients in all interactive summative OSCE stations.

The submission also described other changes to the course since the part 1 event, including the introduction of semesters to the academic year, and updated experiential learning and portfolio strategies.

MPharm degree with preparatory year

The RSoP established an MPharm with Preparatory Year in 2018. The preparatory year (year 0) consists of four modules: Biology (40 credits), Chemistry (40 credits), Academic Skills (20 credits), Foundation in Pharmaceutical and Health Sciences (20 credits). This course was reaccredited in June 2023 alongside the MPharm course, subject to the same two conditions which apply to years 1-4 of the MPharm with Preparatory Year.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team ('the team') and it was deemed to be satisfactory to provide a basis for discussion.

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 15 January 2025. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event, and was told the learning outcomes that would be sampled.

The event

The event took place virtually on 5 – 6 February 2025 and comprised a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with present students.

Declarations of interest

Dr Smith stated that he had visited the provider's simulation suite but had not met any member of the MPharm course when he visited.

Schedule

Day 1: 5 February 2025

Private meeting of accreditation team, including break

Progress meeting 1 – management and oversight

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

Lunch break and private meeting of accreditation team

Meeting with students

Private meeting of accreditation team

Day 2: 6 February 2025

Private meeting of the accreditation team

Progress meeting 2 – curriculum and assessment

- 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

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
*Prof Katrina Bicknell	Head of Pharmacy
Prof Richard Frazier	Head of School of Chemistry, Food and Pharmacy
Dr Leanne Black	MPharm Programme Director
Dr James Hall	School Director of Recruitment and Admissions, Admissions Tutor (MPharm programmes)
Dr Francesco Tamagnini	Pharmacy Wellbeing, Inclusion, Diversity and Equity Lead
Prof Jane Portlock	Director of Clinical Education and Workforce Training
Dr John Brazier	Pharmacy Director of Teaching and Learning, Year Tutor (Part 1)
Prof Rebecca Green	Medicinal Chemistry and Pharmaceuticals Section Lead
Dr Elena Kabova	Pharmacy Exams Officer, PM2PY2 module convenor
Prof Fran Greco	Pharmacy Exams Officer – outgoing
Vicky Everrett	Pharmacy Placement Lead, PM4PY3 module convenor
Sue Slade	Part 4 OSCE lead, PM4PY1 module convenor
Dr Sam Bizley	MPharm portfolio lead, PM1PY1 module convenor
Dr Alex Bye	PM1PY5 module convenor (meeting number 3,5)
Kate Fletcher	PM2PY1 module convenor, Part 2 Year Tutor
Dr Silvia Amadesi	PM2PY3 module convenor
Dr Suha Dadou	PM3PY2 module convenor
Dr Angela Bithell	Pharmacology and Therapeutics Section lead, PM3PY3 module convenor
Dr Atta Naqvi	PM4PY2 module convenor
Rachael Stannard	PM4PYE1 module convenor, MPharm Simulation Lead
Prof Sakthivel Vaiyapuri	Part 3 Year Tutor, PM4PYE2 module convenor
Dr Hisham Al-Obaidi	PM4PYE3 module convenor
Dr Sarah Needs	PM4PYE4 module convenor
Prof Kenneth Shankland	Pharmaceutical calculations lead
*Rav Savania	School Director of Teaching and Learning, PM3PY1 module convenor
Hanan Hamad	IPE Lead
Aisha Akhtar	EPA Lead
Harvey Gwyer	Programme Administrator, Pharmacy
Andy Barwick	Senior Programme Administrator, School of Chemistry, Food and Pharmacy
Emma Sowden	Head of Student Placements, University Placement Team
Prof Dan Grant	Associate Pro-Vice Chancellor of Teaching and Learning
Allison Penn	Senior Quality Assurance Officer – Accreditations and Periodic Review
Herpreet Sharma	Alumini Support Lead and Part 3 OSCE lead
Neelam Sohal	Pharmacy Careers Lead and Day Lewis Community Pharmacist Secondment
Lee Karim	Berkshire Healthcare Trust Clinical Pharmacist Secondment

*also attended the pre-event meeting

The accreditation team also met a group of students from the MPharm and MPharm with Preparatory Year courses:

Current year of study	Total
Year 0 (preparatory year)	2
Year 1	2
Year 2	2
Year 3	1
Year 4	9
Total	16

Key findings - Part 1 Learning outcomes

During the part 1 reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm and MPharm with Preparatory Year courses. To gain additional assurance the accreditation team also tested a sample of six learning outcomes.

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

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

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

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

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

Learning outcomes met/will be met? Yes No

The following learning outcomes (LOs) had been judged 'likely to be met' at the part 1 event:

LO3 Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person

LO9 Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care

LO10 Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action

LO13 Recognise the psychological, physiological and physical impact of prescribing decisions on people

The team was satisfied that the above learning outcomes will be appropriately assessed by the portfolio assessment and are now met.

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcomes met? Yes No

The following learning outcomes had been judged 'likely to be met' at the part 1 event:

LO16 Apply professional judgement in all circumstances, taking legal and ethical reasoning into account

LO17 Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to

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

LO19 Take responsibility for all aspects of health and safety and take actions when necessary

LO21 Apply the science behind pharmacy in all activities

LO28 Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person

LO35 Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance

LO36 Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing

LO37 Prescribe effectively within the relevant systems and frameworks for medicines use

The team was satisfied that the above learning outcomes will be appropriately assessed by the portfolio assessment and are now met.

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

Learning outcomes met? Yes No

The team judged that all learning outcomes in this domain are met.

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

Learning outcomes met? Yes No

The following learning outcome had been judged 'likely to be met' at the part 1 event:

LO53 Reflect upon, identify, and proactively address their learning needs

The team was satisfied that the above learning outcome will be appropriately assessed by the portfolio assessment and is now met.

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 team discussed the academic entry requirements for the MPharm and the MPharm with Preparatory Year courses. Staff confirmed that almost all new students met or exceeded the entry criteria for these courses. They pointed out that the criteria for the MPharm course could be adjusted when making contextual offers, and that 82% of successful applicants admitted to the course in September 2024 had met or exceeded the criteria. Almost all (53 students out of 55) students admitted to the MPharm with Preparatory Year course also met or exceeded their offers. Staff also confirmed that all applicants are told that they must undergo health checks: this information is given when they apply, and reiterated when they receive an offer and when they enrol on the course.

Since the part 1 event, the provider has revised its approach to candidates applying through the Clearing process. These candidates must now undergo an interview using Microsoft Teams, to match the process undertaken during the main cycle of applications. Interviews used during Clearing are now consistent with those used during the main cycle of applications. The team was satisfied that the provider follows a clear set of admissions processes which are sufficient to meet Standard 1, including **criterion 1.7** which had been judged 'likely to be met' at the part 1 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

Standard met? Yes No

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

This standard was explored in detail at the part 1 event when the team was satisfied that all criteria are met, or will be met at the point of delivery. The team used the part 2 event to discuss the provider's annual diversity and inclusion report and an analysis of progression and attainment data. Staff reported that some attainment gaps had narrowed during the COVID-19 pandemic, possibly owing to the use of online teaching, but were now re-appearing. They also noted there were no gaps associated with disability or neurodiversity, but that gaps appeared to correlate with students'

socioeconomic status, and that there was a small attainment gap between students who commute to the university and those who do not. Staff are already taking steps to address these matters. For example, they have found that attendance affects attainment, so they engage with students who are not attending classes, referring them to their tutor to support their engagement. The provider can generate attainment and engagement data midway through the academic year so that staff can detect poor engagement at an early stage. Staff are confident that this initiative will be the most effective way of reducing the attainment gaps.

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.

The team used the event to discuss the systems used to ensure that both courses are appropriately resourced. This matter relates to **criterion 3.1** which had been judged 'likely to be met' at the part 1 event. Staff were confident that resourcing was sufficient for their needs. The provider currently receives NHS England (NHSE) funding to support students' travel and accommodation when they are attending placements but staff realise that this funding is allocated on an *ad hoc* basis and is not guaranteed. However, they note that the RSoP generates sufficient surplus and has sufficient resources to support students' expenses if necessary. They also anticipate that in the future, Pharmacy students will be able to access the NHS Learning Support Fund which has been used by students on the university's other healthcare courses.

The team also discussed staffing and the impact of student recruitment on resourcing. Staff confirmed that they have appointed a new Clinical Simulation and Training Suite Manager and are considering recruiting a technician for extra support. An offer has also been made for a replacement Associate Professor in Pharmacy Practice. The provider has advertised for the post of Professor of Clinical Practice and Health Services Research but has not been able to make an appointment. The provider will soon re-advertise this post, and may accept applications from non-pharmacists with strong research pedigrees. Staff confirmed that they have usually filled vacant posts successfully and have enough staff to cover work if they need to re-advertise. They acknowledged the challenges of predicting student numbers precisely because it is hard to know whether students on the preparatory year will progress to the MPharm or apply to an MPharm course at a different university. However, they currently have only 54 students in the preparatory year and will limit the total MPharm entry to 150 students. Staff are confident that staffing levels and university facilities are sufficient to manage a slight over-recruitment of students. The team agreed that the courses remain well-resourced with appropriate contingencies to deal with students' needs, and that Standard 3 is met.

Standard 4: Managing, developing and evaluating MPharm degrees

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

Standard met? Yes No

The team agreed that all criteria in Standard 4 were met or would be met at the point of delivery.

The team used the event to consider the provider's systems for managing students' placement experience. This matter related to **criteria 4.1, 4.2 and 4.3** which had been deemed 'likely to be met' at the part 1 event. Staff explained that students would receive 16 weeks of placement activity throughout the course and they are confident that this target will be achieved. Placements will encompass the community, hospital and general practice (GP) sectors. Staff indicated that not all the current Year 4 students transitioning to the 2021 standards would experience GP placements as capacity was limited. The provider is working with the local Integrated Care Board (ICB) to secure more opportunities among GP practices, and expect that more GP placements will be available in future, although possibly not in time for the 2025/26 academic year. Staff are also considering more opportunities in more specialised sectors. For example, some students have attended placements in the prison sector although this has been subject to logistical challenges including the time needed for them to obtain security clearance. Staff have also considered placements in the ambulance service but this may not be feasible as the service is under pressure at present. One member of staff has connections to the Army and there may be opportunities for placements in this sector in the future.

The provider has implemented contingencies to ensure that the limited exposure to GP settings will not undermine students experience to meet their learning outcomes in that sector. For example, students experience immersive simulation sessions including a simulated GP practice. Some staff work in GP practices and can facilitate these simulations to ensure an authentic experience. The team was therefore assured of the provider's approach to increase the availability of GP placements and to provide appropriate contingencies for students unable to attend, or not allocated, a GP placement.

Staff also explained the use of virtual quality assurance checks for placement providers. They operate a two-stage quality assurance process. First, the placement provider completes a form which staff examine to identify any potential limitations. Staff then prioritise visits, with new placement providers receiving an onsite visit. Staff explained that virtual visits take place every three years for experienced providers; they use the same questions for virtual and onsite visits to maintain consistency. The provider is collaborating with NHSE, the University of Bath and the University of Portsmouth to harmonise quality assurance processes across the region. The three universities currently use very different processes and more work will be needed to align them, but staff expect to share quality assurance responsibilities more efficiently once these problems are solved.

The team also discussed the provider's use of stakeholders to improve the course. Staff confirmed that, since the Part 1 event, they have established a Stakeholder Strategy Board. This board has not yet met but is expected to meet twice per year. The Board currently includes a single patient representative but staff are keen to increase this number by including patients from hospitals and GP practices. They also hope to merge the boards for the MPharm and Prescribing courses. The team was pleased to see the establishment of the Stakeholder Strategy Board, but notes that it has not yet met

and will review its operation at the interim visit.

Patients and the public have already informed the development of the new course. For example, a stakeholder group drew up a set of the ideal attributes that pharmacy graduates should demonstrate, and this has helped staff to develop appropriate marking schemes. Their input has also influenced the design and marking of OSCEs which now explicitly require that students actively address patients' concerns. Stakeholders have also helped improve clinical teaching: they pointed out that students should gain experience working with children, so some teaching will therefore now use healthy children as patients. They have also informed the provider's placement strategy by outlining what they think students should be able to do when on placement. The course team expects continuing engagement with patients in the future, and hopes to use them as actors to support clinical teaching.

The provider works hard to seek students' views on their course. It operates focus groups which have received feedback from students before communicating actions and updates to the whole cohort as well as to subsequent students. Staff-student committees meet each semester and discuss changes to the course resulting from past feedback, and year group representatives also feed the provider's actions back to students. Staff have modified the course in response to student feedback: for example, they have reduced the amount of purely theoretical content in year 1 of the course, and have also enhanced students' preparations for assessments. The team also asked staff to discuss their engagement with external consultants to improve student experience. Staff explained that this was a university-wide initiative to address National Student Satisfaction survey scores which had declined slightly since the COVID-19 pandemic. The university has contracted external student experience consultants to meet students and to discuss their experience, hoping to explore the disconnect between students' wishes and the university's actions. Staff note that the initiative has already been helpful. For example, some students had felt uncertain when researching their dissertations, and the initiative has helped staff to reconsider this point, working with the university's central support services to help students engage with resources such as Endnote and artificial intelligence. The team met a group of students who confirmed that staff had offered helpful advice regarding dissertations. The team was therefore satisfied that the provider operated a clear set of feedback systems which were being used to good effect, and that all criteria of Standard 4 were met.

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 team used the event to discuss the provider's arrangements for experiential learning and placements. These subjects relate to **criteria 5.1, 5.2, 5.3 and 5.6** which had been judged 'likely to be met' at the part 1 event. Staff explained how they helped students to gain increasingly complex experience with patients and carers. Students must complete several learning outcomes during their

placements, and will participate in a wide variety of tasks across different sectors. They also experience varied and increasingly complex topics in class. For example, workshops consider a range of clinical topics including the management of pain and diabetes, and include interactions with real patients and their carers. Students are also introduced to physical assessment in year 1 which further develops in later years. Some classes focus on remote consultations: students must consider whether these are appropriate or whether the patient should present for a face-to-face consultation. The provider intends to use children as patients in some future classes.

The provider uses SimConverse, a simulation tool supported by artificial intelligence, throughout the course but take steps to ensure that students do not rely on it exclusively. Staff pointed out, for example, that work-based assessments require patient interaction, and students must also complete a medication-related consultation framework (MRCF). Assessments also include a mandatory physical assessment examination in year 4 of the course. Students therefore cannot rely on artificial intelligence to succeed in these activities.

Staff explained that they monitor the success of placements by soliciting feedback from students and placement providers after each placement block. They held feedback sessions with placement providers at end of the 2023/24 academic year and gave the team examples of the actions they have taken to improve placement experience in response to this feedback. They now provide more guidance on the specific tasks that students must complete during their placements and will also help placement providers to prepare for the placements by giving them more information on students' existing knowledge and expertise. Staff also offer more advice on students' conduct during placements. For example, they now give guidance on holding conversations in public areas of a placement site, and the appropriate use of mobile phones when accessing the British National Formulary, for example. Students' feedback on their placement is shared with the placement providers, along with advice to help the placement provider improve their experience. Staff also receive placement providers' feedback on their students: this is shared with students and their tutors for discussions in tutorials. Feedback contributes to other quality assurance activities including placement quality assurance audits, and a report based on the feedback is discussed at a committee consisting of students and staff. The team noted that placement supervisors appeared satisfied with staff's responses to their feedback and was assured that the provider's systems support the quality assurance of placement experience.

The team also explored the provider's support for students transitioning from the 2011 standards to the 2021 standards, focusing in particular on students who had interrupted their studies. Staff confirmed that all current students will graduate to the 2021 standards and that all interrupting students have been transitioned successfully to the new standards. Some Year 3 students who had started their course on the 2011 standards had interrupted their studies and had had to rejoin the course on new standards, but the RSoP sought approval from the university to let the students resit the entire year. Staff also gave more support to these students and arranged a placement to develop their prescribing skills.

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.

Criteria 6.4, 6.5, 6.8, 6.9, 6.10 and 6.11, relating to experiential learning and assessment, had been judged 'likely to be met' at the Part 1 event, and the team explored these matters in depth. The team explored the provider's processes for assessing students' learning outcomes at the 'does' level as well as the quality assurance processes applying to the portfolio assessments. Staff explained that the portfolios included certain mandatory requirements. Students must include a learning needs analysis and take an e-Learning for Health (eLFH) course. They must also record their reflections on their IPL sessions, and complete the year 1 modified MRCF and a dispensing log. Staff also explained that different learning outcomes are covered at each year of the course, with between four and six outcomes covered each year. Assessments include direct observations of procedural skills (DOPS) and a mini-clinical evaluation exercise (MiniCEX) in years 2 and 3, and a physical assessment task which takes place during placements in year 4 and is therefore assessed at the 'does' level.

Staff clarified the role of supervisors in conducting assessments during placements. Assessments are usually undertaken by the primary supervisor but can be delegated if the delegate is appropriately trained. Supervisors receive guidance on assessment and supervision from their handbooks and are directed to a generic eLFH training course. Supervisors must confirm that they have completed the course and the provider checks this during quality assurance audits. All members of the placement provider's staff members must also complete the training course if they are expected to supervise and assess students. Staff issue training and guidance on assessing the learning outcomes, and handbooks are being updated to include more guidance on the evidence that students can submit when demonstrating a learning outcome. The guidance also includes examples of feedback that would be useful to students.

The team asked staff to explain the consequences of students missing placements or failing to gain sufficient experience to complete their portfolio. Staff confirmed that students must present a claim for extenuating circumstances if they miss a complete placement session, and staff will arrange replacement placements after the summer examinations. This requirement is stated in students' handbooks. Staff also arrange further placement opportunities for students who miss only one or two days of a placement. Students must return to a placement if they have not obtained sufficient experience but staff arrange simulations at the university for students who need to complete a specific learning outcome.

Some students reported variable experience during their placements, with some students actively engaging with placement activities but others merely shadowing their supervisors. Staff acknowledged the challenges to ensuring equitable experience, but were confident that all placement learning outcomes could be achieved readily across all placement activities. They also pointed out that students may use their portfolio and tutorial meetings to identify any limitations to their experience and ask for learning opportunities to be provided in a different sector. Staff also provide extra training for OSCE stations if they think students have insufficient experience with specific skills.

The team recognise that it is not possible to standardise students' placement experience but were assured that the provider ensures sufficient support to help students meet their learning outcomes.

The provider has a clear process for managing poor professionalism or concerns over patient safety arising during placements. Students have sometimes dressed inappropriately or been late attending placements and staff try to work with students and placement providers to resolve these problems. For example, they meet the student to point out the gravity of the incident, and then inform the placement provider of any actions. They have also taken this approach when students have raised issues regarding their placements, and can arrange for students to attend placements at alternative locations if necessary. Staff also have a process for managing students whose behaviour repeatedly raises safety issues. The student's tutor will discuss these issues at tutorial meetings, helping the student to reflect on their conduct, and staff monitor the student's behaviour to satisfy themselves that the student remains fit to study. Staff pointed out that their approach has helped students who are sometimes unaware of any problems. They also explained that tutors can identify problems emerging as they mark the student portfolios. Markers are given examples of professional behaviour, and also view training videos. The provider also holds departmental meetings where marking standards are set and student conduct can be discussed.

Staff described the development of interprofessional learning (IPL) sessions since the part 1 event. The first IPL session is held in year 1 and students from other disciplines, including physician associate students, attend this session which includes discussions on diversity and equality. Staff ask students to consider their approach to patient care in the light of a patient's background and their own clinical role. Classes include prescribing and safety-netting later in the course. The year 4 IPL sessions have benefited from engagement with many other professions, helping students to appreciate the contributions of different professions to patient care. Staff have found that students engage well with the IPL sessions because they can interact with patients and carers with only light supervision. Students also reported the benefits of learning from other disciplines. For example, they have attended sessions with occupational therapy and nursing students and have noticed the wide range of approaches to patient care. The team asked staff to explain their actions if students missed IPL sessions, as some students had reported that they had sometimes been absent through illness, for example. Staff pointed out that they cannot run extra IPL sessions but they do offer alternative tasks where there are extenuating circumstances. These include video learning opportunities which include a reflective element.

The team considered the provider's approach to specific aspects of the assessment strategy. Staff reported that assessment of students made use of feedback from patients and peers. Patient feedback is mandatory and is recorded in students' portfolios. Peer feedback is given as part of a system in which year 4 students mentor year 1 students. Students reflect on their interactions and experiences, with the mentor feeding back to the mentee.

The team also considered the provider's quality assurance arrangements for assessments, particularly their responses to external examiners' feedback. For example, external examiners had noted the lower pass rate for calculations examinations and staff explained that students now receive more support in this area. They also hold mock examinations to give students impetus to study and prepare for assessments involving calculations. Calculations are now embedded throughout course so students maintain their numeracy skills, and numeracy support is also available. Staff reported that these measures have helped to raise students' performance in mathematics marks. Pass marks are

standard set using the Angoff method. External examiners also queried the suitability of some dissertation topics, so the convenor for this module now checks that topics are appropriate. Staff also pointed out that they use a robust system for checking borderline marks: they act as third markers to check borderline marks and they also use this process for dissertations where there is large difference between the two original markers.

The team asked staff how they ensured the consistency of assessments marked by placement supervisors, and asked whether any formative assessment or moderation tasks were available for supervisors to practise their assessment skills. Staff acknowledged that this idea may have merit although they had not considered it. They already have a process to moderate supervisors' assessments: they compare the student's narrative with the supervisor's feedback and review cases where the feedback appears incongruent. The team was assured by the provider's approach to assessments and their moderation and will review the provider's plans to use formative or moderation tasks for supervisors to practice their assessment of students at the interim visit (see also **criterion 7.6**).

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 team had judged **criterion 7.6** 'likely to be met' at the part 1 event because the training for assessment in practice had not yet been implemented. Placement supervisors' training is described under Standard 6, and the team sought assurance that this training was being implemented consistently. Staff explained that they advise new supervisors on the learning outcomes that students must cover on placement, and these requirements are reiterated each year through recorded meetings. Supervisors are also given access to NHS guidance and supervisor training, and staff intend to offer more support on feedback methods, as well as the range of tasks and evidence that students may offer to demonstrate their completion of a learning outcome.

Staff explained how they ensure supervisors engage with the training. They intend to introduce an audit system in future to identify which supervisors have engaged with training, but acknowledged that this has not yet been implemented because more attention has been paid on securing placement opportunities and supporting students which have been more pressing priorities. However, they are generally confident of the training offered to supervisors and are looking to consolidate its consistency in future. They note that some eLFH modules are being discontinued and are exploring other options. For example, they have considered liaising with the university's Massive Open Online Course (MOOC) team to develop some bespoke training, and are also considering courses run by ProPharmace although they note that this may not be ideal as some of its modules are time-

consuming. Supervisors told the team that they would welcome more consistent training but requested that it should be funded by the university. The team observed that supervisor training is evolving and being developed to ensure it is accessed by all supervisors. The team also understands that training will be mandatory for supervisors, and that an audit record will be maintained to record and promote supervisors' engagement with the training. The team will expect to see this development at the next visit.

The team spoke to supervisors who appreciated the support available from the provider, particularly from the placement liaison officer. They were confident that they could contact the provider for advice when necessary, and confirmed that the placement liaison officer helped to identify and solve problems at an early stage. Course staff also pointed out that their mid-year quality assurance activities (see Standard 2) were also useful for detecting emerging problems with students' placement experience.

Students were also satisfied with the support available to them during placements. They may contact the placement team if they have any problems, and receive valuable information on transport options at the beginning of placements. The provider also arranges accommodation for students who need to travel a long distance and liaises with placement providers to adjust working hours to help transport. Staff also explained that students may still access their academic tutors or the provider's welfare team for support. Therefore, the team judged that the provider offered valuable support to placement supervisors and students, and that this standard is met.

Teach out and transfer arrangements

As discussed under Standard 5, the provider confirmed that all current students will graduate to the 2021 standards and that all interrupting students have been transitioned successfully to the new standards.

Collaboration with the statutory education body and others

As discussed under Standard 4, the provider is working with the local ICB to secure more placements in GP practices. The provider is also working with NHSE and other universities to streamline the quality assurance of placement providers.

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).

