

**University of Sunderland, Master of Pharmacy  
(MPharm) degree reaccreditation Part 2 event  
report, January 2025**



# Contents

<b>Event summary and conclusions</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>2</b>
Role of the GPhC.....	2
Background.....	2
Documentation.....	3
Pre-event.....	3
The event.....	3
Declarations of interest .....	3
Schedule .....	4
Attendees .....	4
<b>Key findings - Part 1 Learning outcomes</b> .....	<b>5</b>
Domain: Person-centred care and collaboration (learning outcomes 1 - 14) .....	6
Domain: Professional practice (learning outcomes 15 - 44).....	6
Domain: Leadership and management (learning outcomes 45 - 52) .....	6
Domain: Education and research (learning outcomes 53 - 55).....	6
<b>Key findings - Part 2 Standards for the initial education and training of pharmacists</b> .....	<b>7</b>
Standard 1: Selection and admission .....	7
Standard 2: Equality, diversity and fairness .....	8
Standard 3: Resources and capacity .....	9
Standard 4: Managing, developing and evaluating MPharm degrees .....	10
Standard 5: Curriculum design and delivery .....	11
Standard 6: Assessment.....	12
Standard 7: Support and development for student pharmacists and everyone involved in the delivery of the MPharm degree .....	13
<b>Teach out and transfer arrangements</b> .....	<b>14</b>
<b>Collaboration with the statutory education body and others</b> .....	<b>14</b>
Decision descriptors.....	16

## Event summary and conclusions

<b>Provider</b>	University of Sunderland
<b>Programme/s</b>	Master of Pharmacy (MPharm) degree
<b>Event type</b>	Reaccreditation (Part 2)
<b>Event date</b>	21-22 January 2025
<b>Approval period</b>	2022/23 – 2030/31
<b>Relevant requirements</b>	<a href="#">Standards for the initial education and training of pharmacists, January 2021</a>
<b>Outcome</b>	<p>Approval</p> <p>Reaccreditation of the MPharm degree offered by University of Sunderland 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>
<b>Conditions</b>	There were no conditions
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	No recommendations were made.
<b>Minor amendments</b>	There were no minor amendments
<b>Registrar<sup>1</sup> decision</b>	Please see Part 1 report.
<b>Key contact (provider)</b>	Dr Adrian Moore, Head of School, University of Sunderland
<b>Accreditation team</b>	<p>*Ahmed Aboo (Team leader), Head of School Leicester School of Pharmacy, De Montfort University</p> <p>Dr Gemma Quinn (team member – academic), Head of School of Pharmacy and Medical Sciences, University of Bradford</p> <p>Dr Tania Webb (team member – academic), Deputy Head of the Leicester School of Pharmacy, De Montfort University</p> <p>Lesley Johnson (team member – pharmacist), Education and Training Consultant</p>

---

<sup>1</sup> Registrar or appointed delegate

	Anum Iqbal (team member – pharmacist newly qualified), Locum Pharmacist across both primary and secondary care, PhD Researcher Newcastle University  Katie Carter (team member – lay), Consultant in Healthcare Regulation and Education
<b>GPhC representatives</b>	*Rakesh Bhundia., Quality Assurance Officer (Education)
<b>Rapporteur</b>	Juliette Morgan

\*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 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**.

Since the Part 1 reaccreditation visit in January 2024, the MPharm programme has continued its implementation in line with the GPhC Standards for the Initial Education and Training of Pharmacists (2021). The expansion of placement capacity across all sectors has been successfully achieved through collaboration with regional partners and the statutory educational body.

The university has undergone structural changes, reducing five faculties to three. The Faculty of Health Sciences and Wellbeing, which houses the School of Pharmacy and Pharmaceutical Sciences, remains unaffected. To ensure sustainability, a third Associate Head of School has been appointed to oversee postgraduate and continuing professional development provision. The School has also

restructured into three academic teams: Pharmacy Practice and Clinical Therapeutics, Pharmaceutical Sciences, and Postgraduate and Continuing Professional Development.

Following the Part 1 reaccreditation, a condition was placed on admissions processes to ensure consistency between face-to-face and online interviews. A full review led to policy changes, including the removal of the numeracy test in favour of GCSE Maths requirements and the integration of numeracy awareness within the interview. The admissions process remains focused on fairness, with clear criteria for qualifications, English language proficiency, and selection based on professional values aligned with NHS and GPhC standards. The revised process has been implemented successfully, and the condition has been removed.

A recommendation was also made regarding student study spaces, particularly access for group work. Since then, measures have been introduced, including extended opening hours for Library@Pasteur, booking options for private study rooms, and additional study skills support. Feedback mechanisms indicate that students are now satisfied with the available facilities, and further expansion of library spaces is planned in 2025.

The programme team continues to work closely with NHS England to enhance student placements, including securing NHS Smart cards for all Stage 4 students and exploring ways for students to contribute meaningfully to service delivery in primary care. Work is also ongoing to align Entrustable Professional Activities across secondary care and community pharmacy. These developments, alongside continued collaboration with stakeholders, ensure the programme remains robust and aligned with professional standards.

## 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 7 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.

## The event

The event took place virtually on 21 and 22 January 2025 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with present students and recent graduates in their Foundation Training Year.

## Declarations of interest

There were no declarations of interest

## Schedule

### Day one: 21 January 2025

Private meeting of accreditation team

Progress meeting 1 – management and oversight

Introductory presentation (maximum 20 minutes)

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

### Day two: 22 January 2025

Private meeting of accreditation team

Progress meeting 2 – curriculum and assessment

Break and private meeting of accreditation team

Meeting with experiential learning and placement supervisors

Private meeting of accreditation team (including lunch)

Deliver outcomes to provider

## Attendees

### Course provider

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

\*denotes attendance at the pre-event meeting

Name	Designation at the time of accreditation event
*Dr Adrian Moore	Head of School
Prof Laura Stroud	Pro VC / Dean
Chris Burns	Finance Business Partner
*Kathryn Davison	Associate Head of School, Pharmacy Practice
Dr Mark Carlile	Associate Head of School, Pharmaceutical Sciences
*Kathryn Bullen	Principal Lecturer, MPharm Programme lead
*Dr Jessica Hardisty	Principal Lecturer, Ipe Lead and Deputy programme lead
Emma Boxer	Senior Lecturer Pharmacy Practice, Admissions Tutor
Charlotte Earl-Sinha	Senior Lecturer, Faculty Academic Support Lead
Carlie Robertshaw	Senior Lecturer, Pharmacy Practice, Placement Lead
Dr Paul Carter,	Senior Lecturer Pharmaceutics, Stage 1 Lead

Adam Oxberry	Senior Lecturer Pharmacy Practice, Stage 2 Lead
Louise Statham	Senior Lecturer, Pharmacy Practice, Stage 3 Lead
Meadhbh Conway	Senior Lecturer Pharmacy Practice, Stage 4 Lead
Dr Steven Darby	Senior Lecturer Therapeutics
Dr Praveen Bhugra,	Senior Lecturer Pharmacology and Therapeutics
Susan Gault	Senior lecturer Pharmacy Practice
Alexander Moore	Senior Lecturer Clinical Pharmacy
Dr Amanda Solaiman	Senior Lecturer Pharmaceutics
Robert Goring	Senior Lecturer Clinical Skills
Ian Lovatt	Senior Lecturer Clinical Skills

The accreditation team also met a group of MPharm students comprising:

Current year of study	Attendees
Year 1	3
Year 2	4
Year 3	6
Year 4	5
Foundation year trainee pharmacists	2
<b>Total</b>	<b>20</b>

## Key findings - Part 1 Learning outcomes

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

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

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

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

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

Learning outcomes met/will be met? Yes  No

LO6: Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, whilst respecting diversity and cultural differences (Does)

The accreditation team, following the part two event, were satisfied that this LO would be met.

LO9: Take responsibility for ensuring that personal values and beliefs do not compromise person centred care (Does)

The accreditation, following the part two event, were satisfied that this LO would be met.

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

The accreditation team, following the part two event, were satisfied that that this LO would be met.

## Domain: Professional practice (learning outcomes 15 - 44)

Learning outcomes met? Yes  No

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

The accreditation team, following the part two event, were satisfied that this LO would be met.

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

Learning outcomes met? Yes  No

LO35: Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance (Does)

The accreditation team, following the part two event, were satisfied that this LO would be met.

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

Learning outcomes met? Yes  No

The accreditation team, following the part two event, were satisfied that this domain is 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.**

At the part two event, the provider reported that the interview process has been refined, with pre-interview training and post-interview moderation now in place. Staff feedback has been positive, particularly regarding the structured 30-minute interviews, which allow for a more thorough assessment of candidates. The inclusion of a patient video component has been well received, offering insight into student interaction with patients. The online interview format remains a single-staff assessment, but the video element has been recognised as beneficial. Student performance remains strong, with a reduction in rejection rates.

To ensure consistency, eight staff members are currently involved in the moderation process, with scope for expansion. Both online and onsite interviews undergo moderation, allowing comparative analysis. For onsite interviews, moderation is conducted daily, covering 36 students with six interviews per session, including a review of cases, notes, and records. Online interviews are reviewed periodically, with approximately 20% assessed every few weeks by a staff member who was not part of the original interview. Training for interviewers includes examples of different standards and grade boundaries to maintain consistency.

A review of interview outcomes has found no disparities linked to protected characteristics. Students can declare these in advance, ensuring any necessary adaptations are implemented. For overseas students, IELTS scores and language barriers are considered, with a written literacy question included to address potential challenges. Cultural differences, including variations in English slang, are factored into the situational judgment test to align with pharmacy standards.

Responsibility for DBS checks lies with the admissions team. International students must provide a letter of good conduct and can begin their DBS check three months after entering the UK. Admissions maintain records and initiate the DBS process at the start of term two, managing follow-ups and escalating cases as required. Home students must complete the DBS process and a health check before enrolling as a condition of their offer.

The provider confirmed that systems are robust, with ongoing multidisciplinary team meetings ensuring oversight. Active tracking of students from Stage 1 onwards is in place to monitor compliance and address any emerging issues.

## 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 accreditation team reviewed the provider's approach to analysing admissions and progression data, particularly in relation to identifying and addressing any disparities. A more detailed review of performance data has been implemented, complementing the university's existing data, which is often delayed and generalised. While no significant trends have been identified across most protected characteristics, a specific focus has been placed on Kuwaiti students, where challenges such as language barriers and employment commitments have been highlighted. Additional monitoring and tailored support mechanisms have been introduced to address these issues, with direct engagement from the programme team.

A structured system for monitoring student progress has been developed, with information shared among staff and students. A targeted plan has been established for students requiring additional support, with module leads overseeing direct communication and tracking. More broadly, monitoring has been enhanced across the academic year to facilitate early intervention where necessary.

A predictive analytics dashboard has been introduced to identify students who may be at risk of underperformance, allowing for proactive intervention. While discussions on student performance take place in internal team meetings and are formally recorded, this information is not routinely shared outside the School of Pharmacy. Variability within the Kuwaiti student cohort has also been acknowledged, demonstrating that underperformance is not uniform across this group.

Regarding disability and gender data, year-on-year fluctuations have been observed; however, no consistent patterns have been identified in relation to specific assessments or placements. The general nature of the data makes it difficult to determine whether individual learning disabilities are influencing outcomes.

Protected characteristics are systematically tracked alongside additional factors such as care responsibilities and entry routes. Trends related to students' home locations are also analysed to identify any potential disparities in progression. The programme team holds monthly meetings to review differential attainment and emerging trends. Findings are documented in study boards and assessment boards, with targeted interventions such as additional numeracy support introduced where necessary. Active changes are recorded within the Programme Enhancement Plan (PEP), ensuring ongoing development and equitable student progression.

## 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.**

At the part two event, the provider confirmed that the programme sits within the school, which is part of the faculty, and that the budget is devolved at the faculty level. Sector-wide financial challenges have led to savings targets across all areas of the university, though these have primarily been focused on areas of decline. Savings targets for faculties and services have been met or are on track, minimising the impact on programme-level resources.

A significant 115% increase in the budget for student-related costs has been attributed to increased placement activity and related travel costs, with funding from NHS England ensuring placement providers receive necessary payments. Budget reductions affecting staff development and training, including a 90% decrease from the Part 1 event, have had minimal impact due to targeted allocation. Training and CPD remain ongoing, including the PGCert and leadership training. While some requests, such as two MSc applications, have been deferred until next year, essential training and delivery have not been affected. A staff development budget remains available, with applications considered on a business case basis.

Staff development continues to be aligned with the school's strategic priorities, focusing on research, teaching, and role-specific needs. Recent efforts have been directed towards independent prescribing to ensure staff are adequately trained to mentor students.

The provider confirmed that there is no pressure to reduce admissions requirements.

Strategic cost-saving measures at the faculty level have included reductions in academic tutor and contracted-out teaching. Historically, there was a high reliance on academic tutors, but as the full-time staff base expands, reliance on ad hoc arrangements has been minimised. While temporary cover may still require additional expenditure (e.g. maternity leave), the approach is now more responsive rather than pre-planned. Academic tutors are now engaged on full-day contracts to maximise investment. There has been no reduction in therapeutics teaching, and staff reductions continue to be monitored.

Regarding the increased Stage 1 intake, which rose from the predicted 150 students to 169, the provider stated that enrolment targets are set based on financial modelling and placement capacity. The intake target was set below placement capacity, allowing for flexibility. The provider has historically accommodated over 200 students per academic year and retains sufficient staffing levels and placement capacity to support fluctuations. The higher-than-expected conversion rate post-COVID has led to some variation, though overall numbers are expected to stabilise. Moving forward, the target will remain at 150, with flexibility to adjust if conversion rates exceed expectations.

## 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 provider reported that community pharmacy placements remain secure despite sector closures, with a well-networked and collegiate team retaining training practices, including those within large chains. GP placements, identified as an amber risk, are being closely monitored. Since Part 1, placement requirements have been met through collaboration with pharmacy organisations, expansion of capacity, and securing signed agreements with GP practices. Challenges such as trainer availability, room capacity, and IT infrastructure have been addressed through targeted funding, while student involvement in GP surgeries has strengthened partnerships, leading to additional placement opportunities.

Placement oversight in general practice ensures that students attend one day per week with a clinical link tutor present for the full 7.5-hour working day. This model is maintained throughout the academic year, with link tutors holding honorary GP contracts and appropriate insurance. The approach supports capacity while ensuring staff remain clinically active. Contingency measures are in place if a clinical link tutor is unavailable, with time built into the programme to recover missed learning opportunities. Alternative arrangements are made on a case-by-case basis in GP placements, while hospitals have designated staff to provide cover.

Students undertake structured placements across four stages: Stage 1 includes a one-day-per-week community pharmacy placement, Stage 2 extends community pharmacy experience, Stage 3 introduces hospital pharmacy placements with optional specialist placements aligned to Oriel, and Stage 4 consists of one-day-per-week placements in hospital and GP settings. Since Part 1, additional opportunities have been introduced for students to gain experience in NHS health check clinics.

Regular stakeholder meetings with placement providers are held once per academic term, ensuring experiential learning strategy remains aligned with programme needs. Meetings are formally documented with action points, including reviews of performance improvement plans, sign-off criteria, and supervised learning events. Efforts are being made to standardise feedback and assessment across multiple trusts. Close engagement with GP clinical link tutors, practice managers, and prescribing lead GPs facilitates continuous improvement.

An annual formal training event for community pharmacy placement providers takes place each September, providing key updates on placement arrangements and complementing online training materials. Attendance is mandatory for clinical link tutors, who are contracted for one day per week. Regular meetings with hospital and GP placement providers occur separately and focus on ongoing operational matters.

The programme benefits from contributions by Teacher Practitioners and patient-facing pharmacists across three main sectors: community pharmacy, general practice, and hospital pharmacy. Additionally, specialists, including paramedics and palliative care professionals, provide expertise to ensure students receive up-to-date clinical training.

## 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.**

Supervised Learning Events (SLEs) have been designed at each stage of the programme to support tutors in making informed decisions about students' competence. Students engage in SLE tasks early in placements, receiving formal feedback through the NHS England template. Initially, students work under direct supervision, developing competence over time. In secondary care settings, students participate in hands-on activities, though few examples exist of students progressing to more independent supervision. Discussions with SEBs and hospital trusts are ongoing regarding governance considerations, and all SLEs remain embedded in the programme. Entrustment decisions are recorded within placement organisations and adhere to GDPR standards.

Entrustment data does not follow students and is not linked to assessment or pass/fail criteria. EPAs enable students to contribute to patient care while on placement, with clinical tutors making sign-off decisions based on observed performance. The final sign-off decision, which determines whether students have met expectations, is recorded in their portfolio.

The patient, carer, and public involvement (PCPI) group remains integral to student learning in all Stages. Students engage with expert patients who share personal experiences, helping them apply their learning to real-world healthcare scenarios. These experiences are then applied in placement settings. The PCPI group comprises approximately 200 patients, including volunteers from charity organisations such as Diabetes UK. The group is structured to ensure diversity, with outreach efforts to religious and community organisations. Patients contribute to all placement settings, including community and GP practices.

To improve student engagement, the provider has implemented structured monitoring processes. Attendance tracking is aligned with assessment performance and coursework submissions, allowing for early intervention when engagement issues arise. Attendance is closely monitored, with regular student meetings to identify and address concerns. Poor engagement with placements and/or for those students identified as not demonstrating the required skills at placement leads to structured support via a Performance Improvement Plan (PIP). A triangulated monitoring approach integrates attendance data, placement engagement, and performance metrics via the Professional Assessment Development (PAD) process, ensuring that students receive targeted support when needed.

Interprofessional learning (IPL) is embedded at all academic Stages; additionally, for Stage 4 students there is also the opportunity for IPL during the ten days embedded in multidisciplinary teams (MDT) as part of the placement schedule.

## 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.**

The provider has implemented a quality assurance process to ensure students meet learning outcomes at the required level of Miller's Triangle. All Supervised Learning Events (SLEs) are mapped to programme learning outcomes, balancing robust documentation with realistic expectations. The placement portal clearly defines criteria for meeting or exceeding expectations, and SLE design was developed collaboratively with placement providers to ensure consistency across all settings. Students must demonstrate achievement of SLEs to be signed off, and they cannot be signed off without meeting the required professional attributes.

The provider described a structured quality assurance (QA) process for sign-off, ensuring that SLEs are linked across various placement settings, including NHS Trusts, community pharmacy, and general practice. Additional triangulation occurs at Stage 4 for students undertaking the Stage 4 module PHAM01 (Applied practice: achieving optimal clinical outcomes), requiring sign-off across multiple placements. A RAG (Red, Amber, Green) rating system has been introduced for Stage 4 students to track progress and issue alerts where necessary.

The moderation process is overseen by a designated individual and follows the university's standard assessment procedures, including internal moderation and review by the Programme Assessment Board.

For all assessments, including OSCEs, students are allowed one resit per academic year. If they fail both the initial attempt and the resit for any assessment, they must repeat the module, or modules, associated with that assessment with attendance. In the following academic year, all assessments in any repeat module must be passed; in this case, another attempt and resit for each assessment is permitted.

The Placement Provider Portal (PPP) has improved information accessibility and navigation. While initial IT issues were experienced, the portal is now functioning as required. The training and guidance section has reduced workload for pharmacists, as staff can be directed to this section for support. The provider plans to conduct a review once the current placement cycle concludes. While consistency is not yet evident at Stage 1, improvements in raising concerns and reinforcing the professional attributes framework have been noted at Stage 2.

Reports of students not meeting learning outcomes (LOs) are typically submitted via email or telephone rather than the PPP. While concerns are being raised, they are not necessarily being documented through the portal due to the preference for quicker responses via email.

To ensure a consistent approach to Performance Improvement Plans (PIPs) across placement locations, the provider maintains a professional attributes framework accessible on the hub. The Supervised Learning Event (SLE) guidance outlines performance expectations. Placement providers

are now familiar with the PIP process, and internal protocols are in place to ensure structured feedback and student monitoring. Module leads oversee student performance, and feedback from placements typically aligns with their understanding of the student's profile.

Referrals for PIPs are primarily made via email, with some cases reported via phone calls. A designated link for raising concerns has been available since September, but no cases have been reported through this method.

For specialist placements, concerns are generally raised via direct communication, such as phone calls. Providers receive all necessary placement information via email, with an initial Teams meeting held at the outset to outline the process, followed by email confirmation to ensure clarity and consistency.

## 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 provider has a robust pre-placement induction process delivered via the Virtual Learning Environment (VLE), which includes mandatory pre-placement materials and a compulsory quiz. While students self-report completion, additional checks ensure accuracy, particularly for core requirements such as DBS checks and mandatory training. If students fail to comply, they are subject to fitness to practise proceedings and warnings. These elements are embedded within gateway criteria, meaning non-compliance results in a delay to academic progression.

Teaching is primarily face-to-face, with online sessions consisting of formative quizzes and revision sessions. Teaching is delivered as a blend of lectures and small group sessions, with some online learning and recorded sessions provided. The provider confirmed that, on average, two hours per module per week are delivered online.

For all students identified with language difficulties, a preparatory module is in place before arrival. Communication is also assessed at the interview stage through a written task. Where additional language support is required, students are identified early, and engagement is monitored through coursework and assessments. Personal tutors are alerted to concerns. In cases where students fail to meet the required level, they typically do not progress, though significant support is available at both the central and programme level.

Placement delays are managed through a contingency period at the end of the academic year, where students can complete outstanding requirements without impacting assessments. Referral placements take place in July, while placements delayed due to external factors are rescheduled within the academic year. Portfolio submission deadlines are adjusted where necessary to ensure students are not disadvantaged. The duration of the contingency period varies depending on student needs, and placements are structured as longitudinally as possible.



The Patient and Carer Public Involvement group (PCPI) has been actively involved in curriculum development. The group contributed to co-designing a seminar on shared decision-making for OSCE assessments, ensuring alignment with NICE criteria and a strong patient-centred perspective.

## Teach out and transfer arrangements

The Team agreed that, following the part two event, the teach out and transfer arrangements are satisfactory.

Students who began Stage 1 of the MPharm degree in 2020/21 or earlier have been identified as part of the teach-out strategy.

- **Stage 4 (Repeating Students, n=3):** These students will graduate under the 2011 GPhC SIETPs and have been fully consulted. No further academic input is expected beyond 2024/25.
- **International Students (Stage 3, n=1; Stage 4, n=2):** These students have chosen to remain on the 2011 GPhC SIETPs as they intend to return to their home country. They are being taught alongside other students, and if they need to repeat modules beyond 2024/25, this will be facilitated in 2025/26 without issues.

For students transitioning to the **2021 SIETPs**:

- **Stage 4 (n=26):** Transition completed with additional placements in July/August 2024 and targeted teaching. All students were signed off by stakeholders using bespoke feedback forms, confirming they met expected standards. No further teach-out required.
- **Stage 3 (n=5):** Studying alongside other students and fully transitioning to 2021 SIETPs with additional placements scheduled for July/August 2025. If students do not meet sign-off requirements, they will graduate under the 2011 standards. No anticipated teach-out issues, with expected graduation in 2025/26.

Any students repeating a stage with a failed portfolio assessment must complete all placements and assessments when repeating.

## Collaboration with the statutory education body and others

The Team agreed that, following the part two event, the collaboration with the statutory education body and others is satisfactory.

The accreditation team was satisfied with the collaboration between the Provider, statutory education bodies, experiential learning partners, and placement supervisors. Discussions covered key aspects of placement activities, student engagement, and assessment processes. Providers have contributed to placement development through ongoing discussions, feedback loops, and the design of Supervised Learning Events (SLEs). Feedback is provided both informally during placements and formally at the end of placement cycles, ensuring continuous improvements.

Training on Supervised Learning Events (SLEs) and Entrustable Professional Activities (EPAs) is provided through an online hub, ensuring accessibility for locum staff. Induction training for hospital



staff, clinical link tutors, and GP providers ensures consistency in student supervision. Students are well-prepared for placements through pre-placement materials, induction sessions, and preparatory tasks. Longitudinal placements have been beneficial, allowing students to build confidence and develop professional skills progressively.

Year-on-year progression is evident, with students in later years handling more complex patient needs. A Performance Improvement Plan (PIP) is in place to address professionalism concerns, with clear reporting processes across placements. The Placement Provider Portal (PPP) has been well received, providing centralised resources and supporting supervisors effectively. Regular communication channels with the university are in place, including a monitored email system for swift issue resolution.

Placement feedback has led to adjustments in placement structures, booklets, and SLE assessment processes. Continuous engagement with stakeholders ensures alignment with evolving educational and professional standards. Providers are assured of a smooth transition to Year 5, with the new EPA structure supporting student competence development. Capacity is in place to integrate prescribing training into the final year, reducing the need for repetitive training. The accreditation team concluded that strong engagement, clear processes, and effective feedback mechanisms underpin the success of student placements and progression into professional practice.

## 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).



