General Pharmaceutical Council

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



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Event summary and conclusions	
Provider	University of Central Lancashire Note: The University is in the process of changing its name to 'The University of Lancashire'. It expects this change to be fully in place by September 2025.
Programme	Master of Pharmacy (MPharm) degree
Event type	Reaccreditation (Part 2)
Event date	23 – 24 January 2025
Approval period	2021/22 – 2030/31
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021
Outcome	Approval with conditions Reaccreditation of the MPharm degree offered by the University of Central Lancashire (UCLan) was confirmed for a period of six years, with an interim event in three years' time, subject to two conditions.
Conditions	1. Additional practice-based opportunities must be put in place for current year 4 students to allow a breadth of patient interaction sufficient to enable them to demonstrate specified learning outcomes at the 'does' level, and to ensure that assessment of these outcomes is robust and reliable. This is because this cohort is undertaking a significantly reduced placement provision compared to the planned provision once at steady state. The team agreed this currently presents insufficient opportunity to enable the demonstration of relevant learning outcomes repeatedly and reliably to meet the 2021 standards. This is to meet criteria 4.1, 5.1, 5.6, 6.2, 6.3 and 6.4 and learning outcomes 1, 3, 10, 18 and 35. 2. The University must update its assessment strategy to clearly set out an appropriate and fair process to assess student pharmacists against the 'does' level outcomes during placements. This must also include plans for resit/remediation in the event that a student does not demonstrate meeting the relevant learning outcomes at the first attempt either due to failure or to lack of opportunity. This is to meet criteria 4.1, 5.1, 5.6, 6.2, 6.3 and 6.4.
Standing conditions	The standing conditions of accreditation can be found **here**.

Recommendations	1. That individualised assessment feedback, such as a clear and detailed narrative to explain the assessment mark achieved, is routinely provided to all students at the same time as their assessment mark to help support students to improve their performance. This relates to criterion 6.9.
Registrar[1] decision	Please see Part 1 report.
Key contact (provider)	Dr Clare Lawrence*, Dean of School for Pharmacy and Biomedical Sciences
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), 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 Dr Hayley Wickens (team member - pharmacist), Consultant Pharmacist, Genomic Medicine, NHS Central and South Genomic Medicine Service Alliance Dafydd Rizzo (team member - pharmacist newly qualified), Clinical pharmacist, Cardiff and Vale University and Post-Registration Foundation Pharmacist Liz Harlaar (team member - lay), Independent Business Consultant
GPhC representative	Philippa McSimpson*, Quality Assurance Manager (Education) General Pharmaceutical Council
Rapporteur	Professor Brian Furman (Rapporteur) Emeritus Professor of Pharmacology, University of Strathclyde

*attended pre-event meeting

[1] Registrar or appointed delegate

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**.

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

1. The School was required to fill unfilled staff posts and submit a formal timetable for doing so to the GPhC by 1st August 2023. The team was particularly concerned that there was no assessment lead at the time of the reaccreditation. This was to meet criterion 3.2.
2. The School was required to rewrite its assessment and standard setting strategies to ensure clarity in what is being assessed, when and to what standard. This was required to include, but was not confined to, a strategy for assessing learning in practice, which was required to actually assess such learning as well as prescribing. Students in all years had to know what assessment strategies and standards were to be used at the start of each academic year. This was to meet criteria 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.8, 6.9, 6.11 and 7.6.
3. The School was required to produce a fully developed learning in practice strategy for 2025/26 onwards (when prescribing will be introduced into the pharmacist foundation training curriculum), including what learning will occur in which places, and who would deliver the

teaching. The team agreed that relying on in-school simulation is not sufficient to meet learning outcomes at the specified level. This was to meet criteria 4.1, 4.2, 5.2, 5.3 and 5.6.

4. The School was required to formalise a student engagement and confidence plan to improve relations between staff and students and, also, through an implemented and monitored student code of conduct, develop a true sense of professionalism among students. The team learned that disruptive and inappropriate behaviour by students in teaching sessions had been a barrier to learning for others. This was to meet criteria 4.4, 4.5, 5.9, 7.4 and 7.8.
5. The School was required to adhere to its own MPharm admissions policies: offers below the published BBB tariff must be extremely limited, evidence-based, justified and documented. This was to meet criteria 1.3, 1.5 and 1.8.
6. Linked to the previous condition, the School was required to provide the GPhC with a list of MPharm admissions offers made before and during clearing to prove that it has met its own standards. If applicants did not meet the standard but were admitted nevertheless, those students will not be accredited. This was to meet standard 1 in general.
7. The School was required to fully implement and actively monitor the action plan linked to UCLan graduate performance in the GPhC's Registration Assessment and to submit progress reports to the GPhC. This is to meet criterion 4.5 and standard 6 in general.

Following the School's response, the GPhC agreed that conditions 5 and 6 were met, and that the students who were admitted in error could proceed on the programme. It was agreed that conditions 1, 2 and 7 were likely to be met by the part 2 reaccreditation event in 2024/25. The GPhC agreed that conditions 3 and 4 would be reviewed during a monitoring event, which was held on 11-12 June 2024.

As a result of this monitoring event, the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree offered by the University of Central Lancashire should proceed to Part 2 for the reaccreditation of existing MPharm degrees.

However, the team noted that the failure rates for assessments in the 2023/24 diet were very high, and, in the context of the School's action plan, the School was required to provide the GPhC with a full report on the August 2024 resit diet, including pass/fail rates, degree classification details and a description of the quality assurance surrounding the resit process, including how, in a concrete and demonstrable way, the School can be sure the standard of resits is the same as for first sitting assessments. This was required to include how external examiners have been involved in the resit process. Accordingly, the School submitted a detailed report on the August 2024 resit diet. This covered pass/fail rates, degree classifications, a description of the quality assurance measures for the resits, an overview of how the reassessments matched the standards of the initial assessments and the involvement of external examiners in the resit process.

A part 2 reaccreditation event was scheduled for 23 - 24 January 2025 and the following is a report of that event.

Documentation

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

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 13 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 on site at the University on 23 – 24 January 2025 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with past and present students.

Declarations of interest

The team noted that Louise Cogan, the MPharm Course Leader, is now a member of the GPhC's Board of Assessors for the Common Registration Assessment, which Dr Mathew Smith chairs; the team agreed that this did not constitute a conflict of interest.

Schedule

Day 1: 23 January 2025

Private meeting of accreditation team, including break
Progress meeting 1 – management and oversight • Introductions • Introductory presentation • Questions and discussions
Lunch break and private meeting of accreditation team
Meeting with students
Private meeting of accreditation team

Day 2: 24 January 2025

Private meeting of the accreditation team
Progress meeting 2 – curriculum and assessment • **Presentation from provider**

• **Questions and discussions**
Break and private meeting of the accreditation team
Meeting with experiential learning partners and placement supervisors
Private meeting of the accreditation team, including lunch
Delivery of 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
Ahmed, Rizvan	Practice Education Facilitator – Pharmacy, Lancashire and South Cumbria Training Hub
Alder, Dr Jane*	Associate Dean (Teaching and Learning)
Allan, Professor Janice	PVC Academic Leadership
Bond, Zoe*	Schools Operations Manager
Bremner, Emma	Senior Lecturer and Placement Lead
Brown, Cathryn	Senior Lecturer & EDI Lead
Cogan, Louise*	Deputy Associate Dean & MPharm Course Leader
Court, Dr Elaine	Principal Lecturer in Pharmacology & Student Experience Lead
Daly, Dr Donna	Senior Lecturer in Physiology & Year 3 Lead
Doherty, Stephen	Head of Foundation School, School of Pharmacy and Medicines Optimisation, NHS England North West
Ferraz, Dr Amina	Principal Lecturer in Pharmaceutics & Student Recruitment Lead
Ireland, Prof Andrew	PVC for Students and Teaching
Kabbani, Dina	Student Experience Coach
Kadri, Bina	Senior Lecturer and Placement Lead
Lawrence, Dr Clare*	Dean of School
Lawson, Dr Charlotte*	Associate Dean (Business Development)
Mallen, Ernest	Associate, Comensus
Meer, Dahnish	Lecturer in Pharmacy Practice & OSCE Lead
Melling, Angela	Associate Lecturer, Comensus
Mensforth, Edward (Ted)	Education and Training Lead, East Lancashire Hospitals NHS Trust
Rabie, Dr Tamer	Lecturer in Pharmacy Practice & Year 4 Lead
Smith, Dr Chris	Principal Lecturer in Pharmacy Education

Smolski, Katie	Lecturer in Prescribing and Advanced Clinical Pharmacist Practitioner, University of Central Lancashire and Park View Surgery and Lostock Hall Medical Centre
Urmston, Ann	Senior Lecturer & IPE/PPE Lead
Watson, Jennie	Boots Teacher Practitioner, Boots UK
White, Christine	Lecturer in Pharmacy Practice

* also attended the pre-event meeting

The accreditation team also met a group of 14 MPharm students, comprising four from year 1, three from year 2, four from year 3 and three from year 4.

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 degree. 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/been modified since the Part 1 process.

The team agreed that all learning outcomes were now met, *except* learning outcomes 1, 3, 10, 18 and 35.

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 team agreed that the following learning outcomes were not met:

- 1 - Demonstrate empathy and keep the person at the centre of their approach to care at all times
- 3 - Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person
- 10 - Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action

This is because the placement provision for the current year 4 students was insufficient for the students to meet the learning outcomes specified in the 2021 standards. Moreover, assessment of students at the 'does' level did not provide assurance that year 4 students would meet these specific outcomes. Therefore, the team imposed two conditions. First, (condition 1), the University must put in place additional practice-based opportunities for current year 4 students to allow a breadth of patient interaction sufficient to enable them to demonstrate specified learning outcomes at the 'does'

level, and to ensure that assessment of these outcomes is robust and reliable. Second (condition 2), the University must update its assessment strategy to clearly set out an appropriate and fair process to assess student pharmacists against the 'does' level outcomes during placements. This must also include plans for resit/remediation in the event that a student does not demonstrate meeting the relevant learning outcomes at the first attempt either due to failure or to lack of opportunity. (Please see the narrative under standards 4, 5 and 6).

Domain: Professional practice (learning outcomes 15 - 44)

Learning outcomes met? Yes ☐ No ☒

The team agreed that the following learning outcomes were not met:

- 18 - Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate
- 35 - Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance

This is because the placement provision for the current year 4 students was insufficient for the students to meet the learning outcomes specified in the 2021 standards. Moreover, assessment of students at the 'does' level did not provide assurance that year 4 students would meet these specific outcomes. Therefore, the team imposed two conditions. First, (condition 1), the University must put in place additional practice-based opportunities for current year 4 students to allow a breadth of patient interaction sufficient to enable them to demonstrate specified learning outcomes at the 'does' level, and to ensure that assessment of these outcomes is robust and reliable. Second (condition 2), the University must update its assessment strategy to clearly set out an appropriate and fair process to assess student pharmacists against the 'does' level outcomes during placements. This must also include plans for resit/remediation in the event that a student does not demonstrate meeting the relevant learning outcomes at the first attempt either due to failure or to lack of opportunity. (Please see the narrative under standards 4, 5 and 6).

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 ☐

Following the part 1 event and the monitoring event, criteria 1.2 (‘*Higher-education institutions must actively aim to identify and reduce discrimination in selection and admission processes’*) and 1.4 *(‘Selection processes must give applicants the guidance they need to make an informed application’*) remained ‘likely to be met’. In relation to criterion 1.2, the documentation described how the University tracks and reviews data on applications, offers, and outcomes; this enables the School to conduct a comprehensive analysis of the admissions process, which includes an evaluation of all factors contributing to application outcomes, such as academic performance, interview success, and representation across key demographic categories. Each year, anonymised data related to the selection and admissions of MPharm applicants are reviewed by protected characteristics, including gender, age, ethnicity and disability status. The analysis also considers socio-economic factors, such as Index of Multiple Deprivation (IMD) and POLAR4 quintiles, to capture a comprehensive view of applicant outcomes. The analysis for the 2023/24 and 2024/25 academic years revealed no evidence of bias in the selection process. However, some differences were identified across protected characteristics, although the evidence suggested the role of external factors rather than systemic bias in the admission process. These differences included higher withdrawal rates (38%) and the lower interview pass rates (21%) for Black, Asian, and Minority Ethnic applicants, as well as higher withdrawal and pre-interview rejection rates for mature applicants. The data highlighted significant differences between qualification types, with BTEC and international applicants facing lower interview invitation and success rates. Overall, the analysis confirmed that the admissions process effectively supports and includes applicants with disabilities and evaluates candidates equitably, prioritising merit over socioeconomic background. The analysis concluded that these disparities were not indicative of bias or discrimination but rather reflected differences in preparation, qualification alignment, and external factors. The admissions process, which evaluates applicants based on consistent, merit-based criteria, ensures fairness and inclusivity across diverse qualification backgrounds. The School continues to address potential disadvantages and ensure fairness, transparency, and inclusivity in the admissions process. Ongoing training for admissions staff and academic staff involved in interviews ensures consistent application of inclusive and equitable practices.

Noting that applicants from a Black Asian and Minority Ethnic (BAME) background do not perform as well at interview, the team asked for clarification of the School’s explanation that this is linked to external challenges and qualifications. The staff explained that when the performance data are adjusted to exclude the large percentage of BAME applicants who eventually withdraw, the performance difference between BAME and white applicants is reduced. Moreover, while most white applicants come with A-levels, many of those with a BAME background have overseas, less strong

qualifications and struggle with the interview. At interview, BAME applicants with A-levels perform no differently from others. The staff told the team that evidence suggests that the interview process selects the best applicants, and that those rejected at interview are not sufficiently strong to succeed on the course. This is also supported by the observation that applicants who are rejected on the basis of interview often fail to achieve predicted A-level grades.

Wishing to learn more about the calculations assessment that forms part of the selection process, including how the School is assured that it indicates applicants' ability to meet numeracy requirements, the staff explained that it comprises 10 GCSE-standard, pharmacy-orientated questions to be answered in 10 minutes. Applicants who fail this assessment are rejected. The pass mark was increased from 40% to 50% from the 2022/23 admission cycle. Those admitted with the lower pass mark in 2021/22 had a higher failure rate in summative calculations tests on the course. However, interpretation of this is confounded by the fact that the School has also increased its A-level entry standard; moreover, students with better A-level qualifications usually also have better GCSE mathematics qualifications. Those applicants performing at the lower end of calculations test receive additional support. Year 1 students also have a diagnostic assessment covering calculations in addition to biology, chemistry and English, and additional support is also provided for students performing poorly in that test. Wishing to learn more about the interview in general, the team heard that this comprises a 30-minute one-to-one discussion exploring values, ethics, skills, and professionalism in pharmacy, including discussion of the GPhC's standards for professionals; the interview includes data interpretation and interviewers evaluate applicants' communication skills. The marking of the interview is based on rubrics, with all staff members receiving appropriate training and being required to shadow experienced interviewers before undertaking interviews independently.

In relation to criterion 1.4, the School ensures that all applicants receive comprehensive and accessible guidance to support an informed application. The School website provides detailed information on the MPharm programme, including programme structure, learning outcomes, and career prospects, as well as entry requirements, deadlines, and the UCAS application process. The University website also includes information on expected timescales and key milestones, along with the communications that applicants will receive. These resources ensure that prospective students have a clear understanding of what is required at each stage of the process. In addition to online resources, the University offers a variety of engagement opportunities, including Open Days and campus tours, which provide applicants with the opportunity to meet academic staff and current students, explore the University's facilities, and experience campus life firsthand. Once applications are submitted, applicants receive tailored support as they progress through the selection stages. Invitations to interview include a link to the pharmacy interview guidance document, which outlines the format of the interview, key expectations, and preparation tips. Additionally, applicants are informed about pre-admission requirements, including completing Fitness to Practise and Declaration forms, adherence to the School's Communication & Dress Code, and requirements for occupational health (OH) screening and DBS checks. In response to the team's wish to know when, and how, applicants are informed about the nature of the interview process, the staff explained how they receive interview guidance which provides all key information, including a description of the interview day, as well as telling them about matters such as fitness to practise and DBS checks. Once they book an interview, applicants receive further information on what to expect, together with the GPhC standards and values, their understanding of which will be assessed in the interview. Applicants, such as those applying from overseas, having online interviews, which are identical to those conducted face-to-face, receive technical support.

The team agreed that all criteria in relating to selection and admission are now met.

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 ☐

This standard was explored in detail at the part 1 event and the accreditation team was satisfied that all criteria were met or will be met at the point of delivery. Since the monitoring event, the School has undertaken an analysis of progression and awards data for 2022/23 and 2023/24. Ethnicity, religion, disability and sexual orientation, along with caring responsibilities, POLAR4 and IMD, and entry qualifications were compared against progression and final degree awarded and no significant differences were found. Intersectional analysis was also undertaken.

Wishing to know if the School's recent analysis of progression data had initiated any new actions, particularly in light of the poor progression of students across the programme, the team heard that the main issue is overseas students progressing from year 1 to year 2. This has resulted in the introduction of compulsory support from this academic year onwards, with international students being supported by the Student Coach.

The team agreed that all criteria relating to equality, diversity and fairness are met or will be met at the point of delivery.

Standard 3: Resources and capacity

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

Standard met? Yes ☒ No ☐

Following the part 1 event and the monitoring visit, the team agreed that criteria 3.1 ('*There must be robust and transparent systems for securing an appropriate level of resource to deliver a sustainable MPharm degree that meets the requirement of these standards*') and 3.2 ('*The staff complement must be appropriate for the delivery of all parts of the MPharm degree*') remained likely to be met.

Concerning criterion 3.1, the documentation described the mechanisms in place at School and University levels for securing appropriate levels of resource to enable the School to deliver the MPharm degree. Revenue budgets are produced annually. The Dean of the School works with key staff to produce a first draft of the budget based on income, derived predominantly from student intake by headcount, and expenditure, the latter including staffing, placements and educational visits, consumables and clinical skills/laboratory expenditure, support from professional services, software licences, and expenses for Comensus patients and medical actors used in simulated learning sessions, as well as *ad hoc* specialist teaching staff. The first draft of the budget is reviewed and approved according to a contribution-based model, whereby each School is required to deliver a specified contribution both in absolute terms and as a percentage of income earned. The Dean meets with the Vice-Chancellor's Group (VCG) to discuss the budget and any amendments required. Budgets are monitored regularly throughout the year. Where resources are identified that are over and above the

School's budget, a business case is made by the Dean and considered by VCG with input from the Finance Business Partner. Noting that the documentation alluded to financial pressures facing the University and wishing to know if this had implications for the delivery of the MPharm, the team heard from the Pro Vice Chancellor for Students and Learning that the University is in a good financial state and will always protect the MPharm, which from the University's perspective was now going well. The Vice-Chancellor's Group has provided extensive support to pharmacy, including the approval of new posts and will ensure that it has the financial support required to succeed.

Relating to criterion 3.2, of the School's 68 academic staff, 58 are specifically involved in the delivery of the MPharm; these include GPhC-registered pharmacists several of whom are independent prescribers, with a further three are undertaking an independent prescribing qualification. The team heard that the chemistry course delivered by the School since 2023/24 is to close from 2025/26. The School has recently secured funding for an additional lecturer in prescribing; this will be advertised in January 2025. Funding is also available for 2.7 FTE clinical pharmacy tutors, including 1 x 0.2 FTE in community, and five 0.5 FTE in hospital to support the delivery and assessment of placements. These roles have been developed in collaboration with the relevant placement providers and will be seconded to the University. Currently, 2.2 FTE clinical tutors are in post with one hospital post currently out to advert. Of these clinical tutors, three are independent prescribers. The School also has one Boots teacher practitioner (0.4 FTE). During the event, the team heard that of the 28 pharmacists involved in delivering the MPharm programme, eight are already independent prescribers, and a further three will complete their training by December 2025. The team was told that prescribing competencies had been mapped, and the relevant material is taught by pharmacist independent prescribers using different prescribing scenarios.

In response to the team's wish for confirmation of current staff vacancies and when these posts are likely to be filled, the staff stated that a lectureship in prescribing is available, which may be filled by a current staff member. A further 0.2 FTE in prescribing has become vacant, due to the holder becoming a clinical tutor. Three hospital clinical tutors have been appointed, with a further two being appointed imminently, along with the possibility of a sixth. The newly appointed lead for numeracy has introduced the calculations passport, which is a compulsory, formative online pass/fail assessment, aimed at increasing students' confidence in performing pharmaceutical calculations.

Noting that the staff team has remained fairly constant since the monitoring event and wishing to learn the School's strategies to support staff retention, the staff described how there had been a significant culture change, with staff members being more positive and clear about their roles. Moreover, interactions with students have improved, so it is a more positive place to work

Staff members are paired to avoid single points of failure, with the main staff loss being through retirements, which can be anticipated and planned for accordingly.

The team agreed that all criteria relating to resources were met or will be met at the point of delivery.

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 ☒

Following the part 1 event and monitoring visit, four criteria (4.2, 4.3, 4.4, and 4.6 – see below) remained likely to be met.

In relation to criterion 4.2 ('*There must be agreements in place between everyone involved that specify the management, responsibilities and lines of accountability of each organisation, including those that contribute to periods of experiential and inter-professional learning*'), the documentation described how management of placements is conducted by the School Placement Co-ordinators, the Placement Administrator and the newly appointed Experiential Learning Educator. The School Placement Team is now supported by the central University Placements Team, who will continue to conduct DBS checks, occupational health screening and uniform procurement, as well as providing support to deal with urgent queries while students are on placement. The University has procured a placement management software system (InPlace) to support the delivery of placements, allowing students and providers to have access to information about placements. The team heard that this software is currently being rolled out across the University and will be used in the MPharm placements from 2025/26 onwards, after testing within the School.

The 'MPharm Placement Learning Contract' covers the responsibilities of the University and the student, and clearly articulates the responsibility of the placement provider regarding levels of supervision, the provision of learning opportunities and the need to attend briefing and training meetings; the contract also specifies how the provider is expected to support the learner with constructive feedback to complete the learning outcomes, competencies and portfolio at the appropriate level. Supervisors are provided with guidance for each placement, including expectations around student conduct, workplace activities and assessments. Students must meet the pre-placement requirements before being allocated to a placement; these include an enhanced DBS, Occupational Health clearance, successful completion of mandatory training and signing up to the Student Placement Agreement, which covers expectations around behaviour, engagement, confidentiality, health and safety and professionalism.

Relating to criterion 4.3 ('*The views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering MPharm degrees'*), the documentation described how the School's external advisory group (EAG) meets annually to provide feedback on the MPharm. Its membership includes senior training and education leads within community, hospital and industrial pharmacy, student alumni, current student representatives, Comensus representatives (patient/carer voice) and government agencies (NHSE). One outcome of the EAG's discussions was the decision to invest in clinical tutors; another contributed to the development of the 'Professionalism Toolkit' for Year 1 students. As well as contributing through the EAG, Comensus patients and carers sit on the Comensus Steering Group, on which the School is represented by the Deputy Associate Dean and the School Lead for IPE and PPE. Their discussions focus on how Comensus can support students on professional courses. The newly formed MPharm Course Management Committee includes a member of Comensus.

Relating to criterion 4.5 ('*Systems and policies must be used in such a way that the MPharm degree is evaluated on the basis of evidence and that there is continuous improvement in its delivery*'), the documentation described how the MPharm programme is evaluated using quantitative evidence from various sources. Evidence on course performance is provided centrally by the University Strategic Data, Policies and Insight Team. The Module Review process requires interrogation of data for module level performance compared to previous years. Modules where the performance has deviated significantly from previous years are discussed at the School's Students, Teaching and Quality

Committee to glean areas of good practice or identify areas for improvement. Course level quantitative data on student attainment is addressed in the course leaders' action plans, which are updated three times a year. A summary of any key issues is reported to the University Students and Teaching Committee. Course review incorporates student feedback obtained through a number of mechanisms, as well as feedback from external examiners. The students confirmed to the team their opportunities to provide feedback on the MPharm programme both formally through questionnaires and through informal meetings with the Dean, as well as through Unitu, which allowed anonymous feedback; they told the team that the School was responsive in taking action on points that they had raised. External metrics are also used to determine the quality of delivery of the MPharm degree; such metrics include data from the GPhC registration assessment, Oriel assessment, NSS survey, graduate outcomes and Office for Students metrics relating to continuation, completion, and progression. Evaluation of placements incorporates feedback from students and from placement providers; this was confirmed to the team by the experiential learning providers, who were very positive about the placements and their relationship with the University. In response to the team's request for the evidence used to inform the ongoing quality assurance of placement sites, the staff highlighted the feedback from students, which if negative results in a site visit and could lead to the removal of a placement site. Quality audits through the clinical tutors are being rolled out for community pharmacy, GP practice and third sector placements as part of the NW Practice Education Group (PEG) Quality Assurance and Enhancement Framework (QAEF), which includes audits of the organisations and of the learning environment that they offer. The team noted that the quality assurance of placements will be scrutinised at the interim visit.

Relating to criterion 4.6 *('MPharm degrees must be revised when there are significant changes in practice, to make sure provision is relevant and current'*), the documentation described various mechanisms by which the relevance and currency of the course are maintained in response to significant changes in pharmacy practice and legislation. These include input from the five seconded pharmacists and the 14 pharmacist lecturers who maintain their clinical knowledge through working in practice. Any changes in practice or guidelines are communicated to the rest of the school staff via the fortnightly SET newsletter. The Course Leader sends regular updates to students in all years via Blackboard announcements. Year 4 students receive an 'Updates to Practice' which summarises the key changes in practice since their course began; this is assessed in the semester 2 GPhC-style examination paper. The interdisciplinary Module Teams responsible for writing, verifying, marking and moderating the assessments always include a Pharmacy Practice Lecturer/Teacher Practitioner. External examiners review all assessments and can formally check that the provision is relevant and current.

Noting previous complaints from students about the organisation of the Blackboard virtual learning environment (VLE), the team heard that this has undergone significant redesign for the whole course, with each module now having its own site, enabling students to readily find all their required information, including teaching materials, assessments and placement details. Staff members have been trained to ensure that material is posted in the correct folders.

The team agreed that criteria 4.2-4.6 were met but that criterion 4.1 was not met. This is because although the systems and policies in place for the management of experiential learning in earlier years of the course were satisfactory (criterion 4.1), placement provision for year 4 was not sufficient for the students to meet the learning outcomes specified in the 2021 standards (Please see the narrative

under standards 5 and 6). Moreover, assessment of students at the 'does' level in year 4 did not provide assurance that year 4 students would meet these specific outcomes. Therefore, the team imposed two conditions. First, (condition 1), the University must put in place additional practice-based opportunities for current year 4 students to allow a breadth of patient interaction sufficient to enable them to demonstrate specified learning outcomes at the 'does' level, and to ensure that assessment of these outcomes is robust and reliable. (See also standards 5 and 6). Second (condition 2), the University must update its assessment strategy to clearly set out an appropriate and fair process to assess student pharmacists against the 'does' level outcomes during placements. This must also include plans for resit/remediation in the event that a student does not demonstrate meeting the relevant learning outcomes at the first attempt either due to failure or to lack of opportunity. (see also standards 5 and 6).

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 ☒

Following the part 1 reaccreditation event and the monitoring visit four criteria remained likely to be met. These were criterion 5.1 ('*There must be a curriculum and a teaching and learning strategy for the MPharm degree, which set out how student pharmacists will achieve the learning outcomes in part 1'*), criterion 5.2 *('The component parts of the MPharm degree must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached*'), criterion 5.4 ('*The learning outcomes must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally'), and criterion* 5.6 ('*The MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals*').

The revised teaching and learning strategy was supplemented with a learning in practice strategy, with placement blocks across all years aligned to the learning of specific relevant GPhC learning outcomes; demonstration of these learning outcomes is supported by activities for students to complete on their placements. Year 1 students will spend four days in a third sector placement in addition to four days in community pharmacy and one day in hospital. The third-sector placements in one of eight different organisations allows them to engage directly with the public and take on active roles within the organisation under supervision. Here, the students focus on developing and adapting communication skills for a non-pharmacy setting. Year 2 students will spend 12 days in community pharmacy, while year 3 students will undertake 12 days of hospital pharmacy work, along with a half-day introduction to GP-practice, which will be followed by eight days in a GP practice in year 4; year 4 students will also spend four days in specialist placements as well as a further four days in community pharmacy. The team heard from current students that their placements had been both enjoyable and useful, although students in each of years 2-4 stated that they were not always able to complete the set tasks in the workplace, sometimes because the placement staff members were too busy and sometimes because of lack of access to patients. The staff told the team that preliminary discussions had shown that GPs were enthusiastic about extending the current year 4 provision of four days in GP

practice and the School was confident that there was sufficient capacity to achieve this. As well as GP practice, year 4 students will undertake four days of community pharmacy practice, together with four days in a specialist setting, the last including mental health trusts, pharmaceutical industry, secure environments, and research-based placements. The placements in each year are supported and supplemented by on-campus sessions, including simulated activities involving patients. Before each placement, mandatory pre-placement workshops will explore the learning outcomes mapped to the placement, and link these to prior acquired knowledge or skills, or enable practise of those skills. In-practice assessments are detailed and linked to each placement, to show what is assessed on each placement and how (see standard 6). The experiential learning providers from all sectors (community, hospital and GP practice) told the team that the students came well prepared for their placements and demonstrated a high level of professionalism; the providers had been closely involved in developing all aspects of the placements, including ensuring that the activities were practicable and that the students were likely to encounter relevant patient cases. The team heard that timetabled workshop sessions are provided so that students who miss workshops while out on placement can catch up. However, the students told the team that workshops contained a lot of material that was difficult to make up if they had missed them because of placements. Lectures are recorded so that students can look at lecture material in their own time. The School is considering different timetabling models to address the balance between placements and on-campus activities.

Noting that the current year 4 students had experienced considerably less learning in practice than that planned for future years, the team explored with the senior staff how the School will ensure that these students will have covered all the learning outcomes, and will have been assessed to demonstrate meeting them, especially at the 'does' level. The staff explained that the current year 4 students will have experienced double the placement time in year 4, compared with last year's final year, as well as one day in GP practice in year 3 to provide an overview of that sector. Nine of the 'does' level learning outcomes have been mapped to the four days in GP practice and are covered by the skills in practice assessment; other learning outcomes, including calculations, referring to other healthcare professionals when required and applying the science of pharmacy have been mapped to the four days of specialist placements. If students have not achieved the learning outcomes, further placement opportunities will be provided across the summer period; the students are aware of this. Achievement of the learning outcomes is aligned with interprofessional education and PPE (patient and public engagement) activities. Despite these reassurances, the team remained concerned that the current year 4 cohort is undertaking a significantly reduced placement provision compared to the planned provision once at steady state. The team agreed that this currently presents insufficient opportunity to enable the demonstration of relevant learning outcomes repeatedly and reliably to meet the 2021 standards and therefore imposed two conditions. First, (condition 1), the University must put in place additional practice-based opportunities for current year 4 students to allow a breadth of patient interaction sufficient to enable them to demonstrate specified learning outcomes at the 'does' level, and to ensure that assessment of these outcomes is robust and reliable. This is to meet criteria 5.1, and 5.6 and learning outcomes 1, 3, 10, 18 and 35 (see also standard 6). Second (condition 2), the University must update its assessment strategy to clearly set out an appropriate and fair process to assess student pharmacists against the 'does' level outcomes during placements. This must also include plans for resit/remediation in the event that a student does not demonstrate meeting the relevant learning outcomes at the first attempt, either due to failure or to lack of opportunity. This is to meet criteria 5.1 and 5.6 (see also standards 4 and 6).

In addition to the revised 'learning in practice' approach allowing students to demonstrate the GPhC learning outcomes at the 'does' level, the teaching and learning strategy has placed considerable focus on clinical and prescribing skills, embedding these in all aspects of the course. The documentation described how the Royal Pharmaceutical Society competency framework was used to map learning activities to the appropriate level, so that students could progress with increasing complexity through the years. The clinical/prescribing skills required to upskill students on the existing course (years 3-4) and for the students on the new course (years 1-4) were mapped across the years, to ensure they were visited repeatably and that the students were assessed until they could reliably meet the new GPhC standards at the appropriate level. A detailed mapping exercise aligned specific activities to sessions across the years. Importantly, the skills were also aligned to the outgoing programme, to upskill students on the old standards to make them prescriber ready at graduation.

In the context of criterion 5.4, the documentation detailed how professional behaviours are emphasised throughout the programme. Students are introduced to the GPhC standards in the first-year Professional Practice module and formally acknowledge these standards via a signed agreement assessed in their portfolio; this is repeated each year. When the students join the University, they must sign up to the Code of Conduct for Students and abide by the University regulations, along with the School-specific requirements. Monitoring of professionalism includes attendance and punctuality, as well as the students' portfolio for the Professional Practice modules; the portfolio incorporates a quiz covering professionalism as well as one dealing with academic integrity, both of which must be passed each year for successful completion of the portfolio.

Noting that UCLan graduate pass rates for the GPhC's Registration Assessment have been significantly below the sector average for the past four years, the team asked about progress on the School's Graduate Performance Action Plan and how the curriculum and learning strategy is being developed to meet this plan and improve performance. The staff stated that they expect an improvement as early as next year. While acknowledging that UCLan graduate performance was relatively poor, the staff felt that the School was no longer an outlier and that graduate performance was now much closer to that of other schools. The significant increases in admissions criteria, changed assessment strategy to include low-stakes continuous assessment and standard setting, together with the enhanced placement provision and the continuous monitoring of student performance all gave the staff confidence. Moreover, student attendance, engagement and behaviour have all improved. The School now demands a minimum attendance of 80% for workshops and practical classes.

The team agreed that criteria 5.2-5.5 and 5.7-5.13 are met. However, criteria 5.1 and 5.6 are not met, resulting in the imposition of two conditions as discussed above.

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 ☒

Following the part 1 event and the monitoring visit, eight of the 14 criteria relating to assessment remained 'likely to be met'. These were as follows:

- 6.2 Higher-education institutions must demonstrate that their assessment plan is coherent, fit

for purpose, makes sure that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment.

- 6.3 - Assessment plans for the MPharm degree must assess the outcomes in part 1 of these standards. The methods of assessment used must be appropriate to the learning outcomes, in line with current and best practice, and routinely monitored, quality assured and developed.
- 6.4 - Assessment must be fair and carried out against clear criteria. The standard expected of students in each area to be assessed must be clear; and students and everyone involved in assessment must be aware of this standard. An appropriate standard-setting process must be used for summative assessments done during the MPharm degree.
- 6.6 - Pass criteria for all assessments must reflect safe and effective practice.
- 6.7 - It must be clear what standard-setting methods are used during the MPharm degree.
- 6.8 - Higher-education institutions must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of experiential and inter-professional learning, during the MPharm degree, against each of the learning outcomes.
- 6.10 - Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers, patients, and supervisors.
- 6.11 - Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment.

The part 2 documentation presented further evidence towards meeting these criteria and described how all summative assessments, including those undertaken during 'learning in practice', have been mapped to the GPhC learning outcomes. All modules include examinations and students have formative opportunities for assessments. The first year 'Science of Medicines' module includes a diagnostic test that incorporates questions on calculations, chemistry, biology, GPhC standards and English language. Dedicated calculations assessments are incorporated within the professionalism modules and calculations can also be included in examinations in other modules. The School has incorporated workbooks in all modules (expect for the professionalism modules for which the portfolio is used) to maximise engagement and assess skills throughout the year. To promote engagement and encourage formative training in years 1 and 2, mini tests are delivered periodically throughout the year. The bulk of weight-bearing assessment across the years comprise selected-response examinations (approximately 75%) with the remainder of the marks awarded coming from coursework; coursework includes laboratory reports, presentations, data interpretation, service proposals, audit and critical appraisal. Several pass/fail assessments are used throughout the course, these comprising calculations examinations, objective, structured clinical examinations (OSCEs), the portfolio and workshop engagement. Questions increase in complexity from MCQ-based knowledge recall and understanding in years 1 and 2, supplemented by the introduction of SBAs in year 2 to patient-based single best answer questions in year 3 and year 4, requiring students to apply knowledge and make decisions on best treatment options for complex patients. OSCE assessments increase from a station-based practical in year 1 to 10-station OSCEs in years 2 and year 3 and a 12-station OSCE in year 4.

For learning in practice assessments, students compile a portfolio of evidence and reflections within each of the 'Professionalism modules'; an electronic portfolio is under development. Four different pieces of assessment are required to be submitted which, the team heard, focus on the 'does' level outcomes; these are a 'Professionalism in Practice' assessment to confirm professional conduct, a 'Skills in Practice' assessment, which is a record of skills undertaken during the placement and signed

off by the placement supervisors, 'Supervised Learning Events (SLEs)' and 'Reflective Accounts'. The SLEs are work-based assessments including case-based discussions, Medication Related Consultation Framework (MRCF) and mini-clinical evaluation exercises (mini-CEX). Questioning why SLEs are used only in year 3 hospital placements, the team was told that SLEs are employed only where there are clinical tutors; however, it may be possible for case-based discussions to be conducted in GP practice, although this has not yet been done. The team heard that the reflective accounts in each year, which are compulsory elements of the portfolio, are focussed on specific areas, covering outcomes related to, for example, communication and working within competence in year 1, risk management and counselling in year 2, evidence-based practice, calculations and person-centred care in year 3, and, in year 4 pharmaceutical care, medicines optimisation, impact of prescribing decisions and professional judgment in year 4. Seeking reassurance that the current year 4 students will have met all the 'does' level outcomes at the point of graduation, the team was told that the mapping shows that they will all have been covered. The staff go through the outcomes beforehand, and the students are proactive in seeking learning opportunities to ensure that they can address these outcomes while on placement. Current year 4 students have also had numerous workshops and covered all consultation skills while they were in year 3. Noting from conversations with the students that some of them did not have the opportunity on placement to meet certain learning outcomes, the team was told that the supervisors are all aware of the need to provide relevant learning opportunities, and where outcomes have not been achieved the students will undertake additional placements; problems in achieving learning outcomes are identified through student feedback. If required, additional placements will be provided through May, June and July. As well as being covered on placements, these outcomes are assessed during the patient and public engagement activities which are overseen by pharmacists, and which involve real patients in a safe, controlled environment.

The documentation detailed the mechanisms for assuring the robustness, validity and reliability of all assessments, including those undertaken during 'learning in practice', as well as the standard setting procedures for examinations and OSCEs. The documentation also described how the pass criteria for all summative assessments reflect safe and effective practice. The School operates a Patient Safety Panel that is convened when a student is referred for some practice that may adversely affect patient safety.

Relating to criterion 6.9, the documentation stated that individualised feedback is provided and, particularly following semester 1 examinations, students may meet their personal tutors to go through the examination paper. Formative OSCEs in years 1 and 2 allow markers to provide immediate feedback, while at the same time asking the students for their reflections. Peer feedback is also embedded throughout the course. Placement supervisors provide feedback on the 'Skills in Practice' and 'Professional in Practice' assessments, this feedback being incorporated into the students' portfolios, while Clinical Tutors will provide feedback relating to the supervised learning event (SLE) assessments. The students told the team that feedback had improved from previous years but varied depending on the personal tutor. Moreover, not all students receive their feedback at the same time. While feedback is supposed to be provided within 15 working days, the students reported delays and also told the team that they had not been notified that feedback would be late. The students stated that feedback was not really individualised and comprised highlighting of the relevant rubric without adequate explanation of how the mark was achieved. They could, however, contact personal tutors or markers for more detailed feedback. This was confirmed by the staff, who told the team that there were timetable feedback sessions, and that the analytic rubric had been introduced to speed up the delivery of feedback and to increase its consistency. The staff were unaware of the

delays in feedback reported by the students. The team recommended that individualised assessment feedback, such as a clear and detailed narrative to explain the assessment mark achieved, should be routinely provided to all students at the same time as their assessment mark to help them to improve their performance.

Relating to criterion 6.11, the team heard that placement supervisors in all sectors receive written supervisor guidance as well as undergoing training which may be face-to-face or online. The hospital clinical tutors are seconded to the University and undergo academic on campus training, with new tutors shadowing more experienced staff, along with weekly online meetings. Training is also provided within the hospital trusts, with the SLEs being covered through 'e-learning for healthcare'.

The team agreed that criteria 6.1 and 6.5-6.11 relating to assessment are met. However, criteria 6.2, 6.3 and 6.4 are not met and the team imposed two conditions. First (condition 1), the University must put in place additional practice-based opportunities for current year 4 students to allow a breadth of patient interaction sufficient to enable them to demonstrate specified learning outcomes at the 'does' level, and to ensure that assessment of these outcomes is robust and reliable. This is because this cohort is undertaking a significantly reduced placement provision compared to the planned provision once at steady state. The team agreed this currently presents insufficient opportunity to enable the demonstration of relevant learning outcomes repeatedly and reliably to meet the 2021 standards. This is to meet criteria 6.2, 6.3 and 6.4 and learning outcomes 1, 3, 10, 18 and 35 (see also standards 4 and 5). Second (condition 2), the University must update its assessment strategy to clearly set out an appropriate and fair process to assess student pharmacists against the 'does' level outcomes during placements. This must also include plans for resit/remediation in the event that a student does not demonstrate meeting the relevant learning outcomes at the first attempt either due to failure or to lack of opportunity. This is to meet criteria 6.2, 6.3 and 6.4 (see also standards 4 and 5).

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 ☐

Following the part 1 event and the monitoring visit, four criteria relating to the support and development for student pharmacists and everyone involved in the delivery of the MPharm degree remained 'likely to be met'. These were as follows:

- 7.1 - There must be a range of systems in place during the MPharm degree to identify the support needed by students, and to support them to achieve the outcomes in part 1 of these standards.
- 7.2 - Student pharmacists must have support available to them covering academic, general welfare and career advice
- 7.6 - Training must be provided for everyone involved in the delivery of the MPharm degree
- 7.7 - Everyone involved in the delivery of the MPharm degree must have effective supervision, an appropriate and realistic workload, mentoring, time to learn, continuing professional development opportunities, and peer support.

The documentation provided further evidence to support the meeting of these criteria. Support for students has been enhanced through monitoring of their attendance and engagement, involving the Achievement Coach, the Retention Lead and personal tutors. There is an 80% minimum attendance requirement for workshops and practical classes in the majority of modules and students are contacted quickly to allow concerns to be addressed within a short time frame through discussions on professional attitudes to study. This also allows the students to be referred to the appropriate service that can provide help in increasing their engagement and success on the course. Support has also been provided through additional workshops and one-to-one coaching sessions provided by the Achievement Coach. Students can self-refer to the Achievement Coach or be referred by staff members when they have performed poorly in an assessment. The students told the team that the support they received from the staff was generally good and that personal tutors, as well as other staff members, were helpful, accessible and responsive, although some students reported difficulty in contacting their tutors. The facilities were generally good, although there had been some equipment breakdowns and insufficient label printers made the dispensing classes rather rushed. Students felt well prepared for the Oriel application process and for their foundation training year, for which the clinical skills training and workshops had been especially useful.

All staff members are reminded at appraisal about the importance of completing annual mandatory training packages. The University's Centre for Collaborative Learning (CCL) has a suite of training packages available for academic staff throughout their careers; these include support for those aiming to become a Senior Fellow of the Higher Education Academy. CCL also offer bespoke support to individual staff members. This includes the opportunity to receive detailed feedback from a member of the CCL team on an observed teaching session. The School also has an in-house peer observation scheme, where staff are paired up to observe teaching sessions, in order to look at specific questions or points for development. CCL team members have also delivered to the School a training session on classroom management and engaging challenging students. All staff members who work at least three days a week and do not have a prior teaching qualification, may undertake a Postgraduate Certificate in Academic Practice, which offers Fellowship of the Higher Education Academy. Staff members who choose to make a direct application for HEA Fellowship are supported in that application through mentorship by staff within the School. The team heard that all recently appointed staff members have completed the Postgraduate Certificate and new staff members have enrolled. Part-time staff members are offered an introductory course but are encouraged to undertake the Postgraduate Certificate course.

All placement supervisors will be provided with guidance documents and training appropriate to their role. In community pharmacy, this is provided largely through the Clinical Tutors. In GP practice this is achieved through the Placement Co-ordinator and Practice Education Facilitator delivering one-to-one discussions with each supervisor regarding the guidance, workbook, expectations, learning outcomes and associated assessments. For hospital Clinical Tutors, the School provides training based on their previous experience. Clinical tutors will also have access to the same resources and training as academic staff members. Placement supervisor training is provided through the e-Learning for Healthcare modules, along with the on-line learning and NHS England videos regarding use of Supervised Learning Events covering specifically case-based discussion, the Medication-Related Consultation Framework (MRCF) for a drug history consultation and mini-clinical evaluation exercises (Mini-CEX).

The experiential learning providers told the team that they were readily able to address situations where students were having difficulties during placements. Students work collaboratively with placement staff members, enabling supervisors to readily identify problems and take appropriate action, which may require contacting the School, with which placements have very good communication; the placement coordinator is readily available to deal with queries. They had received written supervisor guidance from the University and had undergone appropriate training. Many were already very experienced in supervising trainees. In response to the team's wish to know if placement supervisors have sufficient capacity in their workload to supervise students, they told the team that this role is embedded as a normal part of their work. When designing the workbook with the School, the importance of buddying students with appropriate staff members had been stressed; while some sessions require to be conducted by the pharmacist, some activities were delegated to other staff members, including dispensers and counter assistants. In timetabling the placements, weeks with particularly heavy workloads were avoided.

The team agreed that all criteria relating to the support and development for student pharmacists and everyone involved in the delivery of the MPharm degree were met or would be met at the point of delivery.

Teach out and transfer arrangements

Students starting the programme in September 2023 as well as those continuing into years 2 and 3 will graduate to the GPhC's 2021 standards; only those in year 4 in 2023/24 remained on the 2011 standards. While students in year 1 commenced a revised course designed to meet the new standards, those in years 2 and 3 were provided with enhanced modules to incorporate the necessary additional skills and knowledge, with additional arrangements for those year 1 students who were repeating the first year, either in full or in part.

The School has updated the content and assessments to transfer students to the new standards, with increased emphasis on key aspects including clinical skills and diagnostic reasoning, prescribing consultation skills and prescribing governance. Changes have been made based on the RPS competency framework for prescribers and enhancements have been made to year 4 of the existing programme to incorporate prescribing. Workshops for the current year 4 students focus on prescribing, which will also be incorporated into the students' portfolios. The prescribing skills will be assessed in the OSCE. Enhanced placements have been provided for students currently in years 3 and 4, along with 'skills in practice' and 'professional' assessments. Current year 4 students will experience four days in GP practice.

A small number of students will graduate after 2024 on the 2011 standards. These are typically students who have interrupted a year, who have been on an 'assessment only' status during year 3, or year 4 students who were required to resit the year. The School has informed NHS England via the Oriel recruitment process about whether students are graduating to the previous standards, so their foundation year can be adapted accordingly. The documentation described detailed plans addressing arrangements for the teach-out of the old course for students whose progress has been interrupted.

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).



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