General Pharmaceutical Council

# Queen's University Belfast, Master of Pharmacy (MPharm) degree reaccreditation Part 2 event report, March 2025

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| Event summary and conclusions | |
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| **Provider** | Queen's University Belfast |
| **Programme** | Master of Pharmacy (MPharm) degree |
| **Event type** | Reaccreditation (Part 2) |
| **Event date** | 12-13 March 2025 |
| **Approval period** | 2022/23 – 2030/31 |
| **Relevant requirements** | Standards for the initial education and training of pharmacists, January 2021 |
| **Outcome** | Approval<br>Reaccreditation of the MPharm degree offered by Queen's University Belfast was confirmed. There were no conditions.<br>Reaccreditation was confirmed for a period of 6 years, with an interim event in 3 years' time. |
| **Conditions** | There were no conditions. |
| **Standing conditions** | The standing conditions of accreditation can be found **here**. |
| **Recommendations** | No recommendations were made. |
| **Minor amendments** | No minor amendments were requested. |
| **Key contact (provider)** | Professor Lezley-Anne Hanna*, Director of Education (Pharmacy)<br>Professor Gavin Andrews*, Head of School (of Pharmacy) |
| **Accreditation team** | Professor Chris Langley* (Team leader), Professor of Pharmacy Law & Practice and Deputy Dean (Engagement and Development) of the College of Health and Life Sciences, Aston University<br>Parbir Jagpal (team member – academic), Associate Professor, Clinical Practice & Prescribing, School of Pharmacy, University of Birmingham<br>Dr Tania Webb (team member – academic), Deputy Head of the Leicester School of Pharmacy, De Montfort University<br>Simmy Daniel (team member – pharmacist), Workforce Development Lead Pharmacist, East London NHS Foundation Trust & Programme Delivery lead, North East London Integrated Care System Partners<br>Maeve Sparks (team member – recently-registered pharmacist), Rotational Pharmacist, Salford Royal Hospital |

| | |
|---|---|
| | Dr Cathy O'Sullivan (team member – lay), Workforce Development Consultant |
| **GPhC representative**<br>**Pharmaceutical Society Northern Ireland (PSNI)representative** | Philippa McSimpson*, Quality Assurance Manager (Education)<br>Stephen Moohan, Transformation, Governance and Compliance Lead, |
| **Rapporteur** | Alison McVitty, Human Resources Consultant |

*attended pre-event meeting

# Introduction

## Role of the GPhC

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

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.

GPhC education and training standards are published jointly with the pharmacy regulator in Northern Ireland, the Pharmaceutical Society of NI (PSNI) and the GPhC undertakes accreditation of pharmacy education in Northern Ireland on behalf of the PSNI. This accreditation process was undertaken by a GPhC accreditation team on behalf of the Pharmaceutical Society of NI. The event was overseen by a representative from each of the respective pharmacy regulators.

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**.

## 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**.

Queen's University Belfast (QUB) has offered a pharmacy degree since 1929, initially as a BSc degree in Pharmaceutics, making it one of the oldest pharmacy degree courses in the United Kingdom. The

course moved from the Belfast College of Technology to a new Department of Pharmacy at Queen's University in 1971. Pharmacy became one of seven schools within the Faculty of Science and Agriculture in 1988 and introduced a four-year MPharm degree programme in 1997, in line with all other UK schools of Pharmacy. The School of Pharmacy is one of four Schools in the Faculty of Medicine, Health and Life Sciences.

The Part 1 reaccreditation event for QUB took place on site at the University on 23 – 24 March 2023. At that event, the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) and the Council of the Pharmaceutical Society of Northern Ireland (PSNI) that the MPharm degree offered by Queen's University Belfast should be reaccredited for a period of 6 years, following, and subject to a satisfactory Part 2 event. There were no conditions or recommendations.

The Part 2 submission summarised some changes since the Part 1 reaccreditation event in March 2023. There have been various staff changes in University and Faculty leadership positions, including new appointments to the roles of Pro-Vice Chancellor for Education and Students, and the Faculty Dean of Education. Within the School of Pharmacy, new appointments have been made to the Head of School and Deputy Head of School roles, as well as to the Adviser of Studies, Disability Officer, and the Academic Lead for Student Voice roles. Since the last event, a number of staff have been promoted within the School including five Professors, two of whom are Professors (Education). Two new posts have been created: a Pharmacy InterSim Fellow within the School, and an EL (Federation Education Lead pharmacist) within general practice. One lecturer resigned and left the School of Pharmacy. Within the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD), a new appointment was made to the role of Dean. The new post holder was a former employee of the GPhC.

Since the last event, both the University and the School of Pharmacy have achieved external recognition. The School was awarded an Advanced HE Gold Athena Swan Award in 2025, which is in addition to the same award granted to the University in 2024. The School of Pharmacy moved up to 19$^{th}$ place in 2025 in the QS World rankings for Pharmacy and Pharmacology. In addition, the QUB MPharm programme achieved a first attempt pass rate of 95.1% in the June 2024 Common Registration Assessment.

In terms of programme delivery, the submission highlighted that the hospital element of the experiential learning (EL) hours for Year 2 students is due to be reduced from five to three days in 2024/25, due to capacity issues in hospitals. Identical arrangements are in place with the other Northern Ireland (NI) MPharm provider (Ulster University), given NI EL is funded by the NI Department of Health (DoH) and managed by the NICPLD.

Interprofessional learning (IPL) hours have increased and the range of health care disciplines involved, and activities have been broadened. This is referred to under Standard 5.

## 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 24 February 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 12 – 13 March 2025 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree, a meeting with past and present students, and a meeting with experiential learning partners, placement supervisors and statutory education body representatives.

## Declarations of interest

There were no declarations of interest.

The accreditation team noted that Johanne Barry (MPharm Programme Director for Student Conduct and Professional Regulation, Queen's University Belfast) is the Pharmaceutical Society of Northern Ireland representative on the Board of Assessors, which is the body responsible for the Common Registration Assessment examination that must be passed in order to be eligible to register as a pharmacist in the United Kingdom. This was not considered to be a conflict of interest.

# Schedule

### Day 1: 12 March 2025

Private meeting of the accreditation team

Progress meeting 1 – management and oversight

Private meeting of the accreditation team

Meeting with students

### Day 2: 13 March 2025

Private meeting of the accreditation team

Progress meeting 2 – curriculum and assessment

Private meeting of the accreditation team

Meeting with experiential learning partners and placement supervisors

Private meeting of the accreditation team

Delivery of outcome to the programme provider

# Attendees

## Course provider

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

| Name | Designation at the time of accreditation event |
|---|---|
| Professor Gavin Andrews* | Head of School |
| Professor Brendan Gilmore* | Deputy Head of School |
| Tara Brown* | School Manager |
| Gavin Graham | Technical Manager |
| Lee-Anne Howell | Undergraduate Education Administrator |
| Liam Barton | QUB Admissions Manager (Undergraduate and Systems) |
| Professor Ryan Donnelly | Director of Research, and module coordinator |
| Professor Lezley-Anne Hanna* | Director of Education (Pharmacy), and module coordinator |
| Johanne Barry* | MPharm Programme Director for Student Conduct and Professional Regulation, and module coordinator |
| Dr Paul McCague* | MPharm Programme Director for Student Support and Engagement, and module coordinator |
| Dr Heather Barry | Deputy module coordinator |
| Siobhan Boyce | Pharmacy InterSim Fellow |
| Dr Niamh Buckley | Module coordinator |
| Dr Roberta Burden | Deputy module coordinator |
| Dr James Burrows | Module coordinator |
| Dr Dan Corbett | Module coordinator and interim Recruitment Lead |
| Dr Deirdre Gilpin | EDI committee co-chair |
| Dr Briegeen Girvin | Module coordinator (and Programme Lead for QUB Pharmacist Prescribing PGT certificate) |
| Professor Maurice Hall | Module coordinator and NSS Champion |
| Professor Sharon Haughey | Module coordinator |
| Patricia Holden | Deputy module coordinator and co-lead for the Patient and Public Engagement Forum |
| Dr Fiona Hughes | Module coordinator |
| Dr Mary-Carmel Kearney | Module coordinator and co-lead for the Patient and Public Engagement Forum |
| Dr Stephen Kelly | Module coordinator |
| Dr Vicky Kett | Module coordinator and POP Champion |
| Dr Garry Laverty | Deputy module coordinator, Disability officer |
| Professor Karl Malcolm | Module coordinator |
| Clare Murray | Module coordinator |
| Dr Emma McErlean | Module coordinator |
| Dr Carole Parsons | Module coordinator and MPharm EDI Lead |
| Dr Laura Sherrard | MPharm Admissions Lead |
| Dr Chris Spence | Module coordinator |
| Professor Michael Tunney | Module coordinator |
| Dr Matthew Wylie | Module coordinator, International UG Student Peer Mentor Academic Coordinator, Student Voice Academic Coordinator |

*attended pre-event meeting

The accreditation team also met a group of MPharm students:

| Current year of study | Number of students |
|---|---|
| Year 1 | 2 |
| Year 2 | 2 |
| Year 3 | 5 |
| Year 4 | 5 |
| Recent graduates | 1 |
| **Total** | **15** |

The accreditation team additionally met a group of experiential learning partners, placement supervisors and statutory education body representatives:

| Name | Job Title and Organisation |
|---|---|
| Lisa Smith | Postgraduate Pharmacy Dean, Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) |
| Helen Hirst | Senior Lead for Experiential Learning (Community Pharmacy), NICPLD |
| Bronagh White | Senior Lead for Experiential Learning (General Practice), NICPLD |
| Niall O'Boyle | Trust Lead Clinical Education Pharmacist, South Eastern Health and Social Care Trust (SEHSCT) |
| Andrew Dempster | Practice Supervisor, Northern Health and Social Care Trust (NHSCT) |
| Frances-Ann Magee | Community Pharmacist (Practice Supervisor), Boots |
| Lyn Stevenson | Healthcare Academy Trainer (EL Provider Lead), Boots |
| Claire Dobbs | Community Pharmacist (Practice Supervisor), Clear |
| Matthew Spence | Community Pharmacist (Practice Supervisor), Medicare |
| Glynis McMurtry | Professional Head of Pharmacy GP Federations, GP Federation |
| John Wilkinson | General Practice Pharmacist (Practice Supervisor), Down Federation |
| Niall O'Kane | General Practice Pharmacist (Practice Supervisor), Mid Ulster GP Federation |
| Louise Mulholland | General Practice Pharmacist (Practice Supervisor), Carryduff Health Centre |

## 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 **6** 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.

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 submission confirmed there were no significant changes for Learning Outcomes 1 to 14, which were all previously deemed to be met. The provider shared some updates which were:

- The removal of a Year 1 module ('Year 1 CRAs and OSCEs'), where the learning outcome was also being assessed within another Year 1 module ('Introduction to the Profession and Practice of Pharmacy'). This is in line with a University priority to reduce the assessment burden, where appropriate.
- The integration of two Year 2 modules (the 'Year 2 OSCEs' module is now part of the 'Placements and Preparation for Professional Practice 1' assessment portfolio).
- A change in name of a Year 4 module to 'Managing Conditions in the Pharmacy' to emphasise that more conditions can be managed in a community pharmacy than before, including via the Pharmacy First service.
- A change to how the assessment of learning outcomes during experiential learning is described. Previously this was referred to as 'portfolio completion' and is now more accurately described as 'EPA completion'.
- The number of EPAs has increased, and their titles have been reviewed to ensure they are generic and suit various sectors of practice.

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

**Learning outcomes met? Yes ☒ No ☐**

At the Part 1 event, the team agreed that four learning outcomes were 'likely to be met' by Part 2. At that time there was insufficient evidence to provide the accreditation team with assurance that the following learning outcomes were met at the 'shows how' level:

**Learning Outcome 27: Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices**

**Learning Outcome 29: Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice**

**Learning Outcome 37: Prescribe effectively within the relevant systems and frameworks for medicines use**

**Learning Outcome 38: Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people**

The team at the Part 1 event noted that much of the evidence for meeting these 4 outcomes would be obtained during periods of experiential learning and inter-professional learning, both of which were still being developed and embedded into the course at that time.

The Part 2 submission provided supporting information on how summative assessments are mapped to learning outcomes, and otherwise described how the programme supports students to achieve the learning outcomes, and the assessment of these at 'shows how' level. This is summarised below.

**Learning Outcome 27: Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices**

Students are introduced to professional codes and standards in Year 1, and these are revisited throughout Years 1 to 4. The concept of prescribing and counselling patients on the safe use of medication is introduced in Year 1, and students learn about health belief models, health inequalities, and public health, to enable them to understand how to help patients use medicines safely. Year 1 teaching includes medicines regulation, pharmacy legislation and medicines supply, and antimicrobial stewardship in the context of safe and efficient prescribing. Year 1 assessments include a formative pharmacy practice simulation event and assessed scenarios relating to the Everyday Health Conditions Pharmacy First Service, where students balance patient and clinical factors in prescribing medicines, while taking account of legal and professional aspects.

Teaching on legislation continues in Year 2 and covers controlled drugs and medicine shortages. Students develop their consultation skills and have opportunities to counsel patients on medicines and devices. Year 2 students write their first prescription as part of a formative assessment which includes making decisions about medicine(s). Several Year 2 training programmes teach students about the role of culture and religious beliefs in patient care, and there is an opportunity to debate safety and ethical issues in taught sessions. Students consider managing drug interactions and making safe prescribing decisions on respiratory medicines and devices. Year 2 students are assessed during EL, when they complete EPAs on checking prescriptions, medication-related queries and patient-specific calculations. OSCE stations are also used.

Year 3 teaching covers clinical negligence and ethical frameworks that underpin effective prescribing practice. Students learn about the Pharmacy First Service and make decisions on safely prescribing antibiotics for urinary tract infections. They are taught about communicating and documenting prescribing decisions, prescribing high-risk medicines, and red/amber medicines. Teaching continues to focus on clinical pharmacology and therapeutics, and ethics relating to genomics/pharmacogenomics. Year 3 assessments are via EPAs during EL, and include checking prescriptions, medication-related queries, calculations, and medicines reconciliation and review.

Students complete practical assessments across 6 stations and undertake OSCE-style stations relating to prescribing decisions in the context of pharmacogenomics. Year 3 OSCEs are assessed via health care professional interaction and prescribing stations.

Year 4 includes a legislation update and students are taught about medicines and vaccine administration. Students prescribe IV fluids and learn about patient risk, in context of the NI Hyponatraemia inquiry. Students develop their knowledge about over the counter (OTC) medicines for patients with existing medical conditions/medicines, the benefits of vaccines and vaccine hesitancy, and more complex Pharmacy First services. Year 4 students deliver a medicines optimisation group presentation and complete EPAs during EL, including checking prescriptions, medicines reconciliation (IPL), medication-related queries, medication review, prescribing medicines, and discharge planning. They also undertake a Safe Effective Prescribing Assessment, a calculations assessment which includes Pharmacoeconomics, a clinical pharmacokinetics assignment, and a written examination. Year 4 OSCEs are assessed via patient interaction and prescribing stations.

**Learning Outcome 29: Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice**

The submission highlighted that the teaching of clinical therapeutics, pharmacology and pharmacogenomics has been mapped, and it increases in complexity. Year 1 students are introduced to pharmacy reference sources and learn why medicines are required in various formulations. They learn physiology and anatomy prior to focusing on clinical pharmacology and therapeutics in Years 2 to 4. Year 1 students learn about genomic approaches to the identification of pathogens with antimicrobial susceptibility profiling for appropriate antibiotic selection, and there is a workshop assessment.

In Year 2, students learn about clinical pharmacology and therapeutics and apply these principles in workshops. Therapeutics is introduced in Year 2 to ensure students have the therapeutic knowledge to add context and meaning to clinical skills teaching and EL placements. Students learn how to take a medical history, review prescriptions, provide clinical advice to patients and are introduced to high-risk medicines. Assessment for this learning outcome is completed during EL via EPAs. Other methods of assessment in Year 2 include a practical, a laboratory report, class tests and written examination.

Year 3 students continue to develop their clinical pharmacology and therapeutics knowledge, and there is more teaching on high-risk medicines and medicines optimisation. Students apply the principles learned in a written examination. They undertake more complex prescribing activities, including those complicated by multi-morbidities and drug interactions. In Year 3, students are taught about genomics and pharmacogenomics, including in a prescribing context, and they learn how prescribing can be personalised to maximise clinical efficacy and minimise adverse events. Students analyse the DNA sequence of genes and how that may influence prescribing decisions. Cancer and cystic fibrosis are used as examples of the application of precision medicine. In Year 3, assessments are via OSCE-style stations relating to pharmacogenomics, EPAs during EL, in the pharmacy practice assessment and in specific stations.

In Year 4, prescribing becomes more complex again and students undertake prescribing workshops. Clinical therapeutics and pharmacology knowledge in relation to prescribing is assessed within the Safe Effective Prescribing assessment, in the Medicines Optimisation group presentation, and during EL via EPAs. Year 4 students learn about various clinical conditions and how to diagnose and manage

these. This includes pharmacological considerations, ear and throat examinations, and prescribing within the Pharmacy First Sore Throat service. Students are taught about the importance of formulation and mode of delivery in terms of effectiveness, predicted side-effect profile, and interactions. Students are assessed on their ability to take a comprehensive history in the Clinical Consultation Assessment, alongside their decision-making capability and management strategy. Year 4, assessments are also via a calculations assessment, a clinical pharmacokinetics assignment, written examination and OSCEs.

The team ask to hear about an OSCE used to assess learning outcome 29 and the provider gave an example to illustrate the increasing complexity from Years 2 to 4. In Year 2, students begin to apply their knowledge of clinical therapeutics, with OSCEs including a clinical check of prescriptions, a station on signs and symptoms, and a medicines OSCE station. Year 2 cases are relatively straightforward e.g. relating to a single condition. By Year 3 students are expected to integrate more advanced clinical therapeutic and pharmacology concepts into their decision making. Year 3 OSCEs cover medication review, comorbidities, treatment history, management strategy, and therapeutic monitoring. There is also a station to review prescribed medication and drug interaction and management. Stations in Year 4 focus on more complex issues within a specialist patient population, for example, issues involving elderly, renal, comorbidity, or pregnancy related scenarios. Students are expected to prescribe medicines, identify prescribing errors, or to work with another HCP to manage the issue.

**Learning Outcome 37: Prescribe effectively within the relevant systems and frameworks for medicines use**

The submission highlighted that prescribing teaching has been mapped to both the learning outcomes in the 2021 Standards and the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers. In Year 1 students are introduced to the professional code and standards, the requirement for person-centred care, evidence-based consultation models, and managing risk in pharmacy practice. Year 1 students learn about taking physical examinations and practice basic clinical skills in a workshop context as well as participating in a formative pharmacy practice simulation event to put their skills into practice. Students learn about health care systems and health literacy and are taught about the NI Pharmacy First Everyday Health Conditions Service, and they demonstrate they can prescribe. Other methods of assessment in Year 1 include a written examination and a practical class report.

In Year 2, students start to use a systems-based approach to patient assessment to ascertain medical and medication histories, and they learn about cultural competence/awareness. Case studies and scenarios are used, and students provide information about self-care, smoking cessation, and the safe and effective use of medicines and devices. They issue their first real prescription as an independent prescriber in a cardiovascular prescribing workshop. Assessment via class test, requires students to demonstrate understanding of the legislative framework around prescribing controlled drugs. They undertake a clinical, legal and accuracy check of two prescriptions, associated product, label and records, and OSCE stations are used to assess skills and competencies in relation to medication supply and history. Students are introduced to the NI Formulary, the National Institute for Health and Care Excellence (NICE) guidelines and other evidence-based prescribing guidelines. Teaching on clinical reasoning and decision-making, with reference to the RPS Competency Framework for all Prescribers, highlights boundaries of competence and escalation of care. Students complete an assessed Drug Safety Workshop where they make decisions on how to deal with drug interactions in patient case

studies, with other case studies assessing prescribing decisions. Year 2 students also undertake EL in the workplace to practise their consultation skills and complete EPAs.

Prescribing guidelines and their importance for the consultation are reiterated in Year 3, alongside other relevant programmes and frameworks. Case studies and workshops increase in complexity and decision-making becomes multifactorial. Students learn more about the use of screening tools in patient assessment and they are taught about genetic history taking, pharmacogenomic prescribing and the Clinical Pharmacogenetics Implementation Consortium (CPIC®). In Year 3, students look at patient, treatment and prescriber decision-making factors in greater depth, and undertake more complex prescribing activities. Relevant formularies are used and the RPS Competency Framework for all Prescribers is revisited alongside the GPhC Standards for Pharmacist Prescribers. Students use the Systems Engineering Initiative for Patient Safety (SEIPS) framework to analyse prescribing and supply errors and make recommendations to improve practice, and work within the framework of the NI Pharmacy First Service to undertake the first prescribing assessment as an independent prescriber. Year 3 students undertake longer EL in the workplace and are introduced to general practice consultations. They are assessed in a Pharmacy Practice Assessment in written prescribing stations, and remote and more complex prescribing stations test students' ability to legally, clinically and accurately check prescriptions. Year 3 OSCEs are assessed in a prescribing station. Other assessments include a situation-background-assessment-recommendation (SBAR), and EPAs.

In Year 4 prescribing becomes more complex. Students present a COPD case study and reflect on which guideline to use when both NICE and GOLD are supported by the local NI formulary. Students participate in vaccination administration training and use the RPS Competency Framework for all Prescribers to determine signposting reference sources. Students undertake longer EL in the workplace across all three sectors. Year 4 students are assessed via the medicines optimisation group presentation where they must demonstrate application of the RPS Competency Framework for all Prescribers, and also during EL where they are assessed via the Safe Effective Prescribing Assessment and via EPAs.

The team asked to hear more about the Safe Effective Prescribing Assessment, and the provider explained the background to the development of the assessment and what it entailed. The team heard that the assessment was based on research with the British Pharmacological Society and feedback from Level 4 students. The provider had explored a PSA assessment option, however it was considered to focus heavily on secondary care and as such did not satisfactorily reflect multi-sector aspects. The provider went on to explain that it had therefore developed its own assessment that was reflective of a pharmacist role today, covering key clinical areas such as COPD, diabetes, pain, and cardiovascular medications. The assessment covers applying guidelines, first line treatment options, escalation, a secondary care station (e.g. IV fluid prescribing), and management of medical emergencies (e.g. anaphylaxis).

The submission outlined that Year 4 students learn about Pharmacy First services and specifications, and the importance of safety-netting and follow up. They undertake skin examinations, including relating to skin cancer. Such examinations are likely to be extended to the NI Pharmacy First Shingles service, if this service goes beyond a pilot. Decision-making in Year 4 is more complex and requires students to consider multiple information sources and make decisions when the evidence-base is scarce. Students are assessed through a clinical pharmacokinetics assignment and a written examination. Year 4 OSCEs assesses students on this learning outcome in patient interactions and prescribing stations.

In its submission, the provider included a comprehensive list of the clinical skills assessed in the context of patient consultation and identified where these are assessed from Years 1 to 4.

**Learning Outcome 38: Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people**

Year 1 students are introduced to professional codes and standards, and they participate in a session about professional identity. In the context of prescribing safely and improving prescribing practice, they are introduced to medicines safety and human factors, pharmacy, medicines governance, the Yellow Card scheme, and the role of the Medicines and Healthcare products Regulatory Agency (MHRA) for safety alerts. They learn about capacity and consent, safeguarding principles, risk awareness and management, the use of evidence-based guidance, and aligning practice to the RPS Competency Framework for all Prescribers. Year 1 students undertake an IPL activity with nursing students to help them appreciate prescribing as part of a team and prescribing professionally. A formative Pharmacy Practice Simulation Event provides learning about the different pharmacist roles and input into person-centred care. In Year 1, medicines safety and human factors are assessed in a class test.

Year 2 revisits the standards for pharmacy professionals and professional code and students develop understanding about their own limits and when to refer. They are taught about the Duty of Care, responsibilities around safeguarding, information governance, controlled drugs, and the importance of self-care and safety netting. Prior to placements, students are taught about the importance of reflection and raising concerns. Year 2 students learn about extemporaneous dispensing and when it is appropriate to prescribe such products, as well as drug interactions via a workshop and seminar. Students complete EPAs relating to prescribing governance during the Year 2 EL placement.

In Year 3 students learn about professional and ethical decision-making models, high-risk medicines and human factors. They review a medication incident using the SEIPS framework and make recommendations to reduce the risk of recurrence. Students revisit guidance and standards and how they support clinical governance. They learn strategies for managing risk, ensuring patient safety in more complex prescribing situations, and safety issues during transfer of care between sectors. When learning about the Pharmacy First Service, students prescribe with the potential for being responsible for prescribing and dispensing, and they are taught about the relevant Royal College of Nursing and RPS joint position statement. During the Part 2 event the team heard that students' ability to separate the 2 components is assessed in a simulated practice assessment, where students prescribe and have to outline their advice for safe supply and the principles from that guidance. Year 3 clinical governance is assessed in the Pharmacy Practice Assessment, and stations test students' ability to identify legal, clinical, accuracy and ethical issues in more complex forms of prescribing. Year 3 students are assessed during EL placement via EPAs, in a medicines optimisation and digital diagnostics group presentation, and in an OSCE prescribing station that requires students to complete a Health Service prescription using appropriate clinical guidelines.

Year 4 incorporates a legislation and ethics update, and students participate in Professionalism and Prescribing Governance workshops, where they are again reminded about the RPS Competency Framework for all Prescribers and the Prescribing Governance domain. They are introduced to the Adverse Incident Form and reflect on the risks posed in various scenarios. Students are taught about the conflict between recommending/prescribing on the Pharmacy First Service and also supplying the prescribed medicine. They are signposted to the RPS website and the '*Professional guidance to*

*support prescribing and dispensing/supply/administration by the same healthcare professional*' guidance. Year 4 students participate in IPL including domestic violence and abuse, and a medication safety simulation on sepsis involving the NI Trust's Medicines Safety team. They learn about prescribing in pregnancy and children, and the governance around this. Year 4 students are assessed in a Clinical Consultation Assessment and in the medicines optimisation group presentation, where they demonstrate consideration of factors such as scope of practice and clinical competence. During the EL placement, students complete EPAs on assessing signs and symptoms agreeing an evidence-based management strategy, prescribing medicines, patient safety, medicines reconciliation (IPL) and medicines review.

In regard to the remaining learning outcomes in this domain, the submission confirmed that there were no significant changes to report, and those other learning outcomes were previously all deemed to be met. The submission outlined some updates, which are summarised above under the heading '**Person-centred care and collaboration (learning outcomes 1 - 14)'**.

Since the Part 1 event, students' awareness of generative AI tools has been enhanced, given this is a rapidly evolving area. This relates to Learning Outcome 24.

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

**Learning outcomes met? Yes ☒ No ☐**

The submission confirmed there were no significant changes for Learning Outcomes 45 to 52, which were all previously deemed to be met. The submission outlined some updates which are those summarised above under the heading '**Person-centred care and collaboration (learning outcomes 1 - 14)'**.

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

**Learning outcomes met? Yes ☒ No ☐**

The submission confirmed there were no significant changes for Learning Outcomes 53-55, which were all previously deemed to be met. The submission outlined some updates which mostly mirror those summarised above under the heading '**Person-centred care and collaboration (learning outcomes 1 - 14)'**.

There was one further update in regard to the Year 4 Research Project module, which has merged the former requirement for a separate research paper and a critical literature review. This is in line with a University priority to reduce the assessment burden in this module and to better align with the QUB Assessment Handbook.

# 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.

This standard was explored in detail at the Part 1 event, when the accreditation team was satisfied that all criteria were met. The Part 2 submission provided updates in relation to Standard 1.

The provider had updated the outcomes and actions taken following an analysis of admissions data by protected characteristics, and details were included within the submission. A minor modification was made to the admissions selection process following the 2023 entry interviews, which means that an applicant can fail the interview outright, and therefore not be ranked or eligible for an offer. The decision would be based on the repeated identification of concerns about an applicant's performance during interview. This is explained in the provider's Admissions Policy Statement and the Admissions Interview Information. The submission confirmed that to date, no applicants have been involved in this situation. The team queried what aspects of performance at interview might lead to outright failure. The provider described the interview scoring framework and confirmed the threshold for an outright fail at interview, which would arise if the majority of interview assessors independently awarded a global score of zero in an interview station. Examples of when this could occur included where there were concerns of a candidate cheating or receiving help to answer interview questions, or using inappropriate language. The team asked what mitigation was in place to guard against candidates sharing interview scenarios, and the provider explained that the interview invitation and online guidance advises candidates that questions must not be shared, including on social media and via messaging applications. A question bank has also been developed so that different combinations of questions can be asked during the interview cycle to mitigate cheating.

The team noted a reduction in the number of students being admitted via the Pathway Opportunity Programme for 2024/25 and queried the reason for the decrease. The provider advised that the number of applications had remained at the same level for the School but had decreased for the MPharm programme. The provider advised that the Pathway Opportunity Programme MPharm student intake is small (including in other programmes beyond the MPharm) and the University is exploring its recruitment strategy. Moreover, the Pathway Opportunity Programme has only been operational within the MPharm programme for a few years. Therefore, it is difficult, and too soon, to draw meaningful conclusions from the statistics.

The provider clarified that candidates who are interviewed as part of the Programme are ranked alongside all other candidates. Assessors are not aware which candidates have applied through the Pathways Opportunity Programme, and all candidates experience the same interview process. The team sought to understand what proportion of students on the pharmacy pathway go on to join the

Programme and heard that in 2022, 8 of 10 participants joined the Programme, with a similar number in 2023. While the number of students applying to pharmacy dropped in 2024, more applied to pharmaceutical sciences. The provider explained that this could in part have been because more information had been made available to applicants, raising awareness of the programme content and level of aptitude required to perform well on the pharmacy programme. The provider considered this would mean that students who did join the pharmacy programme were less likely to leave early in favour of other programmes, and would be more likely to succeed overall.

The team asked whether the provider's efforts to increase the number of male students had generated any increase in applications from males. The provider explained that while there had been a slight decrease in the number of male applicants in 2023/24, the number of males invited to interview had remained relatively static over the two years, and the number recommended to offer in 2024 was higher than in 2023. The provider highlighted that the proportion of male and female applicants to pharmacy reflects a general trend across the healthcare sector, both in the UK and Ireland.

In its presentation, the provider set out key actions arising from the EDI Committee, one of which was to represent pharmacy as a good career option for males, and the team asked to hear more about how the provider was responding to this. The provider described a range of activities including promoting males in pharmacy through imagery in its web and social media presence, utilising male staff and students in recruitment events to role-model and reinforce the pharmacist role to males, targeting all-boys' schools in key events such as Science at Queens, and having males deliver sessions and provide information on career pathways and projections. The provider recognised an ongoing concern with the low levels of recruitment of males onto the programme and continues to monitor and respond to this. The provider's presentation highlighted a focus on analysis by gender over the last 6 years, through publications relating to aspects of the MPharm curriculum or MPharm students' opinions.

A further action arising from the EDI Committee was to encourage more applications from under-represented groups and the team heard about actions the provider had taken in that regard. Applications are encouraged from students with dependents through open day presentations and by signposting university information for students with caring responsibilities. The provider is monitoring data on religious backgrounds, particularly relevant to NI, as the number of protestant students has decreased slightly. Should a trend become evident, the provider will act to target schools, as appropriate. In terms of attracting students from diverse backgrounds, the provider targets UCAS events beyond NI, including in London and Manchester.

The team asked how the provider was making applicants aware that they are not guaranteed a training place in NI upon graduation, and the provider advised that its approach is open and honest. At open days students are told they must complete a separate foundation training place to be on a UK register, that training can be completed in NI or Great Britain, and that they will be supported through the NI and Oriel application processes. While the provider can answer any questions on the NI foundation training place cap for 2025/26 and 2026/27, there is no further information available beyond this timeframe. The provider emphasised its continuous interaction with the DoH and NICPLD with a view to positively influencing decisions on the number of NI training places available.

## 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.

This standard was explored in detail at the Part 1 event, when the accreditation team was satisfied that all criteria were met. The Part 2 submission provided updates in relation to Standard 2.

Since the Part 1 event, the University was awarded a Gold Athena Swan Award, conferred in January 2024 by Advance HE, and at the Part 2 event, the provider confirmed that the School's most recent application for the Gold Athena Swan award had been successful and was achieved in February 2025. The provider advised that it is the only School of Pharmacy in the UK to hold the Gold Athena Swan Award. The Part 2 submission highlighted the University's diversity and inclusion webpage, recent conference contributions relating to equality and diversity, and the School's student-led contribution to the Planetary Health Report Card for Pharmacy. The University Race Equality network anticipates submitting an application for an institutional Race Equality Charter award in July 2025. The School's EDI agenda is supported by wider University efforts, e.g., through representation at the Medicine, Health and Life Sciences Faculty EDI Committee.

In terms of promoting students' awareness of EDI, and ensuring they understand their legal responsibilities under equality and human rights legislation, the interprofessional Active Bystander training has moved down the MPharm programme to Year 2. This means that students receive learning earlier in the course to better prepare them for dealing with exclusion, microaggressions, bullying and discrimination while on placement. In its meeting with students, the team heard that equality and diversity is built into the course from Year 1 and that it progresses each year. The students described having lectures on health equalities in NI, ethical debates, unconscious bias training, and learning how to apply codes of practice around fairness to scenarios, for example, in the Managing Conditions in the Pharmacy module.

The submission summarised the outcomes and the actions taken by the provider following the analysis of performance and admissions data against protected characteristics. The team was interested to hear the provider's reflections on the differences that had been identified in attainment in good honours degrees and at module level, based on protected characteristics. In terms of degree classification, the provider confirmed that females outperformed males (with the exception of one year), and a review of performance in OSCEs and Criterion Referenced Assessments (CRAs) had not uncovered any significant trend. The provider commented that while numbers in some other equality categories were very small, making it difficult to draw statistical conclusions, the data indicated that a lower percentage of students from a non-EU or BAME background, and those with disabilities, achieve first class honours degrees. The provider advised that, despite the small numbers involved, it continues to target actions to address differences, and that further analysis would be conducted, as more data becomes available.

The team sought to understand how the provider supports student groups who have been identified as likely to drop out after Year 1, i.e., international students and students from Asian, Black and other ethnic groups. The provider referred to its International Peer Mentor Scheme where student mentors

from Years 2 to 4 provide support to international students from Year 1. In addition, since the last event, the module 'Academic Literacy', has been introduced, which supports students academically with English language and academic literacy skills, particularly in their first year when there is the greatest risk of drop out.

## 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.

This standard was explored in detail at the Part 1 event, when the accreditation team was satisfied that all criteria were met. The Part 2 submission provided updates in relation to Standard 3.

The submission outlined the financial governance arrangements in place at the University and the associated financial planning cycle. It was highlighted how the current policy on university tuition fees disadvantages NI universities in comparison to other UK institutions, and the fact that government funding for NI universities has reduced by 40% since 2011. While this position presents financial challenges for the University, its income sources, which include government grants, tuition fees, and research income, all increased in 2022/23. Staff costs have remained relatively stable, and in June 2022, a number of additional academic posts were approved University-wide, and this included 3 posts for the School of Pharmacy.

The submission set out the average annual School budget allocation in the five years to 2024/25 and highlighted the extent of investments that had been made in capital equipment. The team noted a reduction in the School budget for non-pay and equipment for 2024/25 and sought to understand any impact this might have on staffing levels and the delivery of the course. The provider offered reassurance, in that the reduction related to the non-pay budget, and indicated that the operating budget position for 2024/25 was positive. The provider advised that staffing levels would not be compromised.

The submission highlighted that a contribution-based budgeting model is in development at University/Faculty level, in response to the needs of Schools for greater transparency in budget allocation. The School of Pharmacy continues to grow its gross contribution year-on-year.

The staff profile has changed since the Part 1 event, largely due to changes in roles. New appointments have been made to the roles of Head of School and Deputy Head of School. Other new appointments made were to the Advisers of Studies roles, the Disability Officer role, and the Student Voice Academic Lead role. While the number of academic staff decreased from 55 to 54, the whole time equivalent (WTE) increased from 16.64 to 18.06. This was due to changes in the level of contribution of some key roles to the MPharm programme, as well as the return of a registered pharmacist from a central University role. There are more registered pharmacists and pharmacist independent prescribers involved in the MPharm programme since the Part 1 event, largely due to EL. The EL-related WTE increased due to the new Federation Education Lead role, more Clinical Education Pharmacists, and greater contribution by the EL senior leads at NICPLD.

The team wished to understand how the provider collaborates with the DoH and NICPLD to help inform planned student intake numbers. NICPLD explained that all stakeholders are involved in planning the timetable annually for the regional EL programme, coordinating student numbers for

both Queen's University and the University of Ulster. Financial and operational modelling was based on student numbers of up to 825 for the coming academic year, and it is expected that it will be less than 800 for both universities. The provider emphasised the significant funding that has been committed by the DoH to support delivery of the EL programme for NI universities, including protected payments for Practice Supervisor training, and recurrent funding for the NICPLD staff team and for digital infrastructure. The team heard how the stakeholder groups formally interact. Beneath the strategic short life working group (led by the DoH, with membership that includes NICPLD and the MPharm Director of Education from each NI university), there are regular meetings between NICPLD and the Heads of Schools from the 2 universities; between their respective module leads and the EL leads; and between the EL leads and the educators and practice supervisors in the relevant sector to ensure operational delivery. The provider confirmed that its intake numbers had been static for the last few years, at around 150, with agreement for up to 155. There are no plans to move away from this level before 2027/28.

The team asked whether the provider planned to adjust the number of students enrolled to align with foundation training places. NICPLD provided wider context, explaining that a national conversation had been initiated around the foundation training year, with all UK countries in a similar position. The team heard that the current number of NI foundation training places was based on 2020 research on workforce needs, and that taking account of the known attrition rate of around 25%, the current figure of 200 is not meeting workforce needs. NICPLD advised that the situation is being reviewed by the DoH and that Schools would be premature to act while the review is ongoing.

The submission highlighted that a new Pharmacy InterSim Fellow post was introduced in November 2024. InterSim helps prepare students for the complex realities of modern clinical practice, and this new post should facilitate greater simulation-based learning in an interprofessional context. The team wished to understand more about this and was advised that there will be 2 new interdisciplinary simulation initiatives via InterSim. One of these focuses on neurodiversity and ageing and is due to be rolled out to Years 2 and 3 across dentistry, pharmacy, and occupational therapy students (from the University of Ulster). The next project will be for medical and pharmacy students in higher years, using InterSim in immersive scenarios that require extra experience and to address psychological safety.

The team asked for an update on the MPharm related resource requests, relevant to enabling the School plan for 2024-2026. The provider confirmed that some requests had been approved, and that a new post for a Senior Lecturer, Nanocrystals was in progress. A further integrated plan has been submitted, in line with the University's new planning system, and the recruitment of 2 half-time clinical lecturer posts remain on the new plan. The posts were proposed with a view to future proofing the MPharm programme, and to facilitate more educational research. Despite the pending staffing requests, and the University's recently launched voluntary severance scheme, the provider expressed confidence in its continued ability to deliver the MPharm because of the increased number of staff that are contributing to the course. The team queried whether the increased intake for the BSc and Postgraduate programmes could impact on the workload of the staff contributing to the MPharm, and the provider explained that there had already been a decoupling over recent years, which meant that many staff were only contributing to the MPharm. In addition, the School's workload data showed capacity in staff workloads to accommodate an increase in teaching.

The team asked for an update on the plans for repurposing the pharmacology laboratory to create additional clinical teaching space, and the provider advised that this is now at the costing stage, and that discussions are ongoing to move pharmacology classes to a microbiology laboratory. The provider advised that the plan for the additional clinical space is aspirational and future focused, and that there

were no concerns about the development of students' pharmacy practice skills, as this was already being addressed.

The submission highlighted notable professional and academic achievements within the School staff body since the Part 1 event. 18 staff members achieved promotion to various senior roles, other staff have successfully completed academic qualifications, and several senior staff have achieved Fellowship of the Higher Education Academy. Professor David Jones was awarded an MBE in the HM The King's Birthday Honours 2024 in recognition for his services to Education and Pharmacy.

## 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.

This standard was explored in detail at the Part 1 event. The Part 1 accreditation team was satisfied with the progress at that time and considered that **Criterion 4.2** was likely to be met, as the team would want to revisit the funding arrangements for placements, the service level agreement, and changes to NICPLD at the Part 2 event.

The Part 2 submission provided an update regarding funding, accountability and agreements in place to enable student placements, and as set out in correspondence from the Chief Pharmaceutical Officer for NI in July 2024. This confirmed the DoH funding of the IET programme and for EL, and the payment arrangements through the HSC Business Services Organisation (BSO). It also clarified the formal arrangement whereby the NICPLD is commissioned to manage the development and delivery of the IET programme comprising EL and Foundation Training Year (FTY). The responsibilities for IET are included in an annual NICPLD Commissioning Plan, the governance of which is through quarterly accountability meetings with the DoH. The University then works with NICPLD to access EL places to ensure the number of students needing placements does not exceed the capacity of the programme, both in terms of funding and availability of placements. The provider maintains a meetings schedule with NICPLD to confirm arrangements, and the roles and responsibilities of each organisation are summarised in the NICPLD EL Handbook Sept 2024. The team sought an update on the agreements that needed to be place for planned placements in the current academic year. The provider confirmed that agreements are put in place before students go on placement, including an indemnity agreement between the university and the placement provider, agreements between the placement provider and NICPLD, and agreements between Practice Supervisors and NICPLD. There are also separate agreements supporting the financial governance aspects and payment arrangements through NICPLD or BSO.

In terms of changes to NICPLD, the submission advised that there had been a new appointment to the role of Dean in June 2024. Another significant change was highlighted, in that NICPLD has greater FTY responsibilities than was previously the case at the Part 1 event.

The team sought to understand how the work of the Pharmacy Workforce Review group supports quality improvement and the professional development of supervisors. The provider explained that the short life working group is part of the Pharmacy Workforce Review group, and highlighted the breadth of its remit, e.g., including Pharmacy Futures, encouraging pharmacy as a career, and supporting work around pharmacy technicians, who are not registered in NI. The committee has a

series of action plans, one of which is concerned with IET reform, and a recent focus has been on career development pathways in general practice, hospital, and community.

The team asked about the University's role in quality improvement and supervisor training and heard about the extent of the training delivered to support the EPA framework. The provider built its internal expertise from the outset, informed by international research, and this formed the basis for training others. Training was provided to the Clinical Education Pharmacist (CEP) team and new Federation Education Leads, and both universities collaborated with NICPLD EL leads and CEPs to help develop training for Practice Supervisors. The provider described continuous conversations, interactions and feedback before and after EL events to manage emerging issues and to inform the next EL period.

The submission highlighted that the School had established its own Patient and Public Engagement Forum (PPEF) in the 2023/24 academic year, as part of an ongoing commitment to integrating stakeholder perspectives into the design and delivery of the MPharm degree. The PPEF meets annually and provides a dedicated platform for gaining diverse viewpoints and input from patients, the public and carers. Since its launch, the forum has contributed in multiple ways, e.g., bringing insights to help guide the course's development, directly supporting the delivery of a pilot Patient Engagement Workshop for Level 1 students, and feeding in patient experiences that have shaped teaching sessions e.g. counselling on medical devices.

The previous School of Pharmacy Stakeholder Committee annual meeting had been on hold for several years and has now recommenced as a Stakeholder Group. Feedback from a group member highlighted concerns about the recruitment of pharmacists into industry, and this led to an optional Year 3 visit to the pharmaceutical industry, which follows on from a panel discussion led by industry experts in Year 2. Feedback from another group member noted less developed communication skills in Year 2 students and this resulted in a review of the pre-placement content for Year 2. The views of practice supervisors are also integral to the development and delivery of the MPharm degree, particularly EL.

Feedback from students is encouraged through the University's Student Voice initiative. The School of Pharmacy has a School representative and student representatives from all year groups. Information is published on the Canvas PMY1000 module, including a student voice action log, which fosters a collaborative environment and enables staff and students to monitor the resolution of issues raised. Recent examples of 'You Said We Did' were provided as part of the submission. The MHLS Faculty also now has a 'MHLS: Your Voice - Our Action' webpage. The team asked for examples of any changes that had been made to the programme in response to student feedback. The provider had responded to student feedback that some workshops were too long, and is also working on a short answer system for next year, as an alternative to MCQs which are unpopular with students.

The submission highlighted that in July 2024, the provider was 5th among MPharm providers for the National Student Survey (NSS) for average positivity, maintaining a similar level of ranking as outlined at the Part 1 event. The team asked about the lower scores in the 2023/24 NSS survey in relation to evidencing how student feedback was acted on. The provider emphasised its repeated communications, explaining that the effective cascade of information is reliant on the level of engagement of Year representatives, or of the students themselves. The team were assured by what it had heard in its meeting with students, as all confirmed that they knew how to access information on the PMY1000 module. The team heard examples of feedback being proactively sought from students across the Year groups, e.g. including via the use of a QR code, and of prompt action being

taken in response. The provider advised that all modules are reviewed annually which incorporates feedback from Student Voice, evaluation questionnaires, as well as informal feedback.

The submission provided an update on the various means used to evaluate, assure and enhance the quality of the provider's educational delivery at lecturer, module, programme and School level. This included the 2022/23 Continuous Action for Programme Enhancement (CAPE) report, 2022/23 CAPE panel feedback, and the report and action plan from the School's Periodic School Review (PSR) in February 2024. There were a number of commendations in the latter report, and only one recommendation specifically for the MPharm programme, which was in relation to maintaining a postgraduate research pipeline.

The University has a new risk-based External Examiner procedure which will be rolled out across the University in 2024/25. It will enable External Examiners to review individual modules in more depth and have a greater input into assessments from the outset as they will not be reviewing all allocated modules in the same academic year. The latest External Examiner reports, examples of completed Module Evaluation Questionnaires (MEQs), Module Review, and an EL evaluation and actions were provided within the submission. The University is moving to a risk-based approach to module evaluation, which will mean that MEQs will only be required for modules identified for priority review. The provider will continue to ensure that MEQs are completed for all MPharm modules until they are more established.

The team wished to understand how the provider was assured there was sufficient placement capacity to deliver the placement plan for all years of the programme. The provider advised that the scheme had been running very successfully for several years, and with the addition of general practice being incorporated this year. The provider highlighted the significant funding for the programme and expressed no concerns that anything would change. The provider expressed confidence around the sufficiency of actual placements for students, working closely with NICPLD who have built an over capacity of trained placement supervisors to meet demand and to ensure flexibility within the current model. The provider also confirmed the workability of Year 3 students from both NI universities being on placement at the same, as the initial scheduling and allocation takes place at an early stage, involving consulting stakeholders and checking capacity. The lead Clinical Education Pharmacist had also agreed the approach was manageable, and there were no concerns with the size of the groups, who had been out on placement at the same time in the past.

## 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.

This standard was explored in detail at the Part 1 event. The Part 1 accreditation team was satisfied with the plans for experiential learning at that time but considered that **Criterion 5.6** was likely to be met, as the plans for experiential learning were still being developed and embedded into the course and that this would be explored further and revisited in the Part 2 event.

The team at the Part 1 event set a **minor amendment** in relation to **Criterion 5.9**. This was that "Fitness to practise (FTP) processes and associated documentation, including materials for students, are to be updated to make clear that the University must report FTP sanctions to both the GPhC and PSNI." The Part 2 submission confirmed the minor amendment had been addressed, as the provider had carried out a review of student materials and the standard operating procedure and updated both accordingly.

The Part 2 submission described how the MPharm curriculum includes practical experience of working with patients, carers and other healthcare professionals, with students exposed to an appropriate breadth of patients and people in a range of environments. Students engage progressively with patients and carers throughout the four-year programme, starting in Year 1 with interactions that prepare students for real-world scenarios during EL in Year 2, and which increase in complexity and scope throughout the programme. The approach to patient, public and carer involvement in the MPharm programme is informed by best practice guidance from the National Institute for Health and Care Research (NIHR) and the QUB Patient and Public Involvement Network. The expertise within the MHLS faculty is also used to ensure that patient and carer involvement is in line with established best practice.

In Year 1, students engage with real patients in a patient-led workshop with groups such as Versus Arthritis, and through a diabetes-focused patient engagement workshop, where they interact directly with a patient. They also interact with simulated patients in a formative Pharmacy Practice Simulation Event. These opportunities provide students with exposure to patients in a controlled environment and help them develop their communication skills for future placements.

Year 2 students participate in an IPL session with social work students, focusing on "People Who Use Drugs." Service users share their experiences and challenges and highlight the importance of empathy and collaborative care. A new Year 2 Medicines Shortages seminar incorporates the voice of a patient to emphasise the real-life impact of supply issues. Year 2 also includes EL where students begin to apply their skills, interacting with patients in the real world, under the supervision of experienced practitioners.

Year 3 builds student experience by integrating patient-led workshops into the Clinical Pharmacology and Therapeutics curriculum. Year 3 students engage with volunteers from Diabetes UK and they are involved in a more comprehensive consideration of clinical aspects, lifestyle considerations and the role of the pharmacist within the wider multidisciplinary care team. A Dementia Friends training session enables students to actively engage with a person living with dementia and in 2024/25, Year 3 students will participate in a question-and-answer session with a patient who had a heart attack and now uses his lived experience to support the rehabilitation of others. EL placements expose students to a broader range of patient interactions and care settings, and, similar to Years 1 and 2, students also participate in a variety of activities with simulated patients to prepare for placement.

In the final year, students engage with patients managing complex conditions during therapeutics workshops, and seminar-style sessions bring the opportunity to hear directly from patients with lived experience. This includes a patient with cystic fibrosis who discusses her condition and the critical role of the multidisciplinary team in her care, and a patient with type 1 diabetes and HIV who shares the stigma associated with his HIV diagnosis and the challenges in managing both conditions. Extended EL placements offer Year 4 students the opportunity to consolidate their skills and complete more complex EPAs. To support patient interactions, students are exposed to simulated scenarios in the InterSim Centre and/or the clinical skills facilities.

The team asked how the provider assured an equitable range and breadth of patient exposure for all students. The provider explained this was managed through the selection of EPAs, and whilst not all EPAs are patient facing, there are opportunities for patient interaction in every year. As access to patients can be challenging in general practice, EPAs linked to patient-facing interactions are not mandatory, and students are encouraged to be opportunistic. The provider highlighted how all students are benefitting from the new public engagement forum which brings patient lived experience into workshops for all Year groups. Some of the workshops bring the opportunity for students to counsel patients and receive feedback.

The submission described how EPAs from Years 2 to 4 are progressive, increase in complexity and take account of best practice. By way of example, in Year 2, students complete medication history, and in Year 3, medical history and drug interactions are added. By Year 4, students are prescribing medicines and participating in discharge planning. Complexity also increases via the addition of EPAs covering wider domains of practice such as patient safety, or through IPL activity requiring interaction with other healthcare professionals. The selection of EPAs aims to ensure there are consistent opportunities for patient interaction in each year of the MPharm programme across some or all sectors.

The team asked how the mapping of EPAs ensured complexity was increasing throughout the programme. The provider referred to some of the challenges with complexity, in that it is difficult to define, it depends on multiple factors, and the workplace where professional practices take place is unpredictable. In response to feedback received last year, some work has been done to help clarify complexity. The team heard examples of EPAs building in complexity. Firstly from a hospital setting where medication history at Level 2 builds to drug interaction and medicine reconciliation, then to prescribing and discharge planning at Level 4. A second example was given of medicines counselling, which builds from a narrow range of drug knowledge at Level 2 to a wider range of knowledge at Level 3. Consistency in the interpretation of complexity is promoted through training for practice supervisors, sharing of examples, and through guidance within the Practice Supervisor toolkit. Where Practice Supervisors are unsure, support is available from NICPLD and from the hospital network. The provider advised that work had been done with the Federation Education Leads to develop EPAs with increasing complexity that would be better suited for general practice.

The team asked about the process for checking the completion of all EPAs before the final portfolio sign off, and heard that there are 2 points of checking. The first is completed by NICPLD or Trust Leads, to check that every Practice Supervisor has completed the record for every student, and then there is a 50% sampling of student records as a sense check. The Practice Supervisor is responsible for confirming completion of EPAs to the right level, applying their professional judgement, and confirming the level of complexity and entrustment. The second check is completed by the University, where 10% of records are scrutinised. If issues are identified within the sample of records that have been scrutinised, there would likely need to be further scrutiny of more records (within the module). Additionally, as there are three modules which use EPAs, the other module teams may need to be alerted to the identified issue in case it is common across all these module

All students engage in IPL activities across the MPharm degree and have the opportunity to work with both registered and trainee HCPs during teaching sessions and EL. Year 1 students complete a drug calculations workshop with nursing students and an academic nurse and pharmacist. This is designed to prepare them for EL in Year 2, where they will complete further, similar activities in a hospital with nursing staff and students. In Year 2, there is a range of practical and more complex activities with other healthcare professionals in both the classroom setting and during EL. For example, in substance

misuse workshops students work with social workers and student social workers. Further sessions in Active Bystander training involve students working with nursing and midwifery students. In the Year 2 secondary care EL placement, students complete patient observations and engage with their supervising nurse and pharmacist Practice Supervisors.

Year 3 students continue to work with other student and registered HCPs in classrooms, simulated environments and in practice. For example, students from dentistry, occupational therapy, and pharmacy take part in immersive interprofessional sessions designed to simulate the physical and sensory experiences of neurodiverse individuals, and the challenges faced by ageing patients. During the EL placement, Year 3 students work with medical students and other HCPs in both primary and secondary care settings. In Year 4, students complete three classroom-based interprofessional sessions which consider more complex patient cases and continue working with other HCPs during their placement weeks of EL. IPL sessions include collaborating with students from nursing and dentistry to consider responses to complex topics such as sepsis, safeguarding and domestic violence. In the final year of EL placements, students complete EPAs with more complex patients and undertake discharge planning which involves collaborating with other members of MDT.

The team was interested to hear how the delivery of the IPL strategy was going in general, and any challenges that been encountered. The provider confirmed the strategy was working well and that IPL continues to expand, e.g. to include social work and occupational therapy students. In addition to the School's IP working group, there is a University IP group committee, which brings an opportunity for cross-University collaboration. The main challenge has been aligning timetabling between the various disciplines, which has become more complex by involving students from the University of Ulster. The provider emphasised the strong stakeholder support and commitment to IPL, which would help in navigating timetabling challenges.

The team noted there had been a reduction in the duration of the hospital placement for Year 2 students due to capacity issues and asked how this was being mitigated. The provider described its prompt response to the issue and advised that it appeared to be a one-off occurrence. The medicines counselling EPA was dropped as it was already being covered in the community placement, and so the learning outcomes were still being met. Other learning activities were put in place to compensate for the 2 lost days. These included an interactive workshop on swallowing medicines, a talk by a prison pharmacist, and the development of a medicine shortages seminar.

The submission highlighted that students also have an opportunity to engage with IPL activities and other HCPs outside of the formal MPharm curriculum. They may also engage with other HCPs through volunteering at careers and recruitment events.

The team wished to hear more about the pre-placement activities that prepare all students for placement, and the provider summarised this by Year group. In Year 1, students develop their communication and consultation skills, learn about relevant legislation and how the human body works, and experience simulations in pharmacy. There is more direct preparation for placement in Year 2, through undertaking clinical laboratory tests and case studies, and role plays and simulations in a patient centred workshop. EPAs are signposted with multiple opportunities for practice, and there is a focus on professionalism, leadership and developing behavioural skills such resilience, cultural competence, and communication skills. An intensive fortnight at the start of Year 3 prepares students for a quick move into placement, with emphasis on the new general practice placements. Students complete workshop pre-work and undertake simulated interactions counselling patients. Students are briefed on professionalism, complexity, and what to do if things go wrong. In Year 4, students learn

about ethical decision making and dealing with errors/near misses as well as continuing to develop clinical skills. The team noted the positive feedback from students, with all Year groups confirming that they had felt very well prepared for their placements. All students undertake mandatory pre-placement training, and this is monitoring through a shared tracker.

The team asked to hear more about clinical skills development and heard how it starts in Year 1 via eLearning, workshops, and high-fidelity simulation. Students learn about basic vital signs, measuring blood pressure, pulse rate, rhythm, temperature, peak flow and BMI, and undertaking examinations such as heart and lung. They are assessed and receive formative feedback and continue to practice their clinical skills through the degree. In Year 4, students' clinical skills are developed via holistic, simulated workshops, prescribing workshops simulating running cardiovascular/COPD/diabetes clinics, vaccination workshops, and a new IV fluid prescribing workshop. The provider advised that Years 1 and 4 are the official skills sign off points.

The submission highlighted the introduction of a Clinical Skills hub, which was developed by School of Pharmacy staff in collaboration with the School of Medicine, Dentistry and Biomedical Sciences. The hub is an additional resource to enhance students' clinical skills development.

Work has been done to map the MPharm course content to other frameworks, i.e., the NI Multi-Professional Antimicrobial Stewardship Competency Framework for Undergraduate Healthcare Professionals, and the All-Ireland Digital Capability Framework.

## 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.

This standard was explored in detail at the Part 1 event. The Part 1 accreditation team noted that as plans for the e-portfolio, and the 'Train the Trainer' sessions were still being embedded into the course, **Criterion 6.8** and **Criterion 6.11** were likely to be met, and both criteria would be revisited at the Part 2 event.

The submission confirmed that there are systems in place, and responsibilities assigned for managing the end-to-end examinations and coursework assessment processes, and the examination procedures are set out in the School's MPharm Assessment Plan.

In the context of EL, EPAs provide evidence that students have met the required learning outcomes. This is documented, and forms part of the student's e-portfolio. The e-portfolio is the repository for consists the students' practice assessment documents, and associated evidence. During the Part 2 event the provider shared a demonstration of the new (NICPLD) online EL portfolio tracker and reporting system, which was launched for the 2024/25 EL programme. The tracker is where students upload and store their EPA records electronically, and it is also used by NICPLD for monitoring student progress.

Practice Supervisors monitor student progress from the outset of the EL period. They complete an End of Placement form to indicate each EPA has been completed to a satisfactory level, that the student

attended all placement days, and that there were no issues with the student. The EL lead for each sector checks this form for every student, notifying the relevant module coordinator about non-completion of EPAs or absence. Within secondary care, the Clinical Education Pharmacist team fulfils a similar role. Samples of EPA learning records (including all fails) are checked to ensure they have been fairly assessed. Procedures are in place to manage non-completion of EPAs due to absence or students not meeting the standard.

The team asked how the situation would be managed if a student did not pass the EPAs within the placement. The provider commented that the purpose of placement is for the student to practise EPAs, with the support of the Practice Supervisor, and to improve to meet the expectations. Practice Supervisors are asked to flag any issues with student progression as early as possible, and if students still have not met expectations at the end of the placement week, there are 2 possible courses of action. If the issue involves professionalism or attitude, it is flagged to the University module teams and to the Director for Student Conduct and Regulation as a potential fitness to practise matter. Alternatively, if the issue concerns academic or professional skills, NICPLD will speak with the Practice Supervisor to consider the situation and the wider context. Any such issues are managed on a case-by-case basis and the approach is holistic. The provider added that there would be follow up to track the student in their next placement to ensure they are set up for success. However, patient safety is always the guiding light. The provider included a 'Standard Operating Procedure for Entrustable Professional Activities' as part of the documentation which outlined the procedure that is followed for students who are below expectations in the EPAs

The submission confirmed that all examiners and assessors are aware of the standard expected, and that training is provided for all relevant staff on the procedures for assessment setting and review. This includes identifying the standard required for minimal competence, and correct development and application of marking criteria to ensure appropriate differentiation between students. Staff complete relevant academic qualifications that support them in their assessment role, there is guidance within the University's Handbook of Assessment Guidance and Support, and in-house assessment training and resources are also available. Since the Part 1 event, training has been provided for staff on assessment standard setting and blueprinting, and supporting materials are on the School SharePoint site. The School also ensures that all External Examiners meet the criteria stipulated by the University, and are appropriately trained, prior to undertaking any duties. The University has a new risk-based External Examiner procedure which outlines the responsibilities of the External Examiner, and this is reinforced in the mandatory training.

The submission provided an update in regard to EL-specific skills, experience and training needed to carry out the task of assessment. Within the hospital context, Clinical Education Pharmacists have had training on learner support and assessment specific to their role. They attend an annual EL training day, which includes sessions focusing on EPAs and assessment. In response to feedback, there was also a bespoke session in 2024/25 on updates to EPAs and how to support Practice Supervisors and students with the assessment of EPAs, and feedback. In addition, the Clinical Education Pharmacists meet and debrief with the lead Clinical Education Pharmacist throughout the year, and before and after each EL period to calibrate their approach to assessment and supporting Practice Supervisors.

In terms of general practice, bespoke training was developed for the Federation Education Leads following introduction of their role in 2024/25. This introduced them to the principles of learning and teaching, running training sessions to prepare students for EPAs, as well as covering the actual EPAs, the process of evaluation, and how to support students and Practice Supervisors with this.

Practice Supervisors are expected to complete mandatory training to support them undertaking this role, including training on EPAs and assessment. The NI Clinical Education Pharmacist network have developed an e-learning programme and a series of interactive workshops on a range of teaching-related topics that must be completed by all Practice Supervisors in the hospital sector. It is a mandatory requirement in the NI Health and Social Care system to complete training every 3 years and to attend pre-briefing specific to the individual placement they are supporting each year. Practice Supervisors in primary care complete mandatory training and induction, which includes a webinar, a face-to-face workshop and 2 eLearning modules, and is based on the well-established 'Train the Trainers' model used in secondary care. Practice Supervisors' mandatory training includes training on EPAs and assessment, covering an introduction to EPAs and the pedagogy and rationale that underpins their use, milestone EPAs allocated to their sector, the learning record/rubric and standard expected. Recorded role plays, practice and feedback are some of the key learning tools deployed. Practice Supervisor refresher training is undertaken prior to the start of the new academic year, covering any updates to EL and EPAs, refresher assessment of EPAs, learning records/rubrics, and feedback.

Training is supplemented by supporting resources such as an NICPLD EL handbook, a Practice Educator Toolkit, and a dedicated area on the NICPLD website. Depending on their sector, Practice Supervisors may avail of support from Federation Education Leads, NICPLD Senior Leads, the Trust lead Clinical Education Pharmacist or the Clinical Education Pharmacist team.

Training is reviewed and enhanced in response to feedback and the submission provided examples of this.

The submission confirmed there is quality assurance of the areas of pharmacy related to patient safety and effective practice through setting appropriate assessment criteria and passing standards. Previously, higher pass marks were also included in this assurance, but these have been superseded by standard setting procedures. The School had planned to use the Ebel standard setting method during the MPharm degree, however, following advice, the modified Angoff method is being used for numeracy and single-best answer MCQ assessments (in relevant practice areas). While there was already understanding of the modified Angoff method within the School, further comprehensive resources were also developed to support staff involved in standard setting.

The team heard that the change in the standard setting approach had been the most significant update in the roll out of the new programme assessments. The provider explained that the modified Angoff method was already recognised and well established for use in assessments, and was supported with training, resources and standard operating procedures. The provider gave an example of its application in a calculations assessment for Years 3 and 4, and explained the step-by-step process followed by the standard setting panel. This included discussing factors that influence the difficulty of calculations, defining minimal competence to ensure consistency in assessing, and several rounds of ratings to reach consensus on the final cut score for assessments. Having reviewed the results of the calculations assessments, the provider was reassured as the outcomes confirmed that those students who did not make the cut score were unable to demonstrate that they could practise safely.

## 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.

This standard was explored in detail at the Part 1 event. The Part 1 accreditation team noted that the plans for training Practice Supervisors in different settings were still being embedded into the course, so considered that **Criterion 7.6** was likely to be met and would be revisited again at the Part 2 event.

The submission confirmed that, since the Part 1 event, training had been provided for academic staff on different topics. This has included training on assessment standard setting and blueprinting, digital skills and AI, and training to support the University Teaching Recording Policy pilot. Many practice staff have visited a hospital site to learn about encompass, the single digital care record system for NI. Other staff have participated in training on a range of areas, covering clinical skills training, pharmacogenomics, simulation-based teaching and learning, qualitative research methods, and multiple NICPLD EDI open learning modules (cultural competence, microaggressions, neurodivergence, LGBTQIA+, and gender identity).

Training is provided to all pharmacy educators involved in EL in NI. At Part 1 the provider explained that the training programme for Practice Supervisors, that was well established in the hospital sector in NI, would be extended (and adapted) for the EL placements starting in 2023/24 onwards. Training provided to Clinical Education Pharmacists, Federation Education Leads, and Practice Supervisors has been summarised under Standard 6. In addition, all Practice Supervisor training (primary and secondary care) encompasses EDI, including cultural competence and microaggressions. In its meeting with Experiential Learning Partners and Placement Supervisors, the team heard about the range of training that had been provided to them by NICPLD and QUB, and the supplementary resources that were available to support them in their roles.

A database of all pharmacists who complete training is maintained by the Regional Lead Clinical Education Pharmacist and the senior leads for EL in NICPLD to identify those who need training updates and to ensure that students are only allocated to those who have been trained.

The quality assurance of training is informed by feedback from Practice Supervisors. Feedback is collated following each training session, and in primary care, as EL is less well established than in secondary care, focus groups are held with Practice Supervisors to follow up and fully explore any issues. There will be an evaluation involving Federation Education Lead pharmacists in 2025. Within secondary care, Clinical Education Pharmacists discuss issues with Practice Supervisors in each specific Trust site. Feedback is also collated from Practice Supervisors after every period of EL, identifying areas for improvement to the EL programme, and potential areas of further training. This has led to additional training and development resources being prepared, including an EPA toolkit for pharmacy educators to support the observation and assessment of EPAs. The Student EPA toolkit is a further resource that can help Practice Supervisors with aligning expectations in the practice setting.

The submission highlighted that work on the EPA framework and learning records has been under constant review, informed by feedback from Practice Supervisors and students. This feedback resulted in further learning resources to help with assessing complexity in EPAs, as previously mentioned, and supported the planned refresher training which was implemented for 2024/25. A

further area where additional support was requested was in relation to EDI and microaggressions, and this aspect of Practice Supervisor training was reviewed and enhanced for 2024/25.

Having heard about the EL element of the programme, the team wished to understand what support is provided to students who may find other aspects of the course challenging. The provider explained that there are systems to monitor student performance throughout the academic year to identify at an early stage if students are struggling in the continuous assessment components. All students who fail a module are invited to a student outcome meeting, where the academic decision and implications for resit are explained, and learning support and wider wellbeing issues are discussed. Module coordinators arrange additional revision sessions before resits to identify areas students may be struggling with. While the student outcome meeting is optional, if a student fails more than one module, they will be targeted for support. Should the student not take up the opportunity for a meeting, they are provided with a pro forma of the key support available to them.

The team asked how the provider was supporting the small number of students still to graduate against the 2011 standards. The provider described the School as a close-knit community where students are known personally, and advised that students still to graduate against the 2011 standards receive the same level of support as others. At the start of the academic year, students have an informal meeting with the Director for Student Support and Engagement, from whom they can seek support, as well as from their personal tutor. The provider confirmed that students are aware of all support available, and that this is reiterated to them.

The submission provided updates in relation to the support provided for students, at programme and University level. The 2-week induction module now incorporates training on generative artificial intelligence tools, and their use in study and assessment activities. A new University Assessment Support Hub (developed in 2023/24) provides an additional source of online support to help students understand the University's assessment processes and to get the right support to help them succeed. Key help topics include understanding assessment and feedback, academic integrity, managing deadlines, Fit to Sit, getting help from support services, what to expect in an exam, how to apply for exceptional circumstances and other adjustments and mitigations, and what happens after assessment. In its meeting with students, the team heard a student's account of being made aware of the Fit to Sit policy and avaling of the support within that when they were unwell.

The University remains committed to fostering an inclusive and supportive environment and the submission described a range of support measures that are available to students, including financial support through the Disabled Students' Allowance for those who are eligible. The provider's presentation referred to various scholarships that are offered by the University. The University also now has an increased focus on student well-being and a greater service provision around this.

The University has strengthened the financial resources to support students facing financial challenges. This includes the Accommodation Bursary, introduced in 2023/24, which is available to students from lower-income families who are eligible for funding from the Student Loans Company and are allocated QUB accommodation. The Student Support Fund is available to assist students experiencing financial hardship during their studies, and the University's Financial Assistance Fund can offer further support. The SUQCESS (Supporting Queen's Care Experienced Students) project has recently been established to celebrate and support care-experienced students. Through SUQCESS, students can access financial support for costs related to their academic studies or career development. In addition, there are numerous free resources available across campus, including food,

refreshments, and personal hygiene products. The University has recently created an online hub that provides a comprehensive range of information on various support services.

The team noted a reference in the submission to students experiencing microaggressions whilst on placement and asked how this had been responded to. The provider explained that this had been in relation to NI specific issues around Catholics and Protestants, an area that had been overlooked in training, which was subsequently reviewed and updated. The provider worked with NICPLD to develop examples for EDI training for all pharmacists in NI, and to sharpen the process for supporting students and Practice Supervisors should such instances of microaggressions occur.

To support those involved in the delivery of the MPharm programme, new academic staff are required to complete Fellowship of the HEA, and the training associated training for this application, via the Queen's Merit Award (QMA) scheme.

## Teach out and transfer arrangements

The submission confirmed that there have been no changes or updates in regard to teach out arrangements since the Part 1 event. The 2023/24 Year 4 cohort was taught out to the 2011 Standards, and there are three Year 4 student pharmacists in 2024/25 who are due to graduate to the 2011 Standards. The remainder will graduate to the 2021 Standards.

By way of update in regard to transfer arrangements, NICPLD has provided information on its parallel foundation training year (FTY) arrangements, which are required for three of the provider's Year 4 student pharmacists. The NICPLD FTY 2025/26 programme will be delivered via three training pathways, depending on the route of entry to the MPharm programme. Commencing the FTY is conditional on an individual completing their MPharm degree and registering with the Pharmaceutical Society NI. NICPLD will allocate trainee pharmacists to groups with a designated FTY Lead pharmacist who plays a key role by supporting trainees' induction and engaging with their Educational Supervisors to monitor progress and to provide support and clarity if required. The quality assurance process involves data sharing between NICPLD and Pharmaceutical Society NI to confirm pathways and the standards to which the trainee pharmacist has graduated.

## Collaboration with the statutory education body and others

The submission provided an update on collaborative relationships and initiatives that support the delivery of EL, help prepare student pharmacists for foundation training, and ease the transition between the 4$^{th}$ and 5$^{th}$ year of education and training.

The provider continues to collaborate with the statutory education body (NICPLD) and pharmacy representatives from the DoH NI and Trusts in relation to EL. The NICPLD senior EL leads deliver pre-placement material to student pharmacists on campus and provide guidance about placement allocation as required.

The EPA tracker system that NICPLD now uses (2024/25) was pioneered by QUB School of Pharmacy staff and adapted by NICPLD to be used across NI. This change was made as a result of the provider's feedback about the original NICPLD e-portfolio during 2023/24.

Other examples include the EL launch events in November 2023 and October 2024, providing opportunities to highlight how the pharmacy profession is evolving, and the contribution pharmacists

can make to safe and effective person-centred care. The NI EL programme was presented by NICPLD at the 11th Monash University Pharmacy Education Symposium in July 2024.

The provider continues to have representation at the short life working group, which oversees the introduction of multi-sector training for student pharmacists in NI. The group includes senior stakeholders from across the sector, and is chaired by the Chief Pharmaceutical Officer for NI. Many of the organisations represented are also part of the MPharm Stakeholder Group.

As part of preparing students for foundation training, the School has a dedicated Careers Liaison Academic who communicates pharmacy-specific guidance to students, including foundation training opportunities and guidance from organisations such as Oriel, the GPhC, NICPLD, and the Pharmaceutical Society NI. Students in all years can avail of the University Careers, Employability and Skills service. Students are supported in the selection and admissions process for foundation training positions, and staff from NICPLD visit to give final year students guidance on aspects of the foundation training programme and registration.

The provider liaises with NICPLD to enable seamless transition between education settings following completion of the MPharm. There has also been collaboration with the Ulster University to meet with NICPLD to review the 55 learning outcomes and progression from the 4$^{th}$ year to the 5$^{th}$ Year of education and training. Over the past few years, the provider has been developing the MPharm EPAs with NICPLD (in tandem with the Lead Clinical Education Pharmacist from hospital practice and representatives from Ulster University), and there have been discussions about foundation training encompassing EPAs, which would also aid with the transition.

The provider recognises that having EL placements in each of the three sectors (general practice, hospital and community), followed by respective foundation training opportunities will help with a seamless transition. However, current NI Pharmacy Legislation, does not allow for foundation training in general practice in NI. By being part of undergraduate education and EL, this sector should be better prepared to offer foundation training when the legislation changes.

The provider's aspiration is that, once EL undergraduate placements are established, other members of the pharmacy team and foundation trainees will be able to help support and assess student pharmacists in relation to EPAs, following appropriate training. This will also help forge connections between foundation trainee pharmacists and student pharmacists.

The providers' involvement in the short life working group provides opportunities to help shape the new Foundation Training Year. QUB staff also sit on the NICPLD foundation training year stakeholder group which provides another mechanism to contribute suggestions and feedback about foundation training and the transition between the 4$^{th}$ and 5$^{th}$ year of education and training.

## 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). |

General Pharmaceutical Council
Level 14, One Cabot Square | Canary Wharf | London |E14 4QJ
www.pharmacyregulation.org