



# Initial education and training of pharmacists – Guidance to support the implementation of the standards

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# Introduction

## Review of the standards for the initial education and training of pharmacists

We published new [Standards for the initial education and training of pharmacists \(IETP\)](#) in January 2021. These standards introduce major changes from the previous standards, including the introduction of a new set of learning outcomes that covers the full five years of education and training. The new standards also introduce the reconfiguration of the pre-registration year as a foundation training year with strengthened supervision, support and collaborative working between Higher Education Institutions (HEIs), Statutory Education Bodies (SEBs), and employers.

The 2021 standards state that for graduates to be eligible for registration, MPharm degrees and foundation training year programmes must be approved by the GPhC. To support the implementation of the standards we have revised our processes for the accreditation and quality assurance of MPharm degrees and created new processes for accrediting foundation training year programmes.

MPharm degrees will be reaccredited to the new standards from the 2021/22 academic year onwards, with all providers undertaking a part 1 reaccreditation event within three years. Reaccreditation of all current MPharm degrees will be complete by 2025. All student pharmacists who began their studies in the 2021/22 academic year will undertake an MPharm degree that meets the 2021 IETP standards by 2025 and the first cohort of student/trainee pharmacists that meet these standards will graduate in Summer 2025.

The standards for the foundation training year will be fully implemented for the 2025/26 academic year, and foundation training year programmes must be accredited as meeting our standards by this date. The process for accreditation of foundation training programmes will begin in 2021/22 and build over the coming academic years in a stepped approach in the lead up to 2025/26.

To prepare for the transition to the new standards we have developed an [interim version of the learning outcomes](#) for foundation training. These apply from 2021-22 until the standards are implemented in full for 2025/26. Changes in terminology take affect from 2021/22.

## This guidance

The purpose of this guidance is to support:

- Accreditation panel members when assessing MPharm degrees and foundation training year programmes
- Providers of MPharm degrees and foundation training year programmes when designing and delivering programmes

It should be read alongside the standards and other accreditation methodology documents and information:<sup>1</sup>.

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<sup>1</sup> See [Approval process for education and training providers](#) and [Accreditation guidance and templates](#)

This guidance is structured in four parts:

- **Collaboration in the initial education and training of pharmacists**
- **Our expectations for the learning outcomes**
- **The new requirements for MPharm degree providers**
- **Reaccreditation of MPharm degrees to the 2021 standards - decisions at part 1**

We intend to add to this guidance as the methodology for the approval of foundation training year programmes evolves.

## Collaboration in the initial education and training of pharmacists

With the 2021 IETP standards, collaboration will play a more important role as initial education and training of pharmacists will be regarded as a continuum.

Providers of MPharm degrees and foundation training programmes must consider the student/trainee pharmacist's journey across the full five years when designing and delivering programmes that meet the 2021 standards. This means working and communicating with each other to design and deliver programmes which ensure continuity between the MPharm degree and the foundation training year.

Providers should also develop partnerships to deliver the components of initial education and training for which they are responsible. For instance, HEIs, SEBs and employers will work together to increase progressively their experiential learning provisions until student/trainee pharmacists can demonstrate the full set of learning outcomes.

Organisations that were not traditionally present during accreditation events will be invited to take part. For example, SEBs and practice partners may wish to join MPharm degree accreditation events to explain their involvement, collaborative working arrangements, and how they are working with the HEI to support the delivery of the programme. Similarly, HEIs may wish to join foundation training year accreditations.

Examples of collaboration might include:

- Contractual agreements (such as service level agreements, contract for services, tripartite agreements, etc.) and/or memorandums of understanding or letters of co-operation between the HEIs, SEBs and employers across Great Britain and Northern Ireland
- Communication between the HEIs, SEBs and employers on student/trainee pharmacist progression

- Communication between the HEIs, SEBs and employers on the transition of existing student/trainee pharmacists to the new MPharm degrees and foundation training programmes
- Strategies and partnerships to deliver components of programmes (e.g., experiential and interprofessional education across the MPharm degree)

**Table 1:** Collaboration

Accreditation panel considerations
<ul style="list-style-type: none"> <li>• How are the SEBs and HEIs working together to provide smooth progression between years 4 and 5 of education and training, that recognises and builds upon a student/trainee pharmacist's knowledge and skills?</li> <li>• Where an HEI is working in collaboration with SEBs, employers and practice partners to deliver elements of education and training, such as experiential learning, is there assurance of suitable systems and communication pathways to support effective collaboration and the delivery of a positive and meaningful learning experience?</li> <li>• Are there plans, processes or delivery models in place to support the collaborative working arrangements that have been described?</li> </ul>

## Our expectations of the learning outcomes

Part one of the 2021 standards includes the learning outcomes for student/trainee pharmacists. These introduce new skills and competencies, as well as strengthening others in the 2011 standards. The learning outcomes describe what student pharmacists must be able to demonstrate on successful completion of their initial education and training. For instance, there is a clear emphasis on communication, professional judgement, management of risk, as well as diagnostics, physical examination, and consultation skills. The inclusion of independent prescribing within initial education and training, to enable pharmacists to prescribe independently from the point of registration, is also new.

Curricula and training plans will be progressive, supporting student/trainee pharmacists' achievement of the required learning outcomes at the relevant level on Miller's triangle<sup>2</sup> of clinical competence, both at the end of the MPharm degree and the foundation training year. As they advance, student/trainee pharmacists will be expected to demonstrate the learning outcomes to a greater depth, breadth and level of complexity.

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<sup>2</sup> Miller, G.E. (1990) The assessment of clinical skills/competence/performance. *Acad Med* 65: 563–7.

**Table 2:** Learning outcomes

Accreditation panel considerations
<ul style="list-style-type: none"><li>• Is there assurance that the teaching and learning plan for each learning outcome is sufficient to allow the student or trainee pharmacist to acquire the necessary breadth and depth of knowledge/understanding/skills required?</li><li>• Does the teaching and learning associated with this outcome build on existing knowledge and skills and increase in complexity as the student/trainee progresses through the MPharm programme/foundation training year?</li><li>• Is the balance of teaching underpinning knowledge and skills and the practical application of knowledge and skills appropriate for this learning outcome?</li><li>• Are the methods for assessing the learning outcome appropriate to achieve valid and reliable assessment of competency at the required level?</li><li>• Is there assurance that the assessment pass threshold for this learning outcome is at an appropriate level to reflect the knowledge, understanding and skills required at the end of year 4/year 5?</li><li>• Does the delivery of the learning outcomes aim to embed the standards for pharmacy professionals within students' learning?</li></ul>

The learning outcomes within the standards are designed to prepare the student/trainee pharmacist for their professional role. It is important to bear in mind that the domains are linked closely to the nine **standards for pharmacy professionals** and therefore some of the detail that sits under them, referenced below, is from those standards.

**Figure 1:** The standards for pharmacy professionals



In this section, we have emphasised the link between the four learning outcomes domains and the standards for pharmacy professionals. We have also provided guidance under the new learning outcomes, which will be less familiar to MPharm course providers.

## Domain: Person-centred care and collaboration

Standard one, of the **standards for pharmacy professionals**, explicitly describes **person-centred care** and therefore should be demonstrated by student/trainee pharmacists.

*Every person is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority. All pharmacy professionals can demonstrate ‘person-centredness’, whether or not they provide care directly, by thinking about the impact their decisions have on people.*

Furthermore, standard two, **partnership working** describes partnership working which includes collaboration and again should be reflected whilst demonstrating the learning outcomes in this domain.

*A person’s health, safety and wellbeing are dependent on pharmacy professionals working in collaboration with others, where everyone is contributing towards providing the person with the care they need. This includes the person and will also include other healthcare professionals and teams. It may also include carers, relatives and professionals in other settings – such as social workers and public health officials.*

## Domain: Professional practice

This domain covers a variety of skills and attributes relating to professional practice and again the standards for pharmacy professionals should act as a reference.

Specifically, standard three, about **effective communication**, should be incorporated.

*Communication can take many forms and happens in different ways. Effective communication is essential to the delivery of person-centred care and to working in partnership with others. It helps people to be involved in decisions about their health, safety and wellbeing. Communication is more than giving a person information, asking questions and listening. It is the exchange of information between people. Body language, tone of voice and the words pharmacy professionals use all contribute to effective communication.*

Similarly, standard five, about using **professional judgement**, is important.

*People expect pharmacy professionals to use their professional judgement so that they deliver safe and effective care. Professional judgement may include balancing the needs of individuals with the needs of society as a whole. It can also include managing complex legal and professional responsibilities and working with the person to understand and decide together what the right thing is for them – particularly if those responsibilities appear to conflict.*

Likewise, standard six, **professional behaviour**, is fundamental in demonstrating the learning outcomes under this domain heading.

*People expect pharmacy professionals to behave professionally. This is essential to maintaining trust and confidence in pharmacy. Behaving professionally is not limited to the working day, or face-to-face*

*interactions. The privilege of being a pharmacist or pharmacy technician, and the importance of maintaining confidence in the professions, call for appropriate behaviour at all times.*

Also, standard seven, about respecting and maintaining the person's **confidentiality and privacy**, is essential.

*People trust that their confidentiality and privacy will be maintained by pharmacy professionals, whether in a healthcare setting – such as a hospital, primary care or community pharmacy setting – in person, or online. Maintaining confidentiality is a vital part of the relationship between a pharmacy professional and the person seeking care. People may be reluctant to ask for care if they believe their information may not be kept confidential. The principles of confidentiality still apply after a person's death.*

Lastly, standard eight, **speaking up about concerns**, should be incorporated whilst demonstrating the learning outcomes in this domain.

*The quality of care that people receive is improved when pharmacy professionals learn from feedback and incidents, and challenge poor practice and behaviours. This includes speaking up when they have concerns. At the heart of this standard is the requirement to be candid with the person concerned and with colleagues and employers. This is usually called the 'duty of candour' – which means being honest when things go wrong.*

## **Domain: Leadership and management**

As with the previous two domains a direct correlation to the standards for pharmacy professionals should be made when considering evidence of their delivery. Specifically, standard nine, which describes **leadership**. The examples provided under that standard are worth considering during initial education and training.

*Every pharmacy professional can demonstrate leadership, whatever their role. Leadership includes taking responsibility for their actions and leading by example. Wherever a pharmacy professional practises, they must provide leadership to the people they work with and to others.*

In addition, some of the points covered in standard two, three and four, are relevant under this domain too.

## **Domain: Education and research**

Finally, as with the above, standard four, **professional skills and knowledge**, is directly relevant to this domain and the learning outcomes in that domains should expect these to be demonstrated with standard four in mind.

*People receive safe and effective care when pharmacy professionals reflect on the application of their knowledge and skills and keep them up-to-date, including using evidence in their decision making. A pharmacy professional's knowledge and skills must develop over the course of their career to reflect the changing nature of healthcare, the population they provide care to and the roles they carry out.*



# The new requirements for MPharm providers

The 2021 IETP standards have introduced new requirements for providers of MPharm degrees and subsequent foundation training year programmes. For instance, there is an increased emphasis on equality, diversity and inclusion; experiential and inter-professional education; and student support. Further, there are new requirements for foundation training year programme providers.

The below criteria are new for this version of the standards and will be less familiar to MPharm course providers. By way of guidance, we have included areas that an accreditation panel will consider as part of their review. **Only strengthened or new requirements introduced in the 2021 standards are captured in the tables below.**

## Standard 1 – Selection and Admission

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

**Table 3:** Selection and admission

No.	Criteria	Accreditation panel considerations
1.2	Higher-education institutions must actively aim to identify and reduce discrimination in selection and admission processes. As a minimum, every year, the MPharm degree admissions profile must be analysed by protected characteristics, as defined in the Equality Act 2010. Documented action must be taken if that analysis shows that the admissions process may be disadvantaging students.	<ul style="list-style-type: none"><li>• Is there assurance that appropriate data collection systems are in place to allow the provider to review the profile of those who make an application and those who are offered a place?</li><li>• How has the provider assured themselves that the selection process is equal and fair to all?</li><li>• Does the process take diversity into account?</li><li>• Do all aspects of the selection process comply with relevant equality and human rights legislation?</li><li>• Does the application process allow for reasonable adjustments to be made to meet applicants' specific needs and are they in line with equality legislation?</li><li>• Is there evidence that any potential issues are identified, reviewed, and appropriate action taken?</li><li>• Are steps taken to use data to inform the admissions process – such as the training of selectors and development of information for applicants.</li></ul>



No.	Criteria	Accreditation panel considerations
1.3	Accurate admissions information must be provided to potential applicants.	<ul style="list-style-type: none"> <li>• Is all information provided about pharmacist initial education and training, the MPharm degree itself, the entry requirements (both academic and professional) and the selection process up to date, complete, clear and correct?</li> <li>• Is information about the course that is shared on the UCAS website and the provider's own website accurate?</li> <li>• Does the provider meet items 4 and 5 of the <b><u>Standing conditions of accreditation and recognition</u></b> in relation to sharing information with potential applicants?</li> </ul>
1.6	Admissions criteria should take account of the admissions requirements for periods of learning in practice. These will include those overseen by statutory education bodies such as NHS Education Scotland (NES), Health Education England (HEE), Health Education and Improvement Wales (HEIW) and the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD).	<ul style="list-style-type: none"> <li>• How has the provider assured itself that the entry requirements are suitable to assess an individual's suitability for patient-facing practice?</li> <li>• Are the admissions criteria appropriate for an individual who will later need to meet the requirements for entry to the foundation training year?</li> </ul>
1.7	All admissions and selection processes must include an interactive component, to assess applicants' values and professional suitability. Having a robust application process including interactivity applies also to Clearing and Adjustment applications.	<ul style="list-style-type: none"> <li>• Do selection process include interaction with others either through direct interaction with selectors, or observation of interaction with others by selectors?</li> <li>• Is there assurance that the interactive component is appropriate to evaluate applicants' values, behaviours and professional suitability?</li> <li>• Is the interactive component required of all applicants regardless of their application route?</li> </ul>

No.	Criteria	Accreditation panel considerations
1.8	When higher-education institutions accept applicants who do not meet the academic entry requirements, they must set out clearly the criteria used for making the decision. This includes complying with the institution's policy on contextual offers.	<ul style="list-style-type: none"> <li>• Does the provider have systems in place to record and review the entry qualifications held by each student admitted onto the programme in comparison to the advertised academic requirements?</li> <li>• If policy permits applicants to be accepted who do not meet the entry requirements, how does the provider ensure fairness? In addition, how does the provider ensure that the policy is explicit to both applicants and selectors?</li> <li>• Does the provider have a policy, framework, criteria or guidance to support the selection process in this situation?</li> <li>• Where data show that applicants have been accepted who do not meet the academic entry requirements, is the reasoning clearly justified and documented.</li> <li>• When accepting applicants whose entry profile is below the published entry criteria, are there sufficient arrangements in place to support these students to succeed?</li> </ul>
1.9	Unconditional offers, where students have been accepted onto a programme without having met the entry requirements, are not permitted <sup>3</sup> .	<ul style="list-style-type: none"> <li>• Is it clear within selection and admissions information for applicants, and within programme selection and admission policies, that unconditional offers are not permitted?</li> <li>• Where the Higher Education Institution (HEI) policy permits unconditional offers, has the necessary derogation from the policy been granted for the MPharm degree?</li> </ul>

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<sup>3</sup> The prohibition of unconditional offers excludes postponed entry on an MPharm degree because of a gap year or similar (if grades have been met already) or Scottish unconditional offers made after the attainment of the desired grades.

## Standard 2 – Equality, diversity and fairness

**Standard: 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**

**Table 4:** Equality, diversity and fairness

N.	Criteria	Accreditation panel considerations
2.1	Systems and policies must promote the principles and legal requirements of equality, diversity and fairness.	<ul style="list-style-type: none"> <li>• What steps has the provider taken to embed equality diversity and fairness into all its systems and policies?</li> </ul>
2.2	Systems and policies must be in place to allow everyone involved to understand the diversity of the student body and the implications that has for delivery.	<ul style="list-style-type: none"> <li>• Is there assurance that there are suitable processes in place for capturing and analysing the student profile to allow the data to be used to influence the programme?</li> <li>• Is there evidence that any potential issues are identified, reviewed, and appropriate action taken?</li> <li>• How does the provider assure itself that teaching, learning and assessment are designed and delivered in a way that reflects the diversity of the student population?</li> </ul>
2.3	Systems and policies must be in place to allow everyone involved to understand the diversity of the students' circumstances and experiences and the implications that has for student support and development.	<ul style="list-style-type: none"> <li>• Is there assurance that there are suitable processes in place for capturing and analysing the diversity of the students' circumstances and experiences?</li> <li>• How does the outcome of this analysis influence student support?</li> <li>• How does the provider assure itself that student support and development is tailored to students' needs?</li> </ul>

## Standard 4 – Managing, developing and evaluating MPharm degrees

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

**Table 5:** Managing, developing and evaluating MPharm degrees

No.	Criteria	Accreditation panel considerations
4.1	There must be systems and policies in place to manage the delivery of the MPharm degree, including the periods of experiential and inter-professional learning.	<ul style="list-style-type: none"> <li>• Are there clearly defined and suitable systems in place to manage all elements of the MPharm degree, supported by appropriate policies?</li> <li>• How is the delivery of interprofessional education and experiential learning managed to ensure appropriate planning and oversight in order to deliver a positive and meaningful learning experience?</li> </ul>
4.2	There must be agreements in place between everyone involved that specify the management, responsibilities and lines of accountability of each organisation, including those that contribute to periods of experiential and inter-professional learning.	<ul style="list-style-type: none"> <li>• Are there appropriate agreements in place between all those involved that support the meeting of this criterion?</li> <li>• Are the roles and responsibilities of everyone involved in the delivery of the programme clearly set out?</li> <li>• Where the provider is working in collaboration with statutory education bodies, employers and others to deliver experiential learning and interprofessional education elements, are the responsibilities, and accountabilities of everyone involved clearly defined?</li> </ul>
4.3	The views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering MPharm degrees.	<ul style="list-style-type: none"> <li>• Has there been appropriate engagement and consultation with the full range of stakeholders to help inform the design and delivery of the programme?</li> </ul>
4.4	Feedback from student pharmacists must be built into the monitoring, review and evaluation processes.	<ul style="list-style-type: none"> <li>• What processes are in place to seek feedback actively from students on all elements of the programme?</li> <li>• Is there evidence that student feedback is reviewed and taken into account to inform the programme’s development?</li> <li>• Is there assurance that formal evaluation and review processes include the views of student?</li> </ul>

No.	Criteria	Accreditation panel considerations
4.5	Systems and policies must be used in such a way that the MPharm degree is evaluated on the basis of evidence, and that there is continuous improvement in its delivery.	<ul style="list-style-type: none"> <li>• Is there assurance that programme provision is monitored and evaluated using evidence from a variety of relevant sources?</li> <li>• Is there assurance that there is suitable external and independent evaluation of the programme, particularly in relation to assessment and degree awarding?</li> <li>• Is there evidence that the outcomes of evaluation and feedback are used to make programme improvements?</li> </ul>
4.6	MPharm degrees must be revised when there are significant changes in practice, to make sure provision is relevant and current.	<ul style="list-style-type: none"> <li>• Is there assurance that there are suitable processes in place to allow changes in pharmacy practice or legislation to be incorporated into the programme's teaching materials and assessments continuously and in a timely manner?</li> <li>• Are there clear lines of responsibility and oversight to manage such changes?</li> <li>• Are there suitable communication channels and systems in place for communication of changes to students and all those involved in the delivery of the programme?</li> </ul>

## 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.**

**Table 6:** Curriculum design and delivery

No.	Criteria	Accreditation panel considerations
5.3	Everyone involved must work together to deliver the MPharm degree.	<ul style="list-style-type: none"> <li>• Are the working arrangements between all those involved in delivery of the programme clearly set out?</li> <li>• Where the provider is working in collaboration with stakeholders to deliver aspects of the programme, is there assurance that there are clear arrangements in place, with formalised communication channels and lines of accountability?</li> </ul>

No.	Criteria	Accreditation panel considerations
5.6	<p>The MPharm degree curriculum must include practical experience of working with patients, carers and other healthcare professionals. Student pharmacists must be exposed to an appropriate breadth of patients and people in a range of environments (real-life and simulated) to enable them to develop the skills and the level of competency to achieve the relevant learning outcomes in part 1 of these standards. This experience should be progressive, increase in complexity and take account of best practice.</p>	<ul style="list-style-type: none"> <li>• Is there assurance that the experiential learning strategy and delivery is sufficient to allow students to demonstrate the learning outcomes at the required level of competency?</li> <li>• Is there assurance that the experiential learning within the programme will provide students with a varied experience of practice, in a range of health and social care or patient settings?</li> <li>• Is there assurance that students will gain sufficient, meaningful contact with patients, carers and other healthcare professionals to contextualise their learning?</li> <li>• Is there assurance that the experience is sufficiently progressive in nature and increasingly complex as the student moves through the programme?</li> </ul>
5.7	<p>During the MPharm degree, there must be an inter-professional learning plan. Student pharmacists must engage with inter-professional education (IPE) through a progressive strategy based on <b><u>the Centre for the Advancement of Interprofessional Education's Interprofessional Education Guidelines</u></b> (CAIPE, 2017). IPE must mirror practice and must focus on interaction with other health and social care professionals. Engagement with students from other health and care professions must begin at an early stage, progressing to more complex interactions to enable students to develop the skills and level of competency they need to achieve the relevant learning outcomes in part 1 of these standards.</p>	<ul style="list-style-type: none"> <li>• Is there assurance that there is an appropriate learning plan/strategy in place that is clear, realistic, and will provides student sufficient opportunities to develop their skills in order to achieve the relevant learning outcomes?</li> <li>• Does interprofessional education start early on and increase progressively in nature and complexity as students move through the programme?</li> <li>• Does interprofessional education within the programme involve meaningful interactions with a range of relevant health and social care professionals and trainees?</li> </ul>

No.	Criteria	Accreditation panel considerations
5.10	Student pharmacists must not receive an accredited MPharm degree if there are any outstanding student fitness to practise concerns about them.	<ul style="list-style-type: none"> <li>• Is there assurance that there are appropriate programme regulations and policies in place to allow this criterion to be met?</li> <li>• Has derogation been sought from university-level regulations, where that is necessary?</li> </ul>
5.11	In the event of programme closure or withdrawal, higher-education institutions must have a documented process in place to manage the programme closure or withdrawal.	<ul style="list-style-type: none"> <li>• Is there assurance that the process is appropriate and realistic, and likely to ensure that standards will continue to be met whilst the course is taught out to remaining students?</li> <li>• Is there assurance that the process places sufficient consideration on the impact of withdrawal on the students?</li> </ul>
5.12	Higher-education institutions must be open with the GPhC about matters affecting an accredited MPharm degree. Under the Pharmacy Order 2010 schools of pharmacy must assist the GPhC in its work by providing information upon request.	<ul style="list-style-type: none"> <li>• Is there evidence that the provider continues to meet the <b>Standing conditions of accreditation and recognition</b> in relation to providing data and information when requested, notifying the GPhC about matters affecting the programme, and requesting approval for programme changes?</li> </ul>
5.13	Higher-education institutions must raise relevant issues proactively with the GPhC.	<ul style="list-style-type: none"> <li>• As above – this must be done in a way that is auditable.</li> </ul>



## 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

Table 7: Assessment

N.	Criteria	Accreditation panel considerations
6.3	<p>Assessment plans for the MPharm degree must assess the outcomes in part 1 of these standards. The methods of assessment used must be:</p> <ul style="list-style-type: none"> <li>a appropriate to the learning outcomes</li> <li>b in line with current and best practice, and</li> <li>c routinely monitored, quality assured and developed</li> </ul>	<ul style="list-style-type: none"> <li>• Is there an assessment plan which clearly sets out how the learning outcomes will be assessed?</li> <li>• Is there assurance that the mix of assessments are appropriate to assess students' knowledge and skills to the required level of competency?</li> <li>• Is there assurance that there are appropriate quality assurance arrangements in place to ensure the integrity and validity of each assessment?</li> <li>• Is there assurance that assessments methods reflect current and best practice and that there are processes in place to ensure that assessments are monitored and developed on an ongoing basis?</li> <li>• Is there assurance that the assessment plan aligns coherently with the programme's teaching and learning plan?</li> </ul>
6.4	<p>Assessment must be fair and carried out against clear criteria. The standard expected of students in each area to be assessed must be clear; and students and everyone involved in assessment must be aware of this standard. An appropriate standard-setting process must be used for summative assessments done during the MPharm degree.</p>	<ul style="list-style-type: none"> <li>• Is there assurance that all assessments are fair and are carried out against clear criteria?</li> <li>• Is there assurance that assessment expectations are clearly communicated to students and all those involved in assessment?</li> <li>• Is there assurance that that standard setting is used for all summative assessments and that standard setting methods are appropriate?</li> </ul>

N.	Criteria	Accreditation panel considerations
6.6	Pass criteria for all assessments must reflect safe and effective practice.	<ul style="list-style-type: none"> <li>Is there assurance that assessment regulations, assessment policies and marking criteria reflect safe and effective practice?</li> <li>Is there assurance that the pass criteria for assessments demonstrating knowledge and skills essential to safe and effective practice are appropriate?</li> </ul>
6.7	It must be clear what standard-setting methods are used during the MPharm degree.	<ul style="list-style-type: none"> <li>Is there assurance that the standard setting methods described are appropriate?</li> </ul>
6.8	Higher-education institutions must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of experiential and inter-professional learning, during the MPharm degree, against each of the learning outcomes.	<ul style="list-style-type: none"> <li>Is there assurance that the provider has effective systems in place to manage all aspects of assessments?</li> <li>Is there assurance that the systems in place will effectively monitor and record student outcomes demonstrated during interprofessional education and experiential learning activities?</li> </ul>
6.10	Assessment must make use of feedback collected from a variety of sources, which should include other members of the pharmacy team, peers, patients, and supervisors.	<ul style="list-style-type: none"> <li>Is there sufficient evidence that feedback is sought from a variety of sources to inform the assessment of students?</li> <li>Is there assurance that there are assessments in the programme which make use of feedback from other members of the pharmacy team, peers, patients, and supervisors?</li> </ul>
6.11	Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment.	<ul style="list-style-type: none"> <li>Is there assurance that the provider has appropriate processes in place to ensure that assessment is carried out only by those who are suitably qualified and experienced?</li> <li>Is there assurance that the individuals selected to undertake for each type of assessment possess the necessary skills and experience to assess students against the learning outcomes?</li> <li>Is there assurance that suitable training and support is provided to individuals involved in the assessment of assessments?</li> </ul>

N.	Criteria	Accreditation panel considerations
6.12	<p>Higher-education institutions must ask external examiners to report every year on the extent to which assessment processes:</p> <ul style="list-style-type: none"> <li>a are rigorous</li> <li>b are set at the correct standard</li> <li>c ensure equity of treatment for students, and</li> <li>d have been fairly conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Are there suitable arrangements in place for review of assessments by external examiners?</li> <li>• Does feedback from external examiners over recent academic years provide assurance that the provider is meeting the requirements of this criterion?</li> <li>• Is there assurance that input and advice from external examiners is acted upon where appropriate?</li> </ul>
6.13	<p>The responsibilities of the external examiners must be clearly documented.</p>	<ul style="list-style-type: none"> <li>• Is there assurance that the responsibilities of the external examiners are clearly set out and that there is a formal arrangement in place to ensure that all the areas listed within 6.12 are reported on annually?</li> </ul>

## 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**

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

N.	Criteria	Accreditation panel considerations
7.1	<p><b>Support for student pharmacists</b></p> <p>There must be a range of systems in place during the MPharm degree to identify the support needed by students, and to support them to achieve the outcomes in part 1 of these standards. They must be based on a student’s prior achievement and be tailored to them. Systems must include:</p> <ul style="list-style-type: none"> <li>a induction</li> <li>b effective supervision</li> <li>c an appropriate and realistic workload</li> <li>d personal, study skills and academic support</li> <li>e time to learn</li> <li>f access to resources, and</li> <li>g remediation, if needed</li> </ul>	<ul style="list-style-type: none"> <li>• Is there assurance that there are suitable processes in place to allow the provider to identify individual student support needs?</li> <li>• Is there assurance that the support provided is sufficiently tailored to individual students in a way that is effective to help them achieve on the programme?</li> <li>• Are there clear arrangements in place for how induction, effective supervision and support will be delivered, and who will be responsible for each element?</li> <li>• Is there evidence of sufficient resource available to deliver the support listed in 7.1?</li> </ul>

N.	Criteria	Accreditation panel considerations
7.3	Student pharmacists must have access to pharmacy professionals who are able to act as role models and mentors, giving professional support and guidance.	<ul style="list-style-type: none"> <li>• Is there assurance that students have access to a range of academic and professional role models and mentors?</li> <li>• Is there assurance that those on the course with roles in providing guidance and mentorship are experienced, trained and knowledgeable to do so?</li> <li>• Is there sufficient evidence to demonstrate how pharmacy professionals interact with students in order to provide them with professional support and guidance throughout the programme?</li> </ul>
7.4	There must be clear procedures for student pharmacists to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate.	<ul style="list-style-type: none"> <li>• Is there assurance that there are appropriate procedures in place for raising and handling concerns?</li> <li>• Is there assurance that the concerns procedures cover all aspects of the programme, including the handling of concerns raised about the quality of the programme, the quality of experiential learning or placements or the practice of a registered healthcare professional?</li> <li>• Is there assurance that the process is communicated to students clearly, and from the start of the programme?</li> <li>• Is there assurance that the process for handling concerns raised by students is communicated clearly to all those involved in delivering the programme including staff, placement providers and others?</li> <li>• Is there sufficient evidence to demonstrate that any concerns raised are handled appropriately and where necessary acted upon in a timely manner?</li> </ul>
7.8	There must be clear procedures for everyone involved to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate. Serious concerns about the programme and the impact on students must be actively raised with the GPhC.	<ul style="list-style-type: none"> <li>• Is there assurance that there are appropriate procedures in place for raising and handling concerns?</li> <li>• Is there sufficient evidence to demonstrate that any concerns raised are handled appropriately and where necessary acted upon in a timely manner, and escalated to the GPhC where relevant?</li> </ul>

# Reaccreditation of MPharm degrees to the 2021 standards – decisions at part 1

The adapted methodology for MPharm degrees aims to continue to provide robust quality assurance of MPharm degrees, but in a way that is supportive of the development work required by course providers. The reaccreditation process will move away from a single reaccreditation event and instead will take place over a longer period of time as a two-part process.

This approach aims to support the development process, allow course providers time to plan and implement changes, and to take on board feedback received at part 1. It also recognises that course providers are yet to receive confirmation of funding arrangements for delivering enhanced experiential activities, and that this may well impact the approach that is taken as this information becomes available over time.

To review provision against the 2021 standards and learning outcomes, accreditation panel members will consider whether adequate progress has been made, recognising that some standards that require large scale change and those affecting later years of the programme may take longer to develop.

At the part 1 reaccreditation event, the accreditation team will agree for each criterion and learning outcome whether it is 'met', 'likely to be met' or 'not met'. These decisions will be detailed within the body of the reaccreditation report, and the 'likely to be met' decisions will help to shape the focus of the part 2 event. The table below provides guidance as to how these decisions will be made.

**Table 8:** Reaccreditation part 1 decision descriptors

Decision	Descriptor	Action
<b>Met</b>	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).	<ul style="list-style-type: none"> <li>• This criterion/learning outcome will not be the focus of the part 2 event.</li> <li>• The accreditation team may make a recommendation and/or request minor amendments.</li> </ul>
<b>Likely to be met</b>	The progress to date, and any plans that have been set out, provide confidence that this criterion/learning outcome is likely to be met by the part 2 event. However, the accreditation team does not have assurance after reviewing the available evidence that it is met at this point (or will be met at the point of delivery).	<ul style="list-style-type: none"> <li>• Additional evidence will be required at the part 2 event.</li> <li>• The accreditation team will review this criterion/learning outcome again during the part 2 event.</li> <li>• The accreditation team may make a recommendation and/or request minor amendments.</li> </ul>
<b>Not met</b>	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 by the part 2 event without remedial measures (condition/s).	<ul style="list-style-type: none"> <li>• Condition/s set - the accreditation team will agree a condition to address the criterion/learning outcome, along with an appropriate timescale in which it must be met. The deadline for this will be in advance of the part 2 event.</li> <li>• If the accreditation team agree that the response does not address the condition satisfactorily further work will be required.</li> <li>• If the accreditation team agree that the criterion/learning outcome is now 'likely to be met', it will be reviewed again during the part 2 event.</li> <li>• In addition to setting conditions, the accreditation team may make a recommendation and/or request minor amendments.</li> </ul>