General Pharmaceutical Council

De Montfort University, Master of Pharmacy (MPharm) degree and Master of Pharmacy (MPharm) degree with preparatory year reaccreditation part 1 event report, February 2023



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Event summary and conclusions				
Provider	De Montfort University			
Courses	Master of Pharmacy (MPharm) degree			
	Master of Pharmacy (MPharm) degree with preparatory year			
Event type	Reaccreditation (part 1)			
Event date	7-9 February 2023			
Approval period	2022/23 – 2030/31			
Relevant requirements	Standards for the initial education and training of pharmacists, January 2021			
Outcome	Approval with condition			
	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the MPharm degree and MPharm degree with preparatory year offered by De Montfort University are reaccredited, subject to a satisfactory part 2 event. There was one condition that applies to both MPharm degree variants.			
	Reaccreditation is recommended for a period of 6 years after part 2 event, with an interim event at the mid-way point. The accreditation team reserve the right to amend this accreditation period if necessary, following the part 2 event.			
	The part 2 reaccreditation event will take place in the 2024/25 academic year and is likely to take place virtually.			
Conditions	1. Although the team could see evidence of a standard-setting process for some assessments, there was no evidence of appropriate standard-setting methods in the calculations assessments. The provider must review standard-setting processes across all summative assessments and develop a plan for using an evidence-based standard-setting methodology for calculations assessments. Evidence of how the condition has been addressed must be sent to the GPhC for approval by the accreditation team by 31 March 2023. This is to meet criteria 6.4 and 6.7.			
Standing conditions	The standing conditions of accreditation can be found <u>here</u> .			
Recommendations	No recommendations were made.			

Minor amendments	the requirement for a certificate of good conduct must be added to the website for the international variant of the MPharm with Preparatory Year.			
Registrar decision	Following the event, the provider submitted evidence to address the condition and the accreditation team agreed that it was now met.			
	The Registrar of the GPhC has reviewed the accreditation report and considered the accreditation team's recommendation.			
	The Registrar is satisfied that the De Montfort University has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the initial education and training of pharmacists, January 2021.			
	The Registrar confirms that De Montfort University is approved to offer the Master of Pharmacy (MPharm) degree and Master of Pharmacy (MPharm) degree with preparatory year for 6 years, subject to a satisfactory part 2 event.			
	The part 2 event will take place in the 2024/25 academic year and is likely to be virtual. The Registrar notes that the condition as outlined in the report has been met.			
Key contact (provider)	Stephen Doughty, Interim Head of School			
	Helen Root, Programme Leader for Pharmacy			
Accreditation team	Professor Ruth Edwards (Team leader) Head of School of Pharmacy, University of Wolverhampton *			
	Stephen Doherty (team member - pharmacist), Head of Foundation School, Health Education England			
	Daniel Grant (team member - academic), Associate Professor in Clinical Pharmacy and Pharmacy Education, University of Reading			
	Liz Harlaar (team member - lay), Independent Business Consultant			
	Kirsten Little (team member - pharmacist newly qualified), Senior Clinical pharmacist CAMHS (children and adolescent mental health services), NHS Forth Valley			
	Dr Andrew Sturrock (team member - academic), Associate Professor of Public Health, Northumbria University			
GPhC representatives	Alex Ralston, Quality Assurance Officer (Education) *			
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research			

Observers		Charlotte Collins (Observer – new accreditation panel member in training) Palliative Care Pharmacist, St Cuthbert's Hospice and Teacher Practitioner, University of Sunderland		
		Arshad Patel (Observer – new accreditation panel member in training) PCN Clinical Pharmacist, Extended Access Pharmacist and OSCE Assessor		

<sup>\*</sup> also attended the pre-event meeting

## Introduction

## Role of the GPhC

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

This reaccreditation event was carried out in accordance with the <u>Adapted methodology for</u> <u>reaccreditation of MPharm degrees to 2021 standards</u> and the programme was reviewed against the GPhC Standards for the initial education and training of pharmacists, January 2021.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the <u>Pharmacy Order 2010</u>. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

## **Background**

## MPharm degree

The MPharm degree at De Montfort University is delivered by the Leicester School of Pharmacy, which, along with three other Schools, forms part of the Faculty of Health and Life Sciences. The Faculty delivers courses relating to a broad range of health professions at both undergraduate and postgraduate level, including an MSc in Clinical Pharmacy. Collaboration between the various Schools within the Faculty is strongly encouraged to maximise opportunities for multi-professional education. The last accreditation visit took place in May 2018 at which the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council that the MPharm degree delivered at the University should be reaccredited for a full period of 6 years. There were no conditions or recommendations.

There have been no major changes since the last accreditation event. At this event, approval for changes to meet the new GPhC standards was sought. These changes will be delivered from the 2023-2024 academic year.

#### MPharm degree with preparatory year

The GPhC began accrediting MPharm degrees with a preparatory year as a separate course to the MPharm degree in 2020/21. Prior to this the accreditation of the MPharm degree component of the course was accepted to allow students entry to pre-registration training.

An MPharm degree with preparatory year is a single course that leads to a Master of Pharmacy award. It is recruited to separately from the accredited 4-year MPharm degree and is assigned a different UCAS code. For most schools this will be a 5-year course which includes a preparatory year followed by four further taught years that mirror that of the accredited MPharm degree.

An MPharm with preparatory year must meet all of the GPhC's initial education and training standards for pharmacists in all years of the course. All teaching and assessment of the learning outcomes is expected to take place in taught years 2-5, with the first taught year being set aside for foundation learning only. For the purpose of accreditation, it is assumed that the course content for the four taught years following the preparatory year will be identical for students on the MPharm degree and the MPharm degree with preparatory year.

A preparatory year for international students has been running since 2014 through De Montfort University International College (DMUIC), a partnership between Oxford International Education Group and De Montfort University. Students successfully completing this course are admitted to Year 1 of the MPharm. In 2018, the University validated a similar preparatory year for UK students who do not meet the entry requirements for Year 1 of the MPharm because they have only one science A level, or they do not have Chemistry A level at grade C or above.

#### **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 19 January 2023. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event, and was told the learning outcomes that would be sampled.

#### The event

The event took place on site at the University on 8-9 February 2023 and comprised of a series of meetings between the GPhC accreditation team and representatives of the MPharm degree and a meeting with current students.

## **Declarations of interest**

Jane Smith declared that she had previously worked with Stephen Doughty, Interim Head of School, at another School of Pharmacy. The team and the GPhC were satisfied that this was not a conflict of interest.

Stephen Doherty declared that he is writing a chapter of a book with a member of the provider's staff. The team and the GPhC were satisfied that this was not a conflict of interest.

## **Schedule**

## Day 0: 7 February 2023

Private meeting of the accreditation team

## **Day 1: 8 February 2023**

09:00 - 09:45	Welcome and introductions  Management and oversight of the MPharm degree - part 1  • Presentation					
09:45 – 10:15	Tour of MPharm teaching and learning facilities					
10:15 – 11:00	Private meeting of accreditation team					
11:00 – 12:30	Management and oversight of the MPharm degree - part 2  • Questions and discussions					
12:30 – 13:30	Private meeting of accreditation team					
13:30 - 15:30	<ul> <li>Teaching, learning, support and assessment - part 1</li> <li>Presentation</li> <li>Questions and discussion</li> </ul>					
15:30 – 16:00	Private meeting of accreditation team					
16:00 – 17:00	Student meeting					

## **Day 2: 9 February 2023**

08:30 - 09:00	Private meeting of the accreditation team			
09:00 - 10:00	Teaching, learning, support and assessment - part 2  • Presentation			

	Questions and discussion					
10:00 – 10:30	rivate meeting of the accreditation team					
10:30 - 11:45	<ul> <li>Teaching, learning, support and assessment - part 3</li> <li>A detailed look at the teaching, learning and assessment of a sample of learning outcomes selected by the accreditation team</li> </ul>					
11:45 – 15:15	Private meeting of the accreditation team					
15:15 – 15:30	Deliver outcome to programme provider					

## **Attendees**

## **Course provider**

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

Name	Designation at the time of accreditation event		
Stephen Doughty*	Interim Head of School		
Ahmed Aboo*	Associate Professor in Pharmacy Practice and Interim Deputy Head of		
	School		
David Armitage	Associate Professor in Pharmaceutical Science		
Leila Bahadur	Principal Pharmacist for Professional Development and Clinical Assurance		
Sarah Beeken	Senior Lecturer in Clinical Pharmacy and Pharmacy Practice		
Amit Bharkhada	Deputy Chair and Clinical Director Strategy - Leicester Leicestershire		
	Rutland (LLR) Training Hub		
Rosalyne Cheeseman	Pharmacy Dean, Midlands and East of England		
Sara Corderio	Senior Lecturer in Pharmaceutical Science		
Joati Dhallu	Boots Teacher Practitoner		
Arifa Ebrahim	UHL Teacher Practitioner		
Dan Fei	Senior Lecturer in Pharmaceutical Science		
Kim Fisher	Senior Lecturer in Mathematics for Science		
Lisa Fitzpatrick	Senior Lecturer in Clinical Pharmacy and Pharmacy Practice		
Paul Gilbert	NHS LLR Community Pharmacy Clinical Lead		
Larry Goodyer*	Professor of Pharmacy Practice		
Ryan Hamilton	Senior Lecturer in Clinical Pharmacy and Pharmacy Practice		
Tim Harrison	Associate Professor in Pharmacy Practice		
Jibran Hussain	DMUIC Programme Leader		
Nilam Jussab	Senior Lecturer in Clinical Pharmacy and Pharmacy Practice		
Neena Lakhani	Senior Lecturer in Clinical Pharmacy and Pharmacy Practice		
Zarha Mahomed	Senior Lecturer in Clinical Pharmacy and Pharmacy Practice		
Nicoleta Moisoi	Associate Professor in Pharmacology		

Simon Oldroyd Pro VC Dean in Faculty of Health and Life Science

Piali Palit Senior Lecturer in Clinical Pharmacy and Pharmacy Practice
Beenal Rajayguru Senior Lecturer in Clinical Pharmacy and Pharmacy Practice
Adrian Rogerson Senior Lecturer in Clinical Pharmacy and Pharmacy Practice

Helen Root\* Associate Professor in Pharmacy Practice
Paul Shepherd Programme Adminstrator for Pharmacy
Maitreyi Shivkumar Senior Lecturer in Molecular Biology

Brian Simon UHL Teacher Practitoner

Tim Snape Associate Professor of Applied Chemical Science

Sangeeta Tanna Professor of Pharmaceutical Analysis

Nicola Ward Senior Lecturer in Clinical Pharmacy and Pharmacy Practice

Tania Webb\* Associate Professor in Molecular Pharmacology and Interim Deputy

Head of School

Simon Wheeler Lecturer in Pharmaceutical Chemistry

The accreditation team also met a group of MPharm students:

Current year of study	MPharm degree	MPharm degree with preparatory year	
Year 0		1	
Year 1	4		
Year 2	1	1	
Year 3	3	1	
Year 4	4		
Total	12	3	

## **Key findings - Part 1 Learning outcomes**

During the reaccreditation process the accreditation team reviewed the provider's proposed teaching and assessment of all 55 learning outcomes relating to the MPharm degree and MPharm degree with preparatory year. To gain additional assurance the accreditation team also tested a sample of **6** learning outcomes during a separate meeting with the provider.

The following learning outcomes were explored further during the event: **Learning outcomes 3, 14, 18, 28, 35 and 43.** The team agreed that all 55 learning outcomes were met (or would be met at the point of delivery) or likely to be met by the part 2 event.

See the <u>decision descriptors</u> for an explanation of the 'Met' 'Likely to be 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 outcome 1 is:	Met □	Likely to be met ✓	Not met □	

<sup>\*</sup> also attended the pre-event meeting

Learning outcome 2 is:	Met ✓	Likely to be met □	Not met □
Learning outcome 3 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 4 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 5 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 6 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 7 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 8 is:	Met ✓	Likely to be met □	Not met □
Learning outcome 9 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 10 is:	Met □	Likely to be met ✓	Not met □
Learning outcome 11 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 12 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Learning outcome 13 is:	Met <b>√</b>	Likely to be met □	Not met □
Learning outcome 14 is	Met <b>√</b>	Likely to be met $\square$	Not met □

Learning Outcome 1: Demonstrate empathy and keep the person at the centre of their approach to care at all times

Learning Outcome 7: Obtain informed consent before providing care and pharmacy services

Learning Outcome 9: Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care

Learning Outcome 10: Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action

The team agreed that details of how these four learning outcomes will be assessed at the 'does' level via the portfolio are not yet clear. These learning outcomes will be reviewed again during the part 2 event.

Domain: Professional practice (learning outcomes 15 - 44)				
Learning outcome 15 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 16 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 17 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 18 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 19 is	Met <b>√</b>	Likely to be met $\square$	Not met □	
Learning outcome 20 is	Met □	Likely to be met ✓	Not met □	
Learning outcome 21 is	Met <b>√</b>	Likely to be met $\square$	Not met □	
Learning outcome 22 is	Met <b>√</b>	Likely to be met $\square$	Not met □	
Learning outcome 23 is	Met <b>√</b>	Likely to be met $\square$	Not met □	
Learning outcome 24 is	Met <b>√</b>	Likely to be met $\square$	Not met □	
Learning outcome 25 is	Met <b>√</b>	Likely to be met □	Not met □	
Learning outcome 26 is	Met <b>√</b>	Likely to be met $\Box$	Not met □	
Learning outcome 27 is	Met <b>√</b>	Likely to be met $\square$	Not met □	
Learning outcome 28 is	Met <b>√</b>	Likely to be met □	Not met □	
Learning outcome 29 is	Met <b>√</b>	Likely to be met $\square$	Not met □	

Learning outcome 30 is	Met <b>√</b>	Likely to be met $\square$	Not met □
Learning outcome 31 is	Met √	Likely to be met □	Not met □
Learning outcome 32 is	Met □	Likely to be met ✓	Not met □
Learning outcome 33 is	Met ✓	Likely to be met □	Not met □
Learning outcome 34 is	Met ✓	Likely to be met $\square$	Not met □
Learning outcome 35 is	Met □	Likely to be met ✓	Not met □
Learning outcome 36 is	Met ✓	Likely to be met □	Not met □
Learning outcome 37 is	Met ✓	Likely to be met $\square$	Not met □
Learning outcome 38 is	Met ✓	Likely to be met $\square$	Not met □
Learning outcome 39 is	Met ✓	Likely to be met $\square$	Not met □
Learning outcome 40 is	Met ✓	Likely to be met $\square$	Not met □
Learning outcome 41 is	Met ✓	Likely to be met □	Not met □
Learning outcome 42 is	Met ✓	Likely to be met $\square$	Not met □
Learning outcome 43 is	Met ✓	Likely to be met $\square$	Not met □
Learning outcome 44 is	Met <b>√</b>	Likely to be met $\square$	Not met □

Learning Outcome 15: Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times

Learning Outcome 16: Apply professional judgement in all circumstances, taking legal and ethical reasoning into account

Learning Outcome 17: Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to

The team agreed that details of how these three learning outcomes will be assessed at the 'does' level via the portfolio are not yet clear. These learning outcomes will be reviewed again during the part 2 event.

Learning Outcome 18: Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate

This learning outcome was tested at the event. Teaching starts in year 1 covering physiology, therapeutics, drug use and adverse effects. In dispensing sessions students are introduced to accuracy checking, using medications they have covered in other modules. Teaching spirals into the later years, building in complexity and covering topics such as the management and handling of dangerous drugs, the clinical governance framework, controlled drugs and issues of consent. Alongside this, chemistry teaching also spirals through the course. Students are given the opportunity to test the theory on placements in each year.

The learning outcome is assessed each year, via MCQs, a practical, a piece of written work, an unseen exam and OSCEs. The team agreed that details of how this learning outcome will be assessed at the 'does' level are not yet clear. This learning outcome will be reviewed again during the part 2 event.

Learning Outcome 20: Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so

The team agreed that details of how this learning outcome will be assessed at the 'does' level via the portfolio are not yet clear. This learning outcome will be reviewed again during the part 2 event.

## **Learning Outcome 32: Accurately perform calculations**

The team agreed that there must be an appropriate standard setting method in use for the calculations assessments (see criteria 6.4 and 6.7). Until this is in place, the learning outcome cannot be demonstrated to be met. This learning outcome will be reviewed again during the part 2 event.

# Learning Outcome 35: Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance

This learning outcome was tested at the event. Teaching starts in year 1 with basic pharmacology and the science of how drugs interact. It continues in year 2 with a focus on the nervous system and in year 3 looking at degenerative diseases, how drugs work, and the blood-brain barrier. The role of the MHRA in relation to pharmacovigilance is explored, along with the growing public health problem of poor-quality products and issues of compliance. In year 4, patients with comorbidities are introduced, and the need for referral and to assess the urgency of referral.

The learning outcome is assessed in these parts of the course via MCQs, practicals, OSCEs and a presentation linked to interprofessional learning. The team agreed that details of how this learning outcome will be assessed at the 'does' level are not yet clear. This learning outcome will be reviewed again during the part 2 event.

Domain: Leadership and management (learning outcomes 45 - 52)							
Learning outcome 45 is	Met <b>√</b>	Likely to be met □	Not met □				
Learning outcome 46 is	Met <b>√</b>	Likely to be met $\square$	Not met □				
Learning outcome 47 is	Met <b>√</b>	Likely to be met □	Not met □				
Learning outcome 48 is	Met <b>√</b>	Likely to be met □	Not met □				
Learning outcome 49 is	Met <b>√</b>	Likely to be met □	Not met □				
Learning outcome 50 is	Met <b>√</b>	Likely to be met □	Not met □				
Learning outcome 51 is	Met <b>√</b>	Likely to be met □	Not met □				
Learning outcome 52 is	Met ✓	Likely to be met □	Not met □				
Domain: Education and research (learning outcomes 53 - 55)							
Learning outcome 53:	Met <b>√</b>	Likely to be met □	Not met □				
Learning outcome 54:	Met <b>√</b>	Likely to be met $\square$	Not met □				
Learning outcome 55:	Met <b>√</b>	Likely to be met □	Not met □				

# **Key findings - Part 2 Standards for the initial education and training of pharmacists**

The criteria that sit beneath each standard are detailed within the **Standards for the initial education and training of pharmacists, January 2021**.

### Standard 1: Selection and admission

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

Criterion 1.1 is:	Met ✓	Likely to be met $\square$	Not met □	
Criterion 1.2 is:	Met □	Likely to be met ✓	Not met □	
Criterion 1.3 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.4 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.5 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.6 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.7 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.8 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 1.9 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	

Information about the admission requirements for both courses is given on the provider's website. All students admitted to the MPharm, including those joining from the MPharm with Preparatory Year, must provide either a satisfactory DBS check or a certificate of good conduct from their home country. If neither is available, a self-declaration is accepted. The team noted that the requirement for a certificate of good conduct is not mentioned on the website of the international variant of the MPharm with Preparatory Year and this must be updated. Good character self-declarations are made by all students at the start of each academic year.

The MPharm with preparatory year is delivered through the De Montfort University International College (DMUIC). DMUIC adheres to the University's admissions policy. The provider confirmed that all students, whether applying to the MPharm with Preparatory Year or the MPharm degree, undergo the same selection and admissions process.

All applicants meeting the academic entry criteria for both courses are invited to interview. The provider does not make contextual offers, but does give a lower offer to applicants who make the University their first choice. Interviews are undertaken by one member of academic staff and follow a largely pre-determined script. All new staff observe interviews and then are observed by a more experienced member of staff before interviewing on their own. In order to make admissions decisions as objective as possible, there are some pass/fail elements to the interview process. Most applicants who do not receive an offer are rejected due to these elements. Applicants are also asked to make a values-based judgment as part of the interview process, to test their understanding of the standards and characteristics expected of a pharmacist.

All staff involved in interviewing applicants complete training in equality and diversity, safeguarding and unconscious bias. Interviews were moved online during the pandemic, and continue to be

delivered in this way. Applicants are offered a variety of interview times and are invited to disclose any disabilities and special needs in advance.

The provider currently analyses the profile of students admitted to the courses by protected characteristics, but does not yet have the information needed to carry out the same analysis for applicants. There is an on-going University-level review of recruitment and admissions data which is due to complete around Easter 2023 and which will lead to changes in the data available at course level. The team was therefore satisfied that **criterion 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) is likely to be met. This criterion will be reviewed again during the part 2 event. The provider does not yet formally monitor student progression against entry grades, but intends to start doing this after the summer 2023 assessment boards.

## 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

Criterion 2.1 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 2.2 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 2.3 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 2.4 is:	Met □	Likely to be met ✓	Not met □	
Criterion 2.5 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 2.6 is:	Met <b>√</b>	Likely to be met □	Not met □	

Equality, diversity and fairness has a high priority at University-level. There is a current 'Decolonising DMU' project which has led the provider to review the MPharm curriculum to ensure, for example, that case studies are representative of the whole population. Students commented that they had noted improvements in this area. Equality, diversity and inclusion is a standing agenda item at every School meeting and the School of Pharmacy has representation on the Faculty Equality, Diversity and Inclusion Committee.

Placement providers are made aware of the diversity of the student body and are informed of any reasonable adjustments that are required in the practice setting. The provider checks that all placement providers receive equality, diversity and inclusion training from their employer. All academic staff undertake training on joining the School and this is refreshed every five years.

The provider's leadership team is responsible for monitoring non-progression from the MPharm with Preparatory Year to the MPharm, and from year to year within the MPharm, by protected characteristic. As a high proportion of students on the courses are from a BAME background (c. 85%) the team asked if a more granular analysis is undertaken to give more meaningful progression data by sub-groups of the broad BAME grouping. The provider stated that this more detailed data is not currently available and they will continue to request this from the University. **Criterion 2.4** (Every year, there must be a review of student performance broken down by protected characteristics, as defined in relevant equality and human rights legislation. Documented action must be taken to

address differences when they are found) is therefore likely to be met once this data is available. This criterion will be reviewed at the part 2 event.

The team asked how teaching staff ensure that they are accessing appropriate expertise when developing inclusive learning experiences, in particular in relation to healthcare delivery for transgender people. The provider stated that from the beginning of the MPharm, students are reminded of the fact that every patient is different. A Lived Experience Forum at faculty level has input into the MPharm course design and transgender health will be expanded in the new programme. Case studies have been updated to include transgender and non-binary people, and students commented positively on this in their meeting with the team.

Standard 3: Resources and capacity							
Resources and capacity must be sufficient to deliver the learning outcomes in these standards							
Criterion 3.1 is:	Met <b>√</b>	Likely to be met □	Not met □				
Criterion 3.2 is:	Met <b>√</b>	Likely to be met $\square$	Not met □				
Criterion 3.3 is:	Met √	Likely to be met □	Not met □				

The MPharm course is well-resourced and there is a clear annual budgeting process. The Head of School has access to a dashboard indicating current, committed and budgeted financial resources and has monthly meetings with the Faculty Finance Partner. Issues of resource, including requests for additional resources if required, can be raised with the Dean of the Faculty.

Resources for the MPharm with Preparatory Year are secured through a separate mechanism led by the DMUIC programme leader. However, School of Pharmacy staff have engagement in any significant resourcing discussions through the DMUIC link tutor.

In 2021-2022, a significant saving was made on non-pay expenditure as part of a University-wide efficiency exercise by the University. The team asked how these savings were made without compromising the delivery and quality of the course and was told that savings were made from the postponement of the GPhC accreditation event and from reduced conference attendance, travel and subsistence. The team also noted that a risk had been identified in relation to the staff-student ratio. The provider stated that in fact this risk was noted but did not materialise; it related to a temporary process for reviewing staff vacancies before they were filled. The process has now been changed as the University's financial position has improved.

School staff are drawn from a range of backgrounds which provide appropriate expertise to deliver the programmes. 27 pharmacists are employed by the School, including 12 Independent Prescribers. In addition, there are several teacher practitioners from a range of practice settings.

The team was taken on a tour of some of the clinical teaching spaces. Whist some teaching spaces have been developed specifically for the use by MPharm students, all students, including those on the MPharm with Preparatory Year, have access to central teaching facilities including a library and self-study spaces. Students confirmed that they are pleased with the facilities available to them.

Standard 4: Managing, developing and evaluating MPharm degrees						
The quality of the MPharm degree must be managed, developed and evaluated in a systematic way						
Criterion 4.1 is: Met ✓ Likely to be met □ Not met □						

Criterion 4.2 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 4.3 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 4.4 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 4.5 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 4.6 is:	Met √	Likely to be met $\square$	Not met □	

Governance and management of the MPharm with Preparatory Year is through a joint committee structure, with representatives from both DMUIC and the University. DMUIC adheres to all the University quality assurance processes and this is overseen by a Joint Academic Board, with representation from the Link Tutor in the Faculty (who is currently a member of staff in the School of Pharmacy). All DMUIC students are full University students from the time they commence their studies. The academic manager for the MPharm with Preparatory Year is a member of the MPharm steering group, which provides a mechanism for ongoing consultation on MPharm course developments. The School is also consulted by the DMUIC academic lead on the ongoing suitability of the curriculum as part of its annual review.

Responsibilities for the MPharm within the School's management structure are clear and documented, and the School's place within the Faculty and University hierarchy is also clear. The team asked how the current leadership team is being supported given recent changes to staffing and ongoing interim roles. Staff were unanimous in feeling supported in their roles, both by School colleagues and by the Faculty Leadership Board.

The MPharm Programme Management Board (PMB) has responsibility for the overall academic management, development and quality assurance of the MPharm programme. The PMB Chair is a former MPharm programme leader and is also the lead for learning and teaching in the School. All Module Leaders are members of the PMB, as are the Head of School, Associate Professor Quality and the Associate Dean Academic for the Faculty. The PMB also has student representation from each level of the course. Any changes to the course are discussed at, and must be approved by, the PMB. Changes to programme outcomes require a revalidation of the programme.

For both courses, module leaders are responsible for the enhancement of their module, articulated in an annual Module Enhancement Plan. Plans take into account a variety of evidence such as external examiner annual reports, the module team's reflections on the delivery of the module, student attainment and student feedback. These feed into a Programme Self-Assessment Report which identifies areas of good practice as well as areas for improvement.

The Assessment Board considers academic achievement and student progression. The programme leader, Associate Dean Academic and external examiners are members of the Board which is chaired by the Head of School.

The Head of Pharmacy Practice has overall responsibility for the strategic organisation and management of placements on the MPharm course, which involves liaison with key stakeholders to maintain and develop the placement opportunities for MPharm students. Since the last accreditation event, the number of hospital and community placements has increased and the activities that students undertake on them have been developed. GP practice placements have been introduced into the final year and plans are in place to introduce enhanced placements into all years. A health and safety questionnaire is completed for each placement location which is reviewed and updated every three years. The placement co-ordinator or another member of staff will visit a host organisation to

assess its suitability to accommodate students prior to placements commencing and all placements will be risk assessed prior to student visits.

The team asked how student experiences and outcomes are managed whilst on placements and was told that there has been a significant increase in the amount and frequency of feedback received from students. They are now asked to provide a short video clip at the end of every day reflecting on their placement, as well as an online feedback form at the end of each week. In relation to outcomes, students are required to complete a placement workbook and, in future, formative assessments will be carried out on placement.

The team also asked how the periods of experiential learning are being managed during the transition from the 2011 to 2021 standards and was told that staff shortages in pharmacy generally mean that current 2nd year students will not have had a full week in community pharmacy nor a GP placement. The provider has made arrangements for these placements to be completed over the summer before the start of Year 3. This will be compulsory for all students, with back-up dates in October for those who need them.

The School is working with HEE and other Schools of Pharmacy to coordinate the content of experiential learning placements and the use of Entrustable Professional Activities so that there is an element of consistency and a seamless transition from Year 4 to the foundation year at a local and regional level.

The team noted that risks in relation to administrative support and strategic leadership roles for interprofessional learning (IPE) had been identified at the start of the current academic year and asked what action had been taken to address these risks. The provider explained that a productive meeting had been held at faculty level which resulted in a commitment to a strategic lead who will be part of the Faculty Leadership Board. It had also been agreed that IPE will be mandatory for all Schools and dedicated administrative support has been provided to support this. The provider is therefore satisfied that all risks have been addressed and the position will be reviewed regularly.

In redesigning the MPharm to meet the 2021 standards, stakeholders have been widely consulted. Two stakeholder events were held in February 2022 as part of the course development process. These events were attended by current students and alumni, members of the Faculty Lived Experience Forum and representatives from industrial and placement partners. One change implemented as a result of feedback from these events was to schedule longer placement blocks, so for example 5 x ½ day placements over 5 weeks have become 2 ½ days over one week. External examiner feedback was also sought on the proposed course redesign.

There is a framework for ongoing patient involvement in the programme; from its design, to bringing lived experience into the classroom. Members of the Faculty Lived Experience Forum, which includes patients and carers, are involved in the development of teaching materials as well as contributing to the course delivery.

The team asked the provider to describe how student feedback is built into placement, module and programme monitoring and evaluation and to provide some examples of how student feedback has resulted in changes to the programme. The provider stated that there are monthly year group meetings for all students with the module leaders. Each year group also has a representative on the Programme Management Board. Feedback from placements comes from the short video clips recorded at the end of each day and from online forms completed at the end of each week. The provider also takes note of the results of national surveys such as the NSS.

The team saw good evidence of the provider listening to and responding to feedback from students:

- The new Year 1 'soft landing' module was designed as a result of feedback from students who said they found the transition to higher education difficult.
- Students wanted more support with preparing for assessments, so the provider put this in place, as well as signposting students to the support already available.
- Students commented on the travel costs associated with GP placements, as these are not as local as hospital placements. The provider has therefore secured internal funding to reimburse students' costs.

The provider also seeks feedback from recent graduates and invites them into the School to talk to 1st and 4th years about their experiences securing and starting their foundation training.

## **Standard 5: Curriculum design and delivery**

The MPharm degree curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards. The design and delivery of MPharm degrees must ensure that student pharmacists practise safely and effectively

Criterion 5.1 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 5.2 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 5.3 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 5.4 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 5.5 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 5.6 is:	Met □	Likely to be met ✓	Not met □	
Criterion 5.7 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 5.8 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 5.9 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 5.10 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 5.11 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	
Criterion 5.12 is:	Met <b>√</b>	Likely to be met □	Not met □	
Criterion 5.13 is:	Met <b>√</b>	Likely to be met $\square$	Not met □	

The teaching and learning strategy for the MPharm degree has been updated to ensure that students will meet the 2021 GPhC standards by the time they enter the foundation training year. An Accreditation Steering Group took stakeholder feedback into account and coordinated the development of the updated curriculum, working alongside the module leaders and wider programme team. The overall ethos is to move away from structured case-based teaching to a problem-based learning approach. The integration of science and practice is already embedded into the course, and this is continued in the new curriculum, with scientific and practical elements increasing in complexity as the course progresses. Research expertise within the School informs and supports teaching and learning. For example, research on vaccine hesitancy is brought into the teaching of communication skills when talking to patients with concerns about vaccines.

The team asked how the step change from the preparatory year to year one is managed and was told that the MPharm team works closely with the preparatory year team. Some modules in the preparatory year are aligned to the MPharm and the first module in the new MPharm first year, has

been designed to ease the transition. However, in the meeting with students, those who had progressed to the MPharm from the preparatory year and those currently on the MPharm with Preparatory Year course expressed some disappointment at the lack of pharmacy-specific content on the course.

In order to develop the clinical skills required for safe prescribing, changes made to the new MPharm curriculum include the introduction of more complex patients much earlier in the programme. Core communication and consultation skills that support prescribing will also be introduced in the earlier years of the programme to allow students to develop their confidence in this area before moving to their foundation training year. There will be an increased focus on understanding differential diagnosis and the concepts behind it, as well as opportunities to develop practical diagnostic skills such as blood pressure and temperature checks. Students will also be asked to reflect on their scope of practice from very early in the course, to prepare them for professional decision-making when they register as newly qualified pharmacist prescribers.

The team asked how experiential learning activity is integrated with the formal taught content and was told that students have teaching relevant to the placement activities prior to undertaking the placements. Placement providers are made aware of the curriculum and are asked to relate this to the placement as far as possible. Simulation will be used where students are not able to experience a particular scenario on placement. Students will be required to keep a log of their placement progress to be signed off by their supervisor at the end of their placement. This sign off will be formative, at least in the first years of the new curriculum. A final simulated assessment of competence will then be undertaken in the university setting.

The expanded placement programme, rising from 13.5 placement days on the current course to 51 days in the new curriculum, has been designed in close consultation with HEE and other regional stakeholders across a board range of practice settings. The team asked what assurances the provider has that the level of placement capacity described is achievable and was told that there is strong engagement from providers, several of whom were present at the accreditation event. The provider has taken their timetabling requirements into account as far as possible, so that teaching is built around the placements and IPE activity.

The team asked the provider how the 24-day extended placements in Year 4 will be managed so that they provide a level of consistency to students, in particular with regard to access to prescribing services. The provider explained that it is intended to allocate students to a placement setting that matches the sector which they have been allocated for their foundation year. Across all placements, the core competencies required to be met will be the same and providers will be made aware of these.

The team found that at this stage, the placement plan, especially for the extended placement in Year 4 final year, lacks some detail. It is unclear what the placement experience of an individual student might look like and how consistency of opportunity and experience will be managed. **Criterion 5.6** (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) is therefore likely to be met but further detail of the Year 4 plan, and evidence of

implementation of the Year 1 to 3 plans are needed. This criterion will be reviewed at the part 2 event.

There is a thriving interprofessional education programme on the MPharm course and students will benefit from IPE activities with a broad range of professional groups, including medics, social workers, nurses, speech and language therapists and psychologists. Students spoke positively about IPE activities, especially now that these have returned to face-to-face rather than online. The team noted that there is currently no IPE on the MPharm with Preparatory Year and the provider stated that they are exploring an introduction to IPE at this level.

Academic regulations are appropriate and there are fitness to practise procedures in place for the MPharm course. The team asked how fitness to practise issues raised during the preparatory year are addressed and was told that exactly the same procedures and timescales apply to students in the preparatory year as for students on the MPharm. Students on both courses confirmed that they are given clear information about the fitness to practise requirements and processes.

## 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

Criterion 6.1 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 6.2 is:	Met □	Likely to be met ✓	Not met □
Criterion 6.3 is:	Met □	Likely to be met ✓	Not met □
Criterion 6.4 is:	Met □	Likely to be met □	Not met ✓
Criterion 6.5 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 6.6 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 6.7 is:	Met □	Likely to be met □	Not met ✓
Criterion 6.8 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 6.9 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 6.10 is:	Met □	Likely to be met ✓	Not met □
Criterion 6.11 is:	Met □	Likely to be met ✓	Not met □
Criterion 6.12 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 6.13 is:	Met <b>√</b>	Likely to be met □	Not met □
Criterion 6.14 is:	Met <b>√</b>	Likely to be met □	Not met □

The MPharm with Preparatory Year comprises of modules which equate to 120 level 3 credits and includes modules in study skills such as communication, numeracy and IT, with the addition of English for Academic Purpose for those students on the international pathway. Core science modules include chemistry, cell biology, basic microbiology, human biology and introductions to psychology and biochemistry. Students who wish to progress onto the MPharm programme require an overall mark of 60% and a minimum of 65% for the two Chemistry modules. Students following the international pathway are required to achieve a grade of 46% in the English for Academic Purposes module, with a minimum of 40% in each assessed element.

The MPharm programme outcomes, module outcomes and assessments are mapped to the 2021 GPhC learning outcomes. Each 30-credit module in years 1-3 will be assessed via a piece of coursework and an unseen assessment. In year 4, three of the four modules will be assessed via a combination of coursework assessments consisting of a variety of individual and group work activities. The final 4<sup>th</sup> year module is a research module.

Each level of study has a professional portfolio which are zero-credit modules that students will use to record both formative and summative demonstration of competence in a practice-based or simulated setting. Students will be expected to demonstrate core clinical skills or professional behaviours to help them prepare for prescribing. The professional portfolio also includes opportunities for students to undertake in-practice reflection, peer reflection and enhance core employability skills. The professional portfolio modules all include a calculations assessment.

The team found that across the MPharm course, there is a heavy reliance on the placement activity to address the majority of those learning outcomes assessed at the 'does' level. However, the provider cannot yet give clarity as to how and where these outcomes will be summatively assessed. Initially, assessments will take place in summative OSCEs back in the University, following formative assessments during placements. The team was concerned that these in-house OSCEs would not be at the 'does' level and had further concerns that it might be possible for a student not to engage fully in the placement activity, or to perform at a level below the articulated expectation whilst on placement, but still to pass the OSCE. Longer-term, the aim is for placement providers to be trained to make reliable summative assessments. Therefore, the following criteria:

- Criterion 6.2 (Higher-education institutions must demonstrate that their assessment plan: a. is coherent, b. is fit for purpose, and c. makes sure that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment)
- **Criterion 6.3** (Assessment plans for the MPharm degree must assess the outcomes in part 1 of these standards. The methods of assessment used must be: a. appropriate to the learning outcomes, b. in line with current and best practice, and c. routinely monitored, quality assured and developed)

#### Criterion 6.10

• **Criterion 6.11** (Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment)

are likely to be met at this stage. Details of the assessment plan for the portfolio, the methods of summatively assessing competence at the 'does' level and the process for quality assuring these assessment decisions, including details of training for placement providers, are required. These criteria will be revisited at the part 2 event.

Although the team could see evidence of a standard-setting process for some assessments, there was no evidence of appropriate standard-setting methods in the calculations assessments. **Criterion 6.4** (Assessment must be fair and carried out against clear criteria. The standard expected of students in each area to be assessed must be clear; and students and everyone involved in assessment must be aware of this standard. An appropriate standard-setting process must be used for summative assessments done during the MPharm degree) and **Criterion 6.7** (It must be clear what standard-setting methods are used during the MPharm degree) are therefore not met. Accordingly, it will be a **condition** of reaccreditation that the provider reviews standard-setting processes across all summative assessments and develops a plan, to be approved by the accreditation team, for using an evidence-based standard-setting methodology for calculations assessments.

There is a clear process for identifying and addressing unsafe practice, with a range of penalties depending on the severity of the likely harm. The most serious harm will result in students failing the whole assessment and having to resit.

The team noted that the NSS score for assessment and feedback was low and asked what steps have been taken to improve in this area. The provider said that students had found in-person assessments challenging after being online during the pandemic. They have therefore worked to demystify examinations by giving clear information about what to expect. Students said that they have noticed improvements this year.

# 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

Support for studen	t pharmacist	ts	
Criterion 7.1 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 7.2 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 7.3 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 7.4 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Support for everyo	ne involved	in the delivery of the MPI	narm degree
Criterion 7.5 is:	Met □	Likely to be met ✓	Not met □
Criterion 7.6 is:	Met □	Likely to be met ✓	Not met □
Criterion 7.7 is:	Met <b>√</b>	Likely to be met $\square$	Not met □
Criterion 7.8 is:	Met <b>√</b>	Likely to be met $\square$	Not met □

Students are supported by a personal tutor as the first point of contact. Students retain the same tutor throughout their course (as far as possible) and tutors will signpost students to central support services if needed. The Head of Year acts as an additional point of contact if needed. Students commented on the excellent study spaces provided at the University, as well as on the availability of laptops to borrow if required. However, students commented that some of the lecture recordings provided for the MPharm course were of poor quality.

Students on the MPharm with Preparatory Year said that they would have liked more access to pharmacy professionals throughout the course. The provider acknowledged that this is an area that can be improved.

There are clear procedures for students to raise concerns, including about their placement experience, and the provider gave an example of how one such concern had been identified and addressed. Students also said that they are clear about how to raise concerns. The team asked about the process for placement providers to raise concerns about students and was told that there is a dedicated inbox for urgent issues and a 'concerns form' that can be used by both students and providers.

The team asked how placement providers are supported to provide a high quality and consistent experience and how placement experiences are monitored and quality assured. The provider has

received some transition funding to provide training and stakeholder events. The School has a placement lead for each sector of practice and these leads devolve training out to their sectors. There are plans for a 'train the trainer' event in September 2023, along with the creation of a facilitators' guide which will describe what good likes like and give guidance to placement hosts. Placement providers have been reassured by the fact that assessments on placement are formative at this stage (see Standard 6).

The team wanted to see evidence of these plans being implemented, and more details of the quality assurance of placements, and of how quality-assured assessment decisions will be made on placement. **Criterion 7.5** (There must be a range of systems in place to support everyone involved in the delivery of the MPharm degree to develop in their professional role) and **Criterion 7.6** (Training must be provided for everyone involved in the delivery of the MPharm degree) are therefore likely to be met. These criteria will be reviewed at the part 2 event.

## **Teach out and transfer arrangements**

MPharm students who began their studies in 2020 or earlier will complete their teaching mapped against the previous standards for pharmacy education introduced in May 2011. Where a student has reassessment opportunities remaining at the end of the academic year 2023/24, they will be offered a reassessment in line with these regulations at the earlier opportunity of October 2024, with a view to allowing them to enter Foundation Training 2024/25 if they successfully pass. Students with any remaining reassessment opportunities after the earlier reassessment date, would be offered the reassessment as normal, at the next available opportunity (May 2025). The team had concerns about the shortened timeframe for resitting failed assessments for current level 6 students and suggested that the provider looks to make changes to the regulations to give these students alternative options or an additional resit attempt.

At the point of successful completion, it will be made clear to the GPhC and Foundation Training Providers that these students have graduated against the previous standards and so are not eligible to register as an independent prescriber at the end of their Foundation Training year.

Students who registered from 2021 onwards or who have taken a leave of absence and are studying level 4 or 5 in academic year 2022/23, will all be transferred to the new GPhC Standards for Initial Education and Training January 2021. There are clear plans in place for students who need resit attempts in each of these transition years.

## **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).
Likely to be met	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).
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 by the part 2 event without remedial measures (condition/s).

