

**University of Suffolk, Master of Pharmacy  
(MPharm) degree Step 2 accreditation event  
report, July 2025**



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Event summary and conclusions	
Provider	University of Suffolk
Course	Master of Pharmacy (MPharm) degree
Event type	Step 2 accreditation
Event date	2-3 July 2025
Approval period	Working towards accreditation
Relevant requirements	<a href="#">Standards for the initial education and training of pharmacists, January 2021</a>
Outcome	<p>Approval to progress to next step, subject to one condition</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the proposed new MPharm degree to be delivered by the University of Suffolk should be permitted to move from step 2 to step 3 of the accreditation process for new MPharm degrees, subject to one condition.</p>
Conditions	<p>1. Assurance must be provided that sufficient clinical and pharmacy practice resource will be in place to develop the programme in advance of the step 3 event and in preparation for Year 1 delivery. This is because the team has concerns that there is insufficient resource to design the detailed curriculum in advance of step 3 and to ensure that the programme's teaching and assessment will be ready for delivery in 2026. This is to meet criteria 3.2, 5.1, 6.2 and 6.3.</p> <p>Evidence of how the University has addressed the condition must be sent to the GPhC, for approval by the accreditation team. This must be done by <b>1 September 2025</b>.</p> <p>Subject to receiving Registrar's approval and meeting the condition, the Step 3 accreditation event can take place in the <b>2025/26</b> academic year as scheduled and will take place on-site.</p>
Standing conditions	The standing conditions of accreditation can be found <a href="#">here</a> .
Recommendations	<p>There are two <b>recommendations</b>:</p> <p>1. That the proposed arrangements for selection and recruitment are reconsidered to ensure they make the best use of available resources and encourage engagement with applicants. This is because the multi-station format and face-to-face format may be resource intensive, particularly given the late timing of the selection</p>

	<p>activities within the recruitment cycle. Additionally, the team recommends that the requirements for the standard cycle and Clearing are reviewed for equity, particularly around proposals for assessing team-work. This relates to criteria 1.7 and 3.1.</p> <p>2. Whilst the accreditation team agrees that progress is sufficient to move from step 2 to step 3, subject to meeting the condition, the University may wish to consider delaying step 3 of the process until the 2026/27 academic year. This is because the current programme team is small and there is significant work to be completed to develop the curriculum in advance of the step 3 event.</p> <p>A response to the recommendations should be sent to the GPhC for review by the accreditation team by <b>1 September 2025</b>.</p>
<b>Registrar decision</b>	<p>The Registrar of the GPhC reviewed the accreditation report and accepted the accreditation team's recommendation. The Registrar is satisfied that the University of Suffolk has met the requirements to proceed to the next step of the accreditation process for new MPharm degrees against the Standards for the initial education and training of pharmacists, January 2021.</p> <p>The Registrar noted that following a review of the response to the condition, the accreditation team is satisfied that the four associated criteria can move from 'not met' to 'likely to be met'. These criteria will be reviewed further at step 3.</p>
<b>Key contact (provider)</b>	Dr Georgina Marsh, Head of Pharmacy
<b>Accreditation team</b>	<p>Ahmed Aboo (Team leader), Head of School Leicester School of Pharmacy, De Montfort University*</p> <p>Dr Gemma Quinn (team member – academic), Head of School of Pharmacy and Medical Sciences, University of Bradford</p> <p>Lyn Hanning (team member – academic), Professor of Pharmacy Education and Head of the Bath MPharm, University of Plymouth</p> <p>Shahzad Ahmad (team member – pharmacist), Clinical Lead, NHS England Transformation Directorate</p> <p>Laura Doyle (team member – pharmacist), Head of Undergraduate and Foundation Pharmacist, Health Education and Improvement Wales*</p> <p>Olivia Fisher (team member – pharmacist newly qualified), Specialist Medicines Information Pharmacist, John Radcliffe Hospital Oxford</p> <p>Liz Harlaar (team member – lay), Independent Business Consultant</p>
<b>GPhC representative</b>	Philippa McSimpson, Quality Assurance Manager (Education), General Pharmaceutical Council*

<b>Rapporteur</b>	Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldarvan Research (Educational and Writing Services);
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\*Attended pre-event meeting

## Introduction

### Role of the GPhC

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

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit the [website](#).

The GPhC's process for initial accreditation of a UK MPharm degree involves seven steps, each of which are normally completed in consecutive academic years. Step 1 involves an initial engagement meeting by an application institution to share their proposal and no formal decision on accreditation is made. For steps 2 to 7, the process requires a formal evaluation of the programme and the providers progress towards meeting the [Standards for the initial education and training of pharmacists, January 2021](#). Step accreditation events are held on-site at the provider's proposed delivery location and involve a full accreditation team.

Following successful completion of step 3, an MPharm degree is provisionally accredited and students may be accepted on to year 1 of the new programme. Each accreditation step must be passed successfully in order to progress to the next. An MPharm degree holds provisional accreditation status after step 3 and until the provider has completed all seven steps successfully.

### Background

The University of Suffolk approached the GPhC with a proposal to deliver an MPharm degree at the University. The rationale was to build upon the University's current health care provision underpinned by a need to address pharmacy workforce shortages being experienced across the country, but particularly within Suffolk where findings show vacancy rates in the region exceed those experienced elsewhere in England. Additionally, the proposal would support the NHS Long Term Plan which aims to increase pharmacy education and training places by 31–55% by 2030/31, and to help provide the additional pharmacists needed within community pharmacies to support the Pharmacy First scheme,

as well as to address the shortfall in clinical pharmacists within hospitals and primary care settings. The University is the only university in Suffolk and hopes to attract students to the region who will stay on to live and work in the area once qualified.

A Step 1 event took place remotely by videoconference on 22 February 2024 and comprised a presentation by representatives of the University followed by questions and advisory comments from the accreditation team leader and GPhC representatives, as well as confirmation of the GPhC accreditation process and timings.

At the step 1 event, the GPhC representatives were told that the University was working with the Suffolk and North-East Essex ICB (SNEE ICB) Pharmacy Workforce Group and other potential stakeholders to inform the set-up and development of the MPharm degree. The programme will be housed in an existing building in Ipswich which includes specialist life science research and laboratory facilities. MPharm students will also have access to the University's new Health and Wellbeing Building, which is a £15M modern facility offering clinical simulation amenities and including two simulated hospital wards.

On staffing, the GPhC representatives were told that the University aimed to recruit two curriculum leads at associate professor or senior lecturer level in Spring 2024, one leading on science and one leading on in pharmacy practice, the latter also acting as the MPharm lead/ pharmacy curriculum lead. Further recruitment would take place in 2025 with staffing expanding in line with the student cohort size.

The GPhC representatives noted that it was the intention to build up student numbers over the years starting from a baseline of 40 students. The GPhC advised that Schools tend to find that a minimum of 50 students per cohort is needed to maintain a financially viable programme once accredited, and therefore the University should be prepared for high up-front investment costs as there is likely to be a financial deficit for the first 4 years of programme delivery, and possibly longer. Thus, the team advised that the University may wish to reconsider its business case and student number forecasts to take account of this and to ensure that its plans are realistic.

## 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 12 June 2025. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the provider to ask any questions or seek clarification, and to finalise arrangements for the event. The provider was advised of areas that were likely to be explored further by the accreditation team during the event



## The event

The event was held on site on 2-3 July 2025 and comprised a series of meetings between the GPhC accreditation team and representatives of the University and proposed MPharm programme.

## Declarations of interest

It was declared that the University of Suffolk Head of Pharmacy is an external examiner at the accreditation team leader's university. This was not deemed to represent a conflict of interest.

## Schedule

### Day 1: 2 July 2025

	Private meeting of the accreditation team, including break
1.	<p><b>Welcome and introductions</b></p> <p>-</p> <p><b>Strategic and business case for the MPharm degree</b></p> <ul style="list-style-type: none"><li>• <b>Presentation from provider (40 minutes) covering:</b><ul style="list-style-type: none"><li>○ Rationale and strategic case for the proposed MPharm provision, taking in to account the wider context of pharmacy and health provision at the university, including postgraduate provision and research</li><li>○ Summary of stakeholder engagement and commitment, including clear evidence of engagement with the relevant statutory education body</li><li>○ Financial underpinning and long-term sustainability of pharmacy in the wider context of the university</li><li>○ Staff resource</li><li>○ Placement capacity, with clear evidence of how the university has engaged with the relevant SEB to secure placement provision on the course</li><li>○ Management and mitigation of risk</li><li>○ Other specific areas identified by the accreditation team following review of the submission documentation (shared at pre-event meeting).</li></ul></li><li>• <b>Questions and discussions</b></li></ul>
	Lunch break and private meeting of the accreditation team
2.	<p><b>Facilities for the MPharm degree</b></p> <ul style="list-style-type: none"><li>• <b>Presentation from the provider (15 minutes) covering:</b></li></ul>

	<ul style="list-style-type: none"> <li>○ Overview of facilities planned for the MPharm degree</li> <li>○ Virtual tour/photographs or visual plans for planned development work</li> <li>○ Capacity considerations</li> </ul> <ul style="list-style-type: none"> <li>● <b>Questions and discussion</b> <ul style="list-style-type: none"> <li>● <b>Tour of buildings, teaching spaces and other facilities proposed for use for the MPharm degree</b></li> </ul> </li> </ul>
	Private meeting of accreditation team
<b>3.</b>	<b>Recruitment and selection</b> <ul style="list-style-type: none"> <li>● <b>Questions and discussion</b></li> </ul>

## Day 2: 3 July 2025

<b>4.</b>	<b>Teaching, learning and assessment</b> <ul style="list-style-type: none"> <li>● <b>Presentation from provider (40 minutes) covering:</b> <ul style="list-style-type: none"> <li>○ Philosophy of the proposed MPharm degree</li> <li>○ Key features and structure of the proposed MPharm degree</li> <li>○ Summary of MPharm degree development to date</li> <li>○ Teaching and learning plan</li> <li>○ Assessment plan</li> <li>○ Experiential learning strategy (including placement strategy)</li> <li>○ How the degree will link to the foundation training year, both in terms of the curriculum and practical links</li> <li>○ Plans for the roll-out of programme for the first time, that is during accreditation steps 4-7</li> <li>○ Other specific areas identified by the accreditation team following review of the submission documentation (shared at pre-event meeting).</li> </ul> </li> <li>● <b>Questions and discussion</b></li> </ul>
	Private meeting of the accreditation team, including lunch
<b>5.</b>	<b>Deliver outcome to programme provider</b>

## Attendees

### Course provider

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

Name	Designation at the time of accreditation event
Professor Paula Kersten	Dean, School of Allied Health Sciences, University of Suffolk*
Dr Georgina Marsh	Head of Pharmacy, School of Allied Health Sciences, University of Suffolk*
Dr Mark Cheeseman	Director of Medicines Optimisation & Pharmacy, Suffolk and North East Essex Integrated Care Board
Dr Paul Duell	Pharmacy Dean, NHS England - East of England
Zoe Grant	Associate Dean, Learning, Teaching and Student Experience, School of Allied Health Sciences, University of Suffolk
Dr Christopher Turner	Head of Life Sciences, University of Suffolk
Dr Nathalie Lavignac	Senior Lecturer in Pharmacy (Chemistry), University of Suffolk
	Senior Lecturer in Pharmacology, University of Suffolk
Carlos Gonzalez	Head of Strategic Estates Management, University of Suffolk
Justine Oakes	Associate Director Marketing, University of Suffolk
Karen Hinton	Academic Registrar, University of Suffolk
Laura Pennie	Pharmacy Practice Lead, Associate Professor in Pharmacy - commencing Oct 2025 ( <i>attended online</i> )
Dr Alik Peletidi	Assistant Director Student Life, University of Suffolk
Chantalle Hawley	Head of Quality, University of Suffolk*
Alison McQuin	

\* also attended the pre-event meeting

## Key findings - Part 1 Learning outcomes

The accreditation team will review the proposed teaching and assessment of individual learning outcomes from step 3 of the accreditation process onwards. During the Step 2 event, the team sought assurance from the provider's curriculum overview, delivery plans and staffing resource (subject to meeting the condition) that the MPharm degree being proposed had the potential to deliver a programme to the required learning outcomes.

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

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

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

## 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 <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 1.2 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 1.3 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 1.4 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 1.5 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 1.6 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 1.7 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 1.8 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 1.9 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>

The submission document indicated that the University has information for programmes posted on the University website. For the MPharm page, the entry requirements will be sub-divided into academic requirements, non-academic requirements and international requirements. For academic requirements there will be full entry requirements listed for A-levels, BTECs and Access to HE, as well as the required GCSEs needed to apply. The team was told that the selection process will be agreed by mid-August and will be in place for the UCAS application cycle in September. The University will recruit during Clearing if necessary. The University will use its newly purchased Power BI system to analyse admissions data in relation to EDI although this will be hampered by low numbers in early years.

The team was told that applications will be triaged by an Admissions Team to check academic qualifications and personal statements before invitation to interview. Admissions interviews will be in a Multiple Mini Interview (MMI) format with standardised questions and stations, including marking guidance to assessors to ensure consistency of the process. The team was told that the MMIs will consist of four stations, to cover situational judgement, numeracy, application of science in context of pharmacy, service user interaction, motivation and professional insight. Prospective students will receive details of the interview in advance, and applicants with additional needs will be invited to stipulate if they need reasonable adjustments such as extra time. Although the selection process is still under development, there will be a portion of the interview dedicated to a presentation that will provide an overview of the programme, course requirements, as well as information about career opportunities. The team agreed that there be a **recommendation** that the proposed arrangements for selection and recruitment are reconsidered to ensure they make the best use of available resources and encourage engagement with applicants. This is because the multi-station format and face-to-face format may be resource intensive, particularly given the late timing of the selection activities within the recruitment cycle. Additionally, the team recommends that the requirements for the standard cycle and Clearing are reviewed for equity, particularly around proposals for assessing team-work. This relates to criteria 1.7 and 3.1.

The proposed criteria are based on a tariff of 128 UCAS points, which is equivalent to ABB at A-level, which must include Chemistry at grade B and at least one other STEM subject. Applicants who fall within IMD or POLAR4 Quintiles 1 or 2, who declare a disability or learning difficulty, or who have spent time in care, may receive a contextual offer requiring achievement of tariff points equivalent to

one grade lower than the standard entry requirements, that is offering a place to a candidate with 120 UCAS tariff points (e.g., BBB at A-level) rather than the published requirement. All offers will be subject to a satisfactory interactive interview in which candidates will be expected to demonstrate the attributes of a pharmacy professional by being polite, considerate, trustworthy, honest, empathetic, compassionate and respectful. Numeracy will also be assessed as part of the interview process. MPharm students will be required to undergo an enhanced DBS check and prior to commencing any placement students will need to obtain occupational health clearance to ensure that they are fit for practice and have received the necessary vaccinations.

## 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 <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 2.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

The submission stated that University systems and policies promote and deliver on the principles of equality, diversity and fairness (EDI), meeting all legal requirements with an EDI governance structure in place. These ensure that all staff members involved in student education and support are able to understand and respond appropriately to the diversity of students' circumstances and experiences. All staff members are required to complete a mandatory training module via an e-learning platform on EDI, repeated every 3 years. The University collects student and staff data about declared protected characteristics as defined by the Equality Act 2010 and analyses it in relation to attainment, including withdrawal and progression rates. The team was told that the University has invested in the Power BI system to collect and analyse such data. Pharmacy is working with the information team who can create bespoke dashboards for pharmacy which will be reviewed as part of the annual performance review, looking for any emerging trends, although it was accepted that the initial small numbers is likely to hamper meaningful analysis. The team learned that part of the placement supervisor training will ensure that all placement supervisors are trained in the principles of Equality, Diversity and Fairness, including setting out the process for reasonable adjustments.

Professional Identity study units will introduce and reinforce students' understanding of key legal and ethical frameworks and are expected to incorporate applied, practice-based teaching methods such as case discussions, simulated consultations, and reflective exercises to support engagement with issues such as discrimination, inclusive practice, and equitable care.

## Standard 3: Resources and capacity

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

Criterion 3.1 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 3.2 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>

Criterion 3.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
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The University has overseen and approved a business case for commencement of the proposed MPharm programme. The submission explained that for courses that require significant University investments, such as Pharmacy, the School is required to seek permission from the University Executive Committee and University Board of Directors. Thus, in February 2025 a business case was presented to the University Executive Team for the capital and human resourcing spending in support of the MPharm development, including irrecoverable costs arising from estate developments, staffing and accreditation fees prior to receiving course income from the anticipated first cohort of students planned for September 2026. Subsequently, the Board of Directors approved the business case, including start-up fund of £3.8M to develop the estate and recruit staff required prior to the course start. Approval was also granted to proceed to Step 2 of the GPhC accreditation process.

Pharmacy sits within the School of Allied Health Sciences (AHS) with its own separate budget, including an agreed staffing and non-pay budget. The Head of Pharmacy is part of the AHS School Executive Committee. A Pharmacy project board was convened in March 2025 and meets monthly to provide strategic and project direction for the pharmacy estates project, directing the operational group in terms of scope and to ensure compliance with the business plan, timelines and regulatory requirements. A local property design company is working on the project on a Design and Build basis from RIBA Stage 1, preparation and brief, and will see this through to Stage 7, when the facility will be in use. Alongside the design & build an internal university team is working to support the operational delivery of the build, the course requirements, risk register, and full integration of the new facility as part of the wider University environment.

There is a placement administration team with expertise in managing placement allocations across the healthcare professional programmes within the School of Allied Health Sciences and the School of Nursing, Midwifery and Public Health. This team assists in sourcing placements and will manage the allocation process. Teams from the University's professional services infrastructure support key areas such as course administration, student records and experience, assessments, placements, and quality assurance. A Marketing Business Partner will ensure all marketing activity is evidence-based and focused on achieving clear objectives.

The staffing and recruitment strategy is to ensure that qualified pharmacy academic staff are appointed that can support the planning, development, and delivery of the programme, while maintaining an appropriate staff-to-student ratio, and an appropriate skill mix of the different disciplines of the subject area. The team was told that the School of Allied Health Sciences has an academic team across a range of health disciplines, including radiography, radiotherapy, physiotherapy, paramedic sciences, non-medical prescribing, dental therapy, and sports sciences. Life science courses include biomedical science, biological sciences and nutrition & human health.

The team was told that a staffing model for the programme has been developed and approved by the University's Board of Directors and Finance Committee. The model is based on an initial recruitment of 40 students, rising yearly by an additional 20 students per year to a projected eventual steady-state cohort of approximately 100 undergraduate MPharm students per year. To support this, staffing has been planned to reach 20.8 FTE academic staff members along with 4.2 FTE pharmacy professional services staff, comprising a mix of administrative and technical staff. The team learned that staff recruitment will be phased to match the expansion of student numbers, ensuring that the staff-student ratio does not exceed 1:16 at any stage.

Currently, the core Pharmacy team comprises three permanent academic staff members, two GPhC-registered pharmacists and one with a medicinal chemistry background, with recruitment currently underway for a further GPhC-registered pharmacy academic along with an academic in biological science. The Head of Pharmacy/Associate Professor of Pharmacy is a GPhC-registered pharmacist, a Fellow of the Higher Education Academy, and a member of the Royal Pharmaceutical Society, the Academy of Pharmaceutical Sciences and Centre for the Advancement of Interprofessional Education (CAIPE). They joined the University in a permanent position at the end of March 2025, having previously served as a Senior Lecturer in Pharmacy Practice at another university where they were Year 4 Lead, contributing to the design and delivery of a new MPharm 4 curriculum, and also being co-lead for placements. The team was impressed at the huge amount of work that the Head had contributed to the proposed provision in such a short period of time. Joining the Head, is a Senior Lecturer in Pharmacy (Chemistry), a Fellow of the Higher Education Academy, a member of the Royal Pharmaceutical Society, the Academy of Pharmaceutical Sciences, the Royal Society of Chemistry, and the Project Management Institute, who previously held the role of Director of Education in another School of Pharmacy. A 0.8 FTE University of Suffolk Senior Lecturer in Pharmacology, a pharmacist, who has contributed to the Non-Medical Prescribing programme as well as teaching across undergraduate healthcare courses has joined the core Pharmacy team, where they will contribute to the development and delivery of the MPharm focusing on pharmacology. They continue to practise as a hospital pharmacist (0.2 FTE), maintaining strong links with clinical practice and bringing a contemporary clinical pharmacy experience to the team.

The team was told that an associate professor in pharmacy practice (currently in an overseas position) has been recruited and will start as pharmacy practice lead in Autumn 2025. Biological sciences and clinical pharmacy positions (lectureships) have been advertised with interviews scheduled for early August. There are also plans to recruit 4.2 FTE administrative/support staff, one of whom will strengthen the existing placements team. Teacher-practitioner posts have been discussed with a local NHS trust and are envisioned with some of our community pharmacy chain partners like Well and Boots community pharmacies. Semester 2 of Year 1 will focus on community pharmacy so a community TP would be an advantage starting in summer 2026, with a hospital teacher-practitioner planned for January 2027 and with the possibility of a primary care teacher-practitioner in later years. It was explained that all academic posts will involve research and teaching with up to 20% time for research with a 3-year research plan.

The team was told that it would be desirable to have independent prescribers on the teaching staff, perhaps among the teacher-practitioners. The provider confirmed that having an independent prescriber annotation will be a desirable criterion in advertised job descriptions, but not a mandatory requirement. The team was told that the newly appointed associate professor of pharmacy practice would likely become the lead for experiential learning. The Head of Pharmacy is currently a member of the University IPE Committee but the recently advertised clinical pharmacy appointee may take on that role.

The team wished to know how it will be ensured that the programme team has sufficient input from clinical pharmacists, both in the programme development stage and the delivery, and was told that a lot of clinical stakeholders want to be involved, that current staff and to be appointed TPs will provide input. Employability and careers talks from clinical pharmacists are planned and stakeholders will be involved in OSCEs. In terms of clinical input before the October submission for the step 3 event, the team was told that the first meeting for internal curriculum design and development has been held, and that three of the existing and recruited staff members are pharmacists. The University has



received applications already for the recently advertised posts and is confident that it will be able to recruit to these posts. Despite the plans for increasing the staff complement, the team agreed that there be a **condition** that assurance must be provided that sufficient clinical and pharmacy practice resource will be in place to develop the programme in advance of the step 3 event and in preparation for Year 1 delivery. This is because the team has concerns that there is insufficient resource to design the detailed curriculum in advance of step 3 and to ensure that the programme's teaching and assessment will be ready for delivery in 2026. This is to meet criteria 3.2, along with criteria 5.1, 6.2 and 6.3 below. The team also agreed that there be a **recommendation** that the proposed arrangements for selection and recruitment are reconsidered to ensure they make the best use of available resources and encourage engagement with applicants. This is because the multi-station format and face-to-face format may be resource intensive, particularly given the late timing of the selection activities within the recruitment cycle. Additionally, the team recommends that the requirements for the standard cycle and Clearing are reviewed for equity, particularly around proposals for assessing team-work. This relates to criteria 3.1 and 1.7. The team also agreed that there be a further **recommendation** that whilst the accreditation team agrees that progress is sufficient to move from step 2 to step 3, subject to meeting the condition, the University may wish to consider delaying step 3 of the process until the 2026/27 academic year. This is because the current programme team is small and there is significant work to be completed to develop the curriculum in advance of the step 3 event.

In relation to premises, the submission explained that the course will be split between the James Hehir Building which will house science teaching laboratories, staff offices and student social areas, and the Health & Wellbeing building which include clinical skills teaching facilities. Other lecture theatres, seminar rooms and computer laboratories are managed centrally and have the capacity to accommodate the MPharm requirements. The University has recently approved the investment for the development of chemistry and pharmaceuticals teaching laboratories accommodating cohorts of 40-50 students on the third and fourth floor of the James Hehir building. The team was told that the plans for refurbishment were on or slightly ahead of schedule. The team visited these potential facilities in the James Hehir Building which appeared already suitable for purpose and while being impressed by the University's ambitions to upgrade the facilities for Pharmacy the team did consider that the available resources may be better spent on widening the pharmacy practice facilities in the Health and Wellbeing Building. This is a £15m teaching facility opened in 2022 designed to integrate various healthcare professional courses, as well as offering impressive space for workshops, clinical training facilities and simulated clinical experiences. It includes two simulated hospital wards, X-ray facilities, a mock apartment, along with consultation rooms which can be used as GP pharmacy simulated areas or community pharmacy spaces. Although the team was told that one of the current teaching spaces will be converted into a 50-capacity pharmacy clinical skills suite, it did consider that a second such space would be beneficial in the longer term as student numbers grow.

## 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 <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.2 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>



Criterion 4.3 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 4.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

The submission explained that the School of Allied Health Sciences Academic Committee, reporting to the Senate, is responsible for providing academic leadership within the School, maintaining academic standards and assuring and enhancing the quality of the student experience. The MPharm programme will undergo validation processes, including initial approval, annual review, and re-approval every five years. External examiners will be appointed and the Quality Assurance team will support the programme through regular monitoring activities, including the analysis of student feedback, assessment data, and progression statistics.

The MPharm programme will be subject to the University annual programme review process. This provides a structured opportunity for the Pharmacy team to critically reflect on current delivery and identify areas for continuous improvement. This review is underpinned by a range of quantitative and qualitative data, including external examiners' reports, student feedback, enrolment trends, progression and completion rates, assessment outcomes, degree classifications, and graduate employability statistics. To ensure that the MPharm remains relevant and current, the programme will be connected to contemporary pharmacy practice as it is planned that a substantial proportion of the academic staff will be practising pharmacists that maintain up-to-date clinical knowledge and bring current real-world experience into their teaching.

Formal agreements will be established with placement providers across various sectors, including community pharmacies, hospitals, and primary care settings. An educational audit will be undertaken for all new placement providers. A Placement Lead, likely the newly appointed Lead for Pharmacy Practice, will coordinate experiential learning activities, liaising with placement providers to monitor student progress and address any issues that arise. Interprofessional learning activities will be overseen by the School of Allied Health Sciences IPL working group, and the IPL Lead in Pharmacy, to ensure continuity with set learning outcomes. The team was told that placements will commence in semester 2 of Year 1 with one day every second week with week-long blocks of placements at the end of Years 1, 2 and 3 and within the semester of Years 2, 3, and 4. Placements will be preceded by clinical workshops. The team was told that a placement agreement with Boots had been exchanged, and that one with GMG was expected to be approved soon. Discussions have also started with two other multiple community businesses. Local hospital trusts already have agreements in place for other professions in the University. In order to ensure that placement partners are meeting all the requirements of the agreements the team was told that there will be pharmacy-specific training, a Placement Handbook to help with EPAs, and a link lecturer (probably student's personal academic coach) that will visit placement sites.

The development of the MPharm is being shaped by engagement with a wide range of stakeholders including patients, the public, practice supervisors, employers, industrial partners, and early-career pharmacy professionals based on an External Stakeholder Engagement Plan. The Head of Pharmacy sits on the SNEE ICS Pharmacy Workforce Group, providing an ongoing link to regional workforce planning discussions. NHS England has also been consulted in relation to national policy alignment and placement development. The team was told that there had been a meeting with stakeholders in April 2025 at which nine EPA bundles had been discussed. This will be followed by a working group over the summer to define the activities required to assess the EPAs. Extensive engagement with

stakeholders will take place over summer 2025 with three internal and 12 external events scheduled.

The team was told that consideration of the steady state capacity requirements had not yet been mapped out fully. However, there is a lot of interest in the pharmacy development in the region and the University is being approached by potential placement providers. It was accepted that providers may find that they are not aware of what is required of a placement in terms of supervision. However, local stakeholders are keen to train and recruit the next generation of pharmacists as several have had Foundation Training placements which they were unable to fill. The team noted the unusual feature of block placements being situated within a three-week period of University term time but after the assessment period. The team was told that this would be unique in the University. The team was told that 80% attendance required for all teaching activities, but the team advised that this requires more consideration as it raises the possibility of students missing an important placement component.

All courses are required to establish a Student Voice Forum for regular meetings between student representation and course representatives. In addition, students have the opportunity at the end of each module to provide feedback via the module evaluation feedback form aligned with the module evaluation overview. The team advised that although years 3 and 4 are some distance and time away, the University should be aware of what is told to potential students this year and what may change; early consideration is beneficial.

## 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 <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met ✓
Criterion 5.2 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.3 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.4 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.5 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.6 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.7 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.8 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.9 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.10 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.11 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.12 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 5.13 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>

Although the curriculum is currently under development, the plan is for four 120-credit years, each comprising two 60-credit modules and one zero-credit portfolio of practice module.

Year 1 will begin with a Pharmacy Foundations module designed to support students from a broad range of backgrounds, ensuring that all learners reach a common foundational level of scientific, academic skills and introductory clinical competences. From Semesters 2 to 5 there will be a series of integrated Science, Systems and the Patient (SSP) modules composed of 14 systems-based study units. These modules integrate seven learning themes: Human Biological Sciences, Pharmaceutical and Medicinal Chemistry, Pharmaceutics, Pharmacology & Therapeutics, Clinical Pharmacy, Behavioural, Social, and Population Health and Pharmacy Practice. After a research project in Year 3, in Year 4, the focus shifts to innovation, polypharmacy and co-morbidities, and integration of prior learning. The programme culminates in students preparing for prescribing training and professional practice.

The programme begins with a broad introduction to integrated pharmaceutical sciences and patient care principles. These themes are developed in Years 2 and 3 through more complex body systems, disease states, and therapeutic decision-making, integrated with communication, professionalism, and clinical placements. In Year 4, students will engage in advanced topics such as multi-morbidity, emergency response, advanced therapies (e.g. pharmaceutical 3D printing, cell and gene therapy), and independent practice through immersive simulation and system-wide integration. Five key educational threads are embedded across the degree: prescribing and clinical reasoning, digital pharmacy, public health and health inequalities, genomics and personalised medicine, and sustainability.

Although impressed by the amount of work carried out to date by the Head of Pharmacy and existing colleagues, the team wished to know more about the progress that has been made to date on the curriculum design, and who is leading on this. The team was told that the Pharmacy team will be looking at placements, IPE and clinical learning outcomes, plus developing science teaching over next couple of months. There will be external and internal stakeholder events over the summer. Existing staff including the Head of Pharmacy and the incoming Pharmacy Practice Lead will flesh out the detail of the curriculum. The Pharmacy Practice Lead starts in person in October/November but will be involved in the meetings over the summer to influence clinical pharmacy content before a final design event at end of the summer. The University team agreed that there was much work required before any submission for the Step 3 event but was confident that this was achievable. Nevertheless, the team agreed that there be a **condition** that assurance must be provided that sufficient clinical and pharmacy practice resource will be in place to develop the programme in advance of the step 3 event and in preparation for Year 1 delivery. This is because the team has concerns that there is insufficient resource to design the detailed curriculum in advance of step 3 and to ensure that the programme's teaching and assessment will be ready for delivery in 2026. This is to meet criteria 5.1 along with 3.2, 6.2 and 6.3.

The MPharm will integrate academic study with an emphasis on professional identity and conduct, ensuring that students engage consistently with the expectations of the pharmacy profession. Thus, from the outset professionalism will be embedded into the student experience. Annual zero-credit Portfolio of Practice modules will provide structured opportunities for students to engage in revalidation-style activities, including reflective practice and continuous professional development. The team wished to know what consideration had been given to student engagement and their workload for this zero-credit element. It was told that this is a pass/fail element of the programme and that the associated workload will be scheduled carefully and included in the associated credit-rated modules.

Students will receive a practice placement induction and a comprehensive placement handbook, outlining the professional behaviours and values expected in healthcare environments. Prior to placement, and throughout their time on the course, students will engage in the exploration of professional and ethical dilemmas. The team noted the current plans for using simulated scenarios and environments and was impressed by the facilities inspected. It was told that teaching using simulation is at the early stages of planning but will benefit from experience of using simulations in other healthcare courses. It is planned to use the BodySwap virtual reality system although the details of this have not yet been explored. Rather, simple scenarios such as interpretation of drug charts are being planned along with the use of the simulated ward for medicines consultation in year 1. Simulations will be built upon as students progress through the course. In terms of experiential learning, the Pharmacy team will develop teaching activities for the EPAs for each sector and each year group, with evidence and reflections sitting alongside assessment tools. Teaching will be linked carefully to placements. Students will collect evidence to show progression on the EPA bundles in all placements, including during their elective placement in year 4.

In terms of interprofessional education (IPE), the team learned that the Head of Pharmacy is member of CAIPE. In Year 1 multidisciplinary (MDT) groups will discuss the roles of different healthcare professions. MPharm students will work together with nursing and paramedic students on life support and with dietetic students on diet issues. There will be a special integrated care conference dealing with communication, problems and improvement with MDT virtual discussions in Year 4.

The team noted the unusual requirement that although the pass mark in Years 2 and 3 was set at 40 percent, students were required additionally to achieve an overall mark of 50 percent to progress to the following year. It was explained that this was a University regulation for integrated Masters degrees and that students not progressing would not be permitted to resit an assessment to improve the grade and would have to exit the MPharm. It was explained that the normal University regulations are for 30-credit modules and that it may be necessary to seek derogation for the MPharm structure of 60-credit modules as Pharmacy does not want to change from the planned 60-credit approach.

The team was told that the University fitness to practise regulations, described as being stringent, are reviewed as a minimum every five years. The requirements for Pharmacy may be different from those for Nursing but the team was told that there is a level of flexibility. The Pharmacy team was aware of the proactive need to inform GPhC of any issues that may arise.

The submission explained that the University's Procedure for the Suspension or Withdrawal of Existing Courses outlines the process to manage a programme's closure or withdrawal, including approval through the University's governance structure, exit strategy and timely communication with students. In line with the University's Student Protection Plan it is expected that students enrolled on the course will be 'taught-out' to completion of their studies. The exit strategy detailing how students will be supported to completion of their studies and implications for staffing are captured within the course discontinuation form for consideration by the School Executive Committee and approval by the University's Portfolio Oversight Committee. In exceptional circumstances students may be asked to transfer to a comparable course.

## 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 <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.2 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.3 is:	Met <input type="checkbox"/>	Likely to be met <input type="checkbox"/>	Not met <input checked="" type="checkbox"/>
Criterion 6.4 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.5 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.6 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.7 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.8 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.9 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.10 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.11 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.12 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.13 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>
Criterion 6.14 is:	Met <input type="checkbox"/>	Likely to be met <input checked="" type="checkbox"/>	Not met <input type="checkbox"/>

The team was told that the assessment plan will include a mix of diagnostic, formative, and summative assessment, using an integrated approach to assessment and feedback. Assessment tasks will be inclusive, employing a variety of types of assessment, including written and oral presentation, digital and hands-on assessments, with opportunities for the learner to develop, demonstrate and gain credit for a range of competencies and skills. The team was told that it has not yet been decided which assessment types will be used for the different course components, but that numeracy tests and OSCEs will be used each year with professional judgement and team-working assessed in later years. The team was told that the assessment of numeracy was not yet well-developed but that there would be a 70 percent pass mark to ensure patient safety. Each subunit within modules will not be assessed separately but encompassed in a synoptic examination. The team was told that an e-portfolio is being trialled at the moment for nurses and midwives but it has not yet been decided if Pharmacy will use this portfolio.

The submission stated that the assessment strategy will include regular assessment opportunities to support learning. Assessments will be used formatively to provide constructive feedback that informs and guides students' ongoing development. Each year students will be provided with one assessment, that allows learners to select their method of assessment out of several choices. The options will ensure that whichever is chosen, successful completion will demonstrate achievement of the learning outcomes. The team probed this unusual approach and was told that such an approach is used in Radiography at the University with three or four assessment options such as podcast, professional blog post, case study, poster presentation, designed to be authentic real-life assessments used in the workplace. There will be a programme-wide assessment matrix to ensure a structured and developmental approach that is vertically and horizontally integrated across the curriculum and that aligns with the GPhC accreditation standards and development through Miller's Triangle.

The programme will integrate assessment of Entrustable Professional Activities (EPAs) as a core element of its experiential learning strategy. The 47 NHS England EPAs have been formed into nine EPA groups to encompass the full scope of pharmacy practice. Each group will be mapped to relevant

learning outcomes to ensure that students can provide evidence of acquisition of the Does-level of Miller's Triangle with consistent demonstration of the 16 Does-level learning outcomes in complex, practice environments.

Patient safety will be embedded as a core principle throughout the programme and will underpin all learning, assessment, and placement activities. Prior to any interaction with real patients, students will undertake preparation through simulation-based activities, structured clinical workshops, and interactive role plays. These sessions will be delivered within the University's purpose-built Clinical Skills Suite and simulation facilities, providing a safe and controlled environment to develop foundational communication, clinical reasoning, and decision-making skills. All patient-facing activities during on-campus teaching sessions or in practice placements will be supervised either by academic staff or placement supervisors to ensure that students are practising safely and appropriately at all times. In high-stakes assessments such as OSCEs and clinical case-based examinations, specific Red Flag criteria will be included to identify actions or decisions that could result in patient harm and will result in an automatic fail of that station or assessment component.

The modules taught in year 2-4 will contribute to the final honours classification, with a weighting of 20/30/50. The results of modules studied in Year 1 will not contribute towards the classification but must be passed. The module pass mark for levels 4-6 will be 40 percent. However, as noted above, to progress from level 5 into level 6 and from level 6 into level 7, will also be subject to achieving an overall year average of 50 percent or above, to ensure that students are adequately prepared for Level 7 study. In Year 4 (Level 7), the pass mark for the two core 60-credits modules in Year 4 (Level 7) is set at 50 percent, with all individual assessment components having to be passed at 50 percent in order to graduate.

It was explained that the University does not presently utilise a formal standard-setting process, but uses a criterion-based assessment framework across its degree programmes. Assessments are designed to align with clearly defined learning outcomes, and student performance is judged against explicit marking criteria rather than relative performance, although there can be higher pass marks in certain areas such as numeracy. As Pharmacy is in the early stages of curriculum and assessment design there is scope to incorporate standard-setting practices. An institutional approach to standard setting would be adopted which would pass through the University's committee structure, including the Centre for Excellence in Learning and Teaching (CELT), Quality Committee and Senate. The team was told that standard-setting would probably be used for MCQs/EMQs and clinical components. However, the team advised that the GPhC criterion did not specify which methodology should be used and that the University should think about a proportional approach given the resources required and the initial small cohort sizes.

Feedback to students including feed forward comments on summative assessments will be provided to students within three working weeks of the submission deadline. Personal Academic Coach (PAC) meetings will be held at least once per semester providing structured opportunities for students to reflect on their performance, identify strengths and areas for improvement, and develop personalised action plans. The School of Nursing, Midwifery and Public Health, and the School of Allied Health Sciences are currently piloting a data-informed system that aggregates a range of indicators of student performance, including assessment outcomes, attendance, and professionalism. Students identified as potentially at risk are flagged for additional PAC meetings and monitoring by the progression board.



Despite the explanations during the meetings, the team agreed that there be a **condition** that assurance must be provided that sufficient clinical and pharmacy practice resource will be in place to develop the programme in advance of the step 3 event and in preparation for Year 1 delivery. This is because the team has concerns that there is insufficient resource to design the detailed curriculum in advance of step 3 and to ensure that the programme's teaching and assessment will be ready for delivery in 2026. This is to meet criteria 6.2 and 6.3 along with 3.2 and 5.1 above.

## 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 student pharmacists

Criterion 7.1 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 7.2 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 7.3 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 7.4 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>

### Support for everyone involved in the delivery of the MPharm degree

Criterion 7.5 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 7.6 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 7.7 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>
Criterion 7.8 is:	Met <input type="checkbox"/>	Likely to be met ✓	Not met <input type="checkbox"/>

Students will attend an induction week at the start of Year 1 that will introduce the MPharm programme, the wider School of Allied Health Sciences, the University, and various university communities and societies. Students will be allocated a Personal Academic Coach (PAC) who will be involved in all aspects of the students' learning journey, including educational, career, personal and social. Students will have a minimum of two one-to-one meetings with their personal academic coach every year. During periods of experiential learning, students will have an assigned Placement Supervisor that will undergo a University Placement Supervisor Training prior to supporting the placements.

Students will be provided with a placement handbook that will outline what to do if any issues arise on placement, including contact details for the University placement administration team and pharmacy placement lead. The team asked about what support will be available to students while out on placements and was told that reasonable adjustments will be discussed with placement

supervisors, support will be available from the placement team, the placement lead and the student's personal academic coach and an out of hours 24/7 student support process.

Students will be able to stand for election as course representatives to represent the Student Voice, a formal channel through which students can raise concerns and provide constructive feedback on the academic programme and wider student experience. Head of Pharmacy Workshops will be held each semester to provide an opportunity for the Head and course lead to meet with students in each year and collect interim feedback.

The Head of Pharmacy will be the line manager for Pharmacy staff. Current staff members have previously taught on accredited MPharm programmes or in higher education and possess teaching qualifications. Any new starters will be expected to work towards achieving Fellowship of HEA status. Staff members have biannual appraisal meetings including tailored guidance for any staff that wish to apply for promotion. Workload allocation for teaching and academic responsibilities is managed through Workload Allocation Models to ensure that teaching loads are transparent, equitable, and realistically distributed across academic staff, supporting sustainable working practices.



## 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 step 7. 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 step 7 without remedial measures (condition/s).

