Summary Report of the Statutory Review of the Five-Year Fully Integrated Master's Degree Programme in Pharmacy provided by the Royal College of Surgeons in Ireland

19 June 2015

Approved by PSI Council on 3 December 2015

Summary Report of the Statutory Review of the Five-Year Fully Integrated Master's Degree Programme in Pharmacy provided by the Royal College of Surgeons in Ireland

in accordance with Article 7(2)(a) of the Pharmacy Act 2007

And

Rule 8 of the Pharmaceutical Society of Ireland (Education and Training) (Integrated Course) Rules 2014 (S.I. No. 377 of 2014)

i.   Introduction

Stemming from the Pharmacy Act 2007 (as amended) and recognised in Directive 2005/36/EC of the European Parliament of the Council on the Recognition of Professional Qualifications, the Pharmaceutical Society of Ireland (PSI, the pharmacy regulator) has responsibility and powers for the recognition and approval of the programmes of education and training of pharmacists in Ireland.

The present report concerns the initial accreditation of the 5-year fully integrated Master of Pharmacy degree delivered by the School of Pharmacy, Royal College of Surgeons in Ireland (RCSI) against the PSI's Accreditation Standards for the fully integrated Master's Degree Programmes in Pharmacy approved by the Council of the PSI on 2 October 2014. Successful completion of the programme leads to the award of the MPharm degree and the Higher Education Institution confirming that a graduate demonstrates the competencies necessary to enter the Register of Pharmacists held by the PSI and that the person is fit to be a registered pharmacist. This is the summary report of that paper-based accreditation event; the event will be followed by an on-site visit towards the end of the first year of the delivery of the programme.

ii.   Process of review

The Meeting

The accreditation meeting took place by video-conference on Friday, 19 June 2015 from 10h00 to 13h00 and concluded by teleconference on Friday, 26 June 2015 from 08h30 to 09h15.

The accreditation team

The PSI accreditation team comprised:

Name	Designation at the time of visit
Professor Brenda Costall	Team Leader (Chair). Former Pro Vice-Chancellor for Planning and Resources, Deputy Vice-Chancellor, and Head of School of Pharmacy, University of Bradford, UK. [Panel Category: Pharmacy academic with experience of developing and/or accrediting pharmacy degree programmes (International academic)].
Mr. Philip Green	Former Deputy Secretary & Registrar and Director of Education and Registration, Royal Pharmaceutical Society of Great Britain. [Panel Category: Accreditation expert/HEI Quality Assurance/Regulatory expert].
Ms. Mary Culliton	Former Director of Advocacy with the Quality and Patient Safety Directorate of the HSE, currently healthcare consultant. [Panel Category: Non-pharmacist Patient Advocate/Public Interest/Risk expert].
Dr. Aislinn Joy	Lecturer in Medical Education (MUH), Medical Education Unit, School of Medicine, University College Cork. [Panel Category: Healthcare non-pharmacist member].
Professor Brian Furman	Emeritus Professor of Pharmacology and former Dean of Faculty of Science, University of Strathclyde, Glasgow. [Panel Category: Pharmacy academic with experience of developing and/or accrediting pharmacy degree programmes (International academic)].
Ms. Leonie Clarke	Former President of the PSI, consultant in pharmacy. [Panel Category: Pharmacist practising in Ireland].
Ms. Niamh Lloyd	Former student member (alternate) of the National Forum for Pharmacy Education and Accreditation from 2011 to 2012. [Panel Category: Recently qualified pharmacist with 0-3 years' post-registration experience (representative of student experience)].
along with	
Dr. Lorraine Horgan	Head of Professional Development & Learning, PSI

Ms. Caroline Mellows	Education Standards Officer, PSI
Ms. Ciara Dooley	Administrator, Professional Development & Learning Unit, PSI
Professor Ian Marshall	Rapporteur

There were no declarations of interest

The standards

The standards for the 5-year integrated Master's degree are arranged under the following headings:

Standard 1 – **The Professional Degree Programme Provider and Mission**

Standard 2 – **Leadership, Organisation and Governance**

Standard 3 – Resources

Standard 4 – Curriculum

Standard 5 – Teaching and Learning Strategy

Standard 6 – Assessment Strategy

Standard 7 – Quality Assurance and Enhancement

Standard 8 – Students

The programme

The integrated programme features a newly developed curriculum to support the dispersal of practice placements throughout the five years of the programme, with the first two week shadow placement occurring in the second year and longer 4/6 and 8 month placements commencing at the start of the fourth year and in the second half of the final year of the programme. Placements will occur under the aegis of the Affiliation for Pharmacy Practice Experiential Learning (APPEL), an organisation jointly funded and governed by the three Irish schools of pharmacy.

Meeting the Accreditation Standards

STANDARD 1: THE PROFESSIONAL DEGREE PROGRAMME PROVIDER AND MISSION	Accreditation team's commentary
The Professional Degree Programme Provider must engage in a systematic planning process and have a current strategic plan that facilitates achievement of the Professional Degree Programme Provider's mission, goals and objectives.	
1.1 The mission should include a clear statement of the educational philosophy including how the organisation will foster a culture that: (a) promotes professional behaviour among students, staff and all those contributing to the Professional Degree Programme; (b) is committed to the development of graduates who satisfy the requirements of the Core Competency Framework for Pharmacists; and (c) respects and supports the needs of diverse stakeholders, students, staff and all those contributing to the Professional Degree Programme. 1.2 There should be evidence that the mission, goals and objectives have been reviewed and validated by the Higher Education Institution (HEI) and should be demonstrably congruent with the mission of the HEI and are within the context of societal and professional changes occurring and contemplated . The mission statement should set out clearly the primacy of patient safety, care	The School strategy from an educational perspective has at its core a commitment to the introduction of an integrated Master's Degree Programme, in alignment with statutory requirements of the Pharmaceutical Society of Ireland (Education and Training) (Integrated Course) Rules 2014, and as envisaged in the Pharmacy Education and Accreditation Reviews (PEARs) Report recommendations. However, the team noted that the key performance indicators (KPIs) are still in draft form and agreed that there was a **requirement for** the final form of the KPIs to be made available by 31 December 2015. The broad structure of the programme, distribution and timing of placements were determined through participation in the National Forum for Pharmacy Education and Accreditation (National Forum) and associated sub-fora, which were established by the Pharmaceutical Society of Ireland to implement the findings of the PEARs Report. This was further enhanced by a meeting of faculty from each School of Pharmacy in Ireland, where the outlines of the placement-based modules which will be common to students of all Schools were agreed, with follow-up collaborations resulting in the development of module learning outcomes, content and assessment.

and well-being. This must be demonstrated by the existence of:

   (i)   a chronological log of any concerns raised relating to patient safety and well-being that arise as a consequence of the educational process;

   (ii)   clear and published procedures known to all staff and students to immediately review and address such concerns that may impact upon patient safety;

   (iii)   a Fitness to Practise policy known to all staff and students to assure patient safety and public protection at all times; and

   (iv)   an explicit recognition that by awarding a degree accredited by the Council of the PSI, the HEI is confirming that a graduate is fit to apply to have their names entered in the Register of Pharmacists.

1.3   The Professional Degree Programme Provider should have a published statement of its mission and goals and set out its key performance indicators (KPIs) and timescales for their implementation and review. This should include an explanation of how the Professional Degree Programme Provider will monitor and evaluate its performance against the goals and objectives of its strategic plans

1.4   The strategic plan must include but need not be limited to:

   (a)   Its mission and goals with associated KPIs;

   (b)   The underpinning aims and objectives of the Professional Degree Programme Provider including clearly defined learning outcomes to demonstrate that at the end of the Professional Degree Programme, the graduate is competent to practise pharmacy in a patient-centred, professional and ethical manner, and demonstrates a commitment to lifelong learning;

The new MPharm curriculum will integrate teaching and learning around a systems- and case-based approach, conceptualising teaching around person-centred care reflecting societal and professional changes.

The team found that the College is committed to the development of graduates who satisfy the requirements of the CCF for Pharmacists and the School takes seriously the requirement under Rule 20 of the Pharmaceutical Society of Ireland (Education and Training) (Integrated Course) Rules 2014 (S.I. No. 377 of 2014), that the Head of the School must be satisfied that each graduate is fit to be a registered pharmacist. The team agreed that the commitment to the achievement of the competencies of the CCF should enable pharmacists to engage in an enhanced role in the healthcare sector and regarded the School's commitment to promote professionalism as a strength of the proposed provision. In relation to the periods of experiential learning, the team recognised that the establishment, development and implementation of the Affiliation for Pharmacy Practice Experiential Learning (APPEL) initiative was a vital part of the plans for the 5-year integrated degree in all three schools and agreed that it will be a **requirement** that progress in developing APPEL should be reported to the PSI on a stage-by-stage basis with notice of the finalising of the contract by the end of September 2015, and notice of the key appointments made by the end of January 2016.

In relation to conduct and Fitness to Practise requirements and obligations, the documentation provided stated that the School is part of the Faculty of Medicine and Health Sciences at the College and policies and procedures cover the whole Faculty. Although patient safety was explicitly mentioned in the Strategy for Excellence document and a chronological log of concerns via yellow card, there was no evidence of a mechanism of formative feedback on patient safety issues during clinical skills activities and patient encounters from Years 1-5. It will be a **requirement** that the

	(c) A statement of the educational philosophy for the Professional Degree Programme and how it:
	  (i) supports or assures that graduates will be prepared for entry to the profession of pharmacy including patient-centred practice in line with the Core Competency Framework for Pharmacists as established by the PSI Council from time to time;
	  (ii) prepares graduates for practice as pharmacy professionals who will embrace lifelong learning; and
	  (iii) provides structured experience of interprofessional working to facilitate team-work in the delivery of patient-centred care.
	(d) A commitment to excellence in teaching and learning methods;
	(e) A vision for leadership in practice, research and other scholarly activity and educational activities.
		School provide evidence for the on-site visit in 2016 on matters of patient safety including evidence of procedures for staff to deal with concerns that may impact on patient safety.
		
		The accreditation team agreed that, subject to the satisfaction of the above requirements, this standard was likely to be met.

1.5	For a newly planned and/or recently established programme, the Professional Degree Programme Provider must provide a comprehensive strategy outlining the planning, development and implementation phases of the programme.	

STANDARD 2: LEADERSHIP, ORGANISATION AND GOVERNANCE	Accreditation team's commentary
There must be clear management structures for the Professional Degree Programme with a schedule of roles and responsibilities, and a defined structure and process to show lines of accountability and authority for all those involved in the delivery of the Professional Degree Programme.	

2.1   The Professional Degree Programme must be planned and delivered by an identifiable organisational unit preferably a School or Faculty of Pharmacy ('the School'), which has responsibility for the Professional Degree Programme and associated resources. Furthermore the Professional Degree Programme must be planned and maintained through transparent processes and must clearly identify who is responsible for what at each stage.
 	
2.2   There must be effective systems in place to ensure that students:
 	
   (a)   do not jeopardise patient safety and only do tasks under appropriate supervision;
   (b)   are monitored and assessed to assure they always work and perform safely;
   (c)   understand what fitness to practise mechanisms apply to them;
   (d)   are not awarded an accredited degree or placed into any part of the programme that involves access to patients, the public or confidential data, if they are considered likely to pose a risk.
 	
2.3   The Head of the School must be qualified to provide leadership in pharmacy professional education, including research and scholarly activities, and so be in a position to influence the HEI and the School policy in relation to
	A new management structure has been established recently, including the appointment of three lead personnel from within existing staff and the establishment of a new Academic Quality and Operations Manager post. The three lead personnel, appointed on four year terms, are Leads in Pharmacy Development, Pharmacy Education, and Pharmacy Research. Alongside the Head of the School and the Academic Quality and Operations Manager, the three lead personnel formed the newly established Leadership Team.
	
	The Head of School is a registered pharmacist with the Pharmaceutical Society of Ireland and is thereby familiar with, and subject to, the statutory code of conduct for pharmacists. He exerts intra- and extra- institutional influence through the College, as well as through national and international positions he has held or holds.
	
	The College recognises that not all members of society have had the same opportunities to benefit from higher education, and that students with disabilities, members of the Traveller community and students from certain socio-economic backgrounds continue to experience a variety of barriers to reaching their full educational potential. The College is strongly committed to significantly increasing the participation rates of all these and other such groups and to the creation of a socially inclusive learning environment for all.

	pharmacy. In the event that the Head is not a pharmacist registered in Ireland, there must be an identified pharmacist registered in Ireland who can provide leadership in the practice and profession of pharmacy and have authority for effective advocacy for pharmacy within the HEI and be held accountable for the oversight of practice-based learning. This person must be at a senior level within the School and be registered in the Register of Pharmacists and thereby be familiar with, and subject to, the PSI statutory Code of Conduct.	The team noted that the governance structure of RCSI does not give any clear indication of the relationship between the School of Pharmacy and cognate academic departments, especially Anatomy, Physiology & Medical Physics, Pharmaceutical and Medicinal Chemistry, Molecular and Cellular Therapeutics, that appear to have a major planned input into the delivery of the new MPharm. In addition, the documentation referred to a cross-functional team-based approach but the function of these cross-functional teams was unclear in relation to the roles of the module teams, and where members have several roles/responsibilities and reporting lines, how members of staff prioritise demands being made upon them. In this respect, the team considered that the use of the term "Service Teaching" was not supportive of the development of an integrated course. Thus, the team noted that there are a very large number of staff members (57) from other departments with service-teaching input to the MPharm. This number is much greater than the number of staff in the School itself. It was not clear to the team if all these staff members are members of module teams, and how it is ensured that their teaching is in a pharmaceutical context; the team agreed to seek clarification on these items at the time of the on-site visit.
2.4	The HEI must support the development of suitable relationships between the School and other academic and service units of the HEI for instruction, research and practice-based and interprofessional learning.	
2.5	External relationships or collaborations with the pharmacy profession must be facilitated to foster the School's teaching, learning and research capabilities. The School should have access to, and arrangements with, HEI affiliated and other healthcare teaching facilities in support of the practice-based and interprofessional learning needs of the Professional Degree Programme [see also Standard 3.6(c)]. Wherever possible, collaborative approaches to practice-based placements must be used in conjunction with other HEIs in the State offering a pharmacy degree programme.	To ensure patient safety, students always interface with patients in structured and supervised experiential learning sessions and placements in the academic part of the programme, and in all such formal placements students are supervised by registered pharmacists who are provided with guidelines as to the intended learning outcomes and responsibilities for supervision. All students are required to read the Code of Conduct that outlines the defined standards and the principles by which students must abide in the academic, clinical and professional environment and ensure that they understand the implications of same before accepting a place on the undergraduate programme. A student agreement must be signed to this effect. Every student is personally responsible under the Code for his/her own acts or omissions. Compliance with these standards is considered as evidence of Fitness to Practise. The College has a mechanism in place to identify students whose conduct/behaviour gives cause for serious concern or whose health may be impaired to such a degree as to potentially pose a risk to patients; to provide such students with appropriate support and to ensure that if they remain a risk to patients they are not permitted to graduate with an MPharm degree from the School. Where a student's behaviour or conduct
2.6	The Professional Degree Programme must comply with the principles of equality, diversity and fairness and meet all the requirements of National and European law as it relates to the education, training and qualification required for registration as pharmacists.	

2.7 As part of the statutory annual reporting process to the PSI, the School must submit data on student intake, student numbers, student achievement and progression through the Professional Degree Programme with the School's commentary and analysis. The School must maintain a reliable, accurate and workable management information system in support of this.
 	
2.8 The Head of School has an obligation to report to the PSI:
 	
    (a) on key issues including any changes in resources that are pertinent to the delivery of the Professional Degree Programme; and
 	
    (b) at the point of graduation, a confirmation that each graduate has met the competencies in the CCF. In order to do this, the School must maintain, in accordance with any policy as approved by the PSI Council from time to time or any legislative provisions, an ongoing record of 'fitness to practise' matters and any other matters that could have a material impact on future fitness to practise when the student/graduate in the future is practising as a pharmacist.
	raises a concern, the RCSI Disciplinary Procedures are employed. As for Standard 1, because there did not appear to be any evidence of a mechanism of formative feedback on patient safety issues during clinical skills activities and patient encounters from Years 1-5,it will be a requirement that the School provide evidence by 31 December 2015 on matters of patient safety including evidence of procedures for staff to deal with concerns that may impact on patient safety.
	
	The team welcomed the establishment of formal relationships with five hospitals through which students will have the opportunity to engage with, and participate in, supervised patient contact sessions. However, the team found it unclear if the bedside teaching taking place in the third year integrated clinical modules and supervised patient contact sessions in these hospitals are independent of the APPEL and the trainers/preceptors, and how this bedside teaching and supervised patient contact will be integrated with the modules; the module descriptors refer to patients with various diseases but do not state if these are real patients on the wards, simulated patients or paper-based case studies. It was also unclear if every student will have a community, industry and hospital practice experience at some point over the degree, and how potential competition/high demand for certain placements will be addressed; again clarification will be sought on these items at the time of the on-site visit.
	
	The accreditation team agreed that subject to the satisfaction of the above requirement, this standard is likely to be met.

STANDARD 3: RESOURCES	Accreditation team's commentary
The School must have sufficient allocated resources, financial, physical and staff, and have developed and documented contingency plans to cover any deficiencies that may arise in order to ensure the effective delivery of a Professional Degree Programme that continues to meet the 'Accreditation Standards of the five-year fully integrated Master's degree programmes in pharmacy' as approved by the PSI Council from time to time	
3.1 Academic Staff The School must have a sufficient number of core academic staff and other teaching staff including professionally qualified staff such as teacher-practitioners, practice educators and tutor pharmacists, appropriately qualified, experienced and expert in pharmaceutical sciences and pharmacy practice. There must be an appropriate mix of academic staff practising as pharmacists in clinical practice including senior staff who can influence policy within the School and contribute to curriculum design and development, assessment design and development, and course management and coordination activities. This staff, full-time and part-time, must: (a) provide the majority of teaching and learning support for the Professional Degree Programme. Where 'service-teaching' is identified as essential, there shall be a robust means of managing its integration into the Professional Degree Programme and ensuring that the teaching is oriented towards pharmacy; (b) individually and collectively, demonstrate a commitment to the mission of the School and to the goals and objectives of the Professional Degree	The College is a private entity that receives minimal State funding. It operates a self-funding financial model and the organisation must generate sufficient resources to cover both its current and capital funding requirements. As a private institution, the College does not provide the financial performance of individual business units as this information is commercially sensitive. However, the figures provided from the annual report show that the College is financially in a healthy position. Continued financial support and investment in the School of Pharmacy as a key business unit within the College is evidenced by new academic office space provided to the School, new governance structure approved by the Senior Management Team, recruitment of a new operational team to support School activities, recruitment of a new Senior Practice Lecturer and a new Practice Liaison Pharmacist, and approval for recruitment of new Practice Lecturer, Pharmaceutics Lecturer, and Laboratory Manager in 2015. The team agreed that although there was no school-specific financial information supplied, overall the RCSI appeared to be in a very healthy financial position. However, the team could find no reference to any contingency plan to assure the continued running of the programme in case of any financial difficulty. As a result, the team agreed that it will be a **requirement** by 31 December 2015 that contingency plans be made available to assure the continued running of the programme in case of any financial difficulty. The staff members of the School will provide the majority of teaching and learning support for the MPharm. These staff members are classified against their particular discipline of focus as Practice (includes clinical pharmacy, pharmacy practice, therapeutics and pharmacy education (8.5 FTE)),

Programme and a continuing commitment to be effective teachers;

(c) provide the academic direction for all teaching and learning support or assessment provided by individuals from outside the School;

(d) liaise with any staff from outside the School involved in teaching to support the adaptation of examples used in teaching and learning to contemporary pharmacy context and to ensure that it is patient-centred;

(e) be provided with the resources, support and academic environment which allows staff members to maintain their knowledge at the leading edge of pharmaceutical, biomedical, and social sciences and clinical pharmacy practice;

(f) be encouraged and supported to engage in scholarship and research which is disseminated nationally and internationally;

(g) have access to an organised professional development programme open to all teaching staff members consistent with their respective responsibilities. This programme must provide opportunities to develop teaching, learning and assessment skills and the use of new learning technologies. As well as applying to both full-time staff and part-time staff of the HEI, this requirement also applies to all those contributing to teaching, learning and assessment. The programme for tutor pharmacists must be amenable to flexible delivery and meet the requirements as approved by the PSI Council from time to time. Evidence of the impact of professional development programmes should be demonstrated.

Pharmaceutics/bioengineering (6 FTE) and Pharmacology/clinical pharmacology (3 FTE), plus a variety of managerial, administrative and technical staff. The School will obtain bespoke teaching and assessment in pharmaceutical and medicinal chemistry from the Department of Pharmaceutical and Medicinal Chemistry; behavioural sciences from the Department of Psychology; microbiology from the Department of Clinical Microbiology; anatomy from the Department of Anatomy; biochemistry and pharmacology from Molecular and Cellular Therapeutics; physiology from the Department of Physiology and Medical Physics and interprofessional education from the Schools of Nursing and Midwifery, Medicine and Physiotherapy. The team agreed that the staff provision represented a strength of the course. Additionally, the team was pleased to see the timely front-loading by the appointment of the additional staff required to deliver the new course.

Professional development for all College staff (including School and service-teaching staff) is promoted through a suite of processes and functions available as part of the Staff Learning and Professional Development function within the Human Resources Department.

An RCSI-designated Practice Liaison Pharmacist (PLP) will be the key liaison officer to provide support to the students on placement and to their tutors coordinated through the APPEL

While cognisant of the fact that the APPEL is still in the development phase, the team nevertheless agreed that there was a **requirement** for the on-site visit for details of the measures proposed to ensure that the APPEL recruits and trains tutors who meet its specification, and how the APPEL plans to increase numbers of practice placement opportunities to service the needs of the three schools of pharmacy.

3.2	**Practice Educators**	
	The School must have a sufficient number of Practice Educators, in joint appointment positions with practice placement sites as practicable, who will provide the specialised teaching on the interface between the learning within the schools and that within the workplace and who will provide support to the students on placement and to their tutors.	**The accreditation team agreed that, subject to the satisfaction of the above requirements, this standard was likely to be met.**
3.3	**External Experts**	
	The School should ensure that relevant input from external specialist lecturers is provided to enhance the students' contextual understanding of specific areas.	
3.4	**Support Staff**	
	The School must have a sufficient number of support staff suitably qualified/trained and experienced to support its operation. This staff must have access to an organised development programme open to all support staff consistent with their respective responsibilities. Evidence of the impact of this programme should be demonstrated.	
	Technical staff should be suitably qualified and trained and proficient in the operation and maintenance of scientific instrumentation and other equipment. Technical staff should take an active role in the preparation and delivery of laboratory practice sessions and projects and practice sessions and projects.	
3.5	**Tutor pharmacists**	

Pharmacists acting as tutors for the practice-placement elements of the programme must be of sufficient number, appropriately qualified and experienced and be professional role models with the knowledge, skills, attitudes and behaviours to effectively mentor, monitor and evaluate students.

3.6   Infrastructure and Financial Resources

(a) The School must have the financial resources necessary to accomplish its mission and goals;

(b) The School must ensure that accommodation (including teaching rooms and laboratories), equipment, library facilities, IT (including appropriate interactive distance learning technology/VLE), subject specific IT specialist software (for example dispensing software), clinical skills facilities and other resources available to it are sufficient for the effective delivery and assessment of the planned Professional Degree Programme to the numbers of students in each year of the Professional Degree Programme and overall, and that the accommodation, equipment and facilities are safe to use and are properly maintained in a safe condition; properly taking account of the other teaching and research commitments of the School;

(c) There must be policies and procedures to ensure that training establishments for the practice-placement elements of the Professional Degree Programme are appropriate for the delivery of this element of the Professional Degree Programme and meet any requirements as approved by the PSI Council from time to time, including any requirements relating to consistency of approaches to placements;

(d) The School should have contingency plans, developed and documented, to cover any deficiencies in infrastructure, equipment or personnel that may arise in order to ensure the effective delivery of the Professional Degree Programme.	

STANDARD 4: CURRICULUM	Accreditation team's commentary
The curriculum must be planned to deliver an integrated Master's degree programme learning experience that combines and co-ordinates all components in a logical and cohesive manner with clearly articulated linkages between and across units within years and between years. The Professional Degree Programme must be planned as a whole to deliver graduates who have the knowledge, skills, attitudes and behaviours to meet the Core Competency Framework for Pharmacists necessary for entry to the profession of pharmacy and to assure the accountability of the profession to society.	
4.1   The curriculum must be progressive in dealing with issues in increasingly complex and inter-related ways so that graduates meet the Core Competency Framework for Pharmacists as established by the PSI Council from time to time and that they can practise safely and effectively according to the statutory Code of Conduct for pharmacists, and any other guidance and requirements as approved by the PSI Council from time to time.

4.2   Sufficient time should be allocated over the whole period of the Professional Degree Programme to enable the formation of an appropriate ethical and professional approach to practice and this process should begin early in the first year. From the beginning, the Professional Degree Programme must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally. Appropriate assessment of the development of professionalism should take place throughout the Professional Degree Programme. | The curriculum is designed to encompass the scope of contemporary practice, emerging roles and potential future roles. The advanced modules are designed to encourage deeper and higher learning and have a flexible approach in the teaching and learning to ensure that emerging, contemplated and future roles of the pharmacist can be fully explored within the context of societal and professional change. The documentation stated that the contemporary and future scope of pharmacy in patient-centred care will be further explored through a suite of interprofessional education initiatives.

The team noted that the School and College have many references to professionalism and appear to have structures and systems in addition to research to promote the concept of professionalism in practice, and that there is an appropriate amount of time devoted to inculcating an ethical and professional approach to practice. However, although the documentation applied RSCI's formal definition of "medical professionalism" to pharmacy, the team agreed that it will be a **requirement** for 31 December 2015 to provide a specific pharmacy version adapted from the medical version.

The curriculum is designed to achieve its outcomes through an integrated learning experience, informed by Harden's framework, where integration is conceptualised as a continuum. The multidisciplinary approach brings together the subject areas with themes as the focus for the students' learning. Interdisciplinary learning is at a higher level again where the subjects are not |

4.3	The curriculum should embrace the scope of contemporary pharmacy practice responsibilities to patient-centred care as well as the emerging roles of the pharmacist within the context of societal and professional changes occurring and contemplated.
4.4	The curriculum must be designed, delivered and regularly reviewed to keep abreast of advances arising from policy and research and development in medical and pharmaceutical science and services. The scientific base of the curriculum must be of adequate depth, scope and quality and sequenced appropriately to provide both a foundation and continuing support for the intellectual and clinical objectives of the Professional Degree Programme.
4.5	The curriculum must be delivered by interdisciplinary teams in order that the subject matter of the degree is integrated, and delivered in a patient-focussed manner. The student must be provided with the knowledge and experience that will facilitate an understanding of the key regulatory and scientific aspects of drug discovery, and the manufacture, preparation, quality control, distribution, actions, interactions and use, including, the evidence-based use, of medicines by patients and including health screening, health promotion, pharmaceutical care and the interprofessional nature of health and social care services.
4.6	The curriculum must be designed to ensure that, from the early stages of the Professional Degree Programme through to the advanced practice experiences, students are encouraged to assume and are assisted in assuming, responsibility for their own learning, including assessment

identifiable as they merge, and transdisciplinary is authentic learning in the "real world". Student support in integrating the different forms of knowledge and skill so that they cohere meaningfully is facilitated through sequencing of modules to ensure horizontal and vertical integration, use of organisation themes and appropriate teaching methods. Early exposure to the workplace and iterative transitions between education and work-based experiential learning are provided, thereby increasing the integration level as the programme progresses. The curriculum is designed to ensure that students are supported in learning-to-learn in the early stages of their professional journey. Thus, the proportion of direct contact hours with students per 10 ECTS module is highest (90 hours) in the first year, decreases in Years 2, 3 and 4 (80 hours) and is lowest in the fifth year (70 hours) as students take increasing responsibility for their own learning. Additionally, the assessment of learning needs is a key feature of the longitudinal "Professional Development" modules that span each year of the programme.

The content of the curriculum is organised in themes to allow learners to make sense of increasingly complex information and to ensure an integrative approach to learning. The organisational themes are presented either as blocks of learning or longitudinal threads. Organ systems represent the main integrative blocks for the curriculum, informed by research and field visits. In advance of the systems approach, foundation material is integrated around the themes of the pharmacist, health and medicines. Further integration is provided in the foundation material through core drugs specifically chosen with regard to complexity and context. The first module in Year 1 is integrated around the core competencies of the CCF. The placement modules, which occur at a more advanced level in Years 4 and 5, are also integrated around the core competencies of the CCF.

The team agreed that the approach to the application of the curriculum was well thought-out and researched. The use of the spiral structure and focus on 'case-based' learning should give the opportunity for learning in what is a very challenging and expansive course. In particular, the focus on case-based learning was impressive and recognised the importance of problem-solving ('knows

	of their learning needs. Students should also be encouraged to participate and be assisted in participating in the education of others.	how' vs. 'knows what'). The strategy reflected a modern approach to education, catering for all types of learners through several different methods (learning through practising, through making etc.) and identifying the importance of technology-enhanced learning. Nevertheless, the team agreed that there will be a **requirement** for 31 December 2015 of an explanation of how the placements are integrated with the academic content, how all students are guaranteed a comparable overall experience with the ability to experience interaction with the same trainers/preceptors and patients in the same community practice every week, and how opportunities for rotational clinical teaching in the secondary care environment in the third year integrated clinical modules relate to the placements.
4.7	The Curriculum should be guided by, but not limited to; the indicative syllabus shown in Appendix B of this document[1] and it should take account of, and be responsive to, developments in pharmaceutical science and services and in pharmacy practice.	
4.8	The curriculum must provide appropriately comprehensive training in research methods applicable to scientific and health research in order to meet the CCF and it must include practice research. In addition, the Professional Degree Programme must include a significant research component that meets the requirements of a level 9 degree programme on the National Framework of Qualifications.	The first placement occurs in the first semester of first year, when students get an opportunity to visit a community pharmacy, hospital pharmacy and an industrial practice environment. The experiential learning in Year 2 is provided as a longitudinal placement in a community pharmacy and Year 3 students are provided with rotational experiential learning opportunities in secondary care. The 4/6-month principal professional placement modules in Year 4 are designed to support the acquisition of core competencies of the CCF, and in particular the generic competencies that are important for, and can be achieved in, all placement settings, while the 8-month principal professional placement modules in Year 5 are designed to support the acquisition of all the competencies of the CCF in a patient-facing setting. The team agreed that, although the practice-placement experiences could represent a strength of the programme, and that the curriculum was appropriate in its content, there will be a **requirement** for 31 December 2015 for information about when and where the students have patient-facing roles and tasks, including information on the exact number of days of practice placement experience in the early years of the course and of the quality assurance of same. It will also be a **requirement** that the College confirm to the PSI that the
4.9	There must be a continuum of structured and quality assured practice-placement experiences throughout the curriculum from introductory to advanced, and across the main practice settings of community, hospital and industry, that are of adequate scope, intensity, structure and duration to support achievement of the CCF. The structure of these practice-placement experiences must meet the PSI Council policy as approved from time to time. These experiences must integrate, apply, reinforce and advance the knowledge, skills, attitudes and	

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[1] The indicative syllabus exists as a general guide to an appropriate scope of curriculum content for the Professional Degree Programme. It is not intended to define a contemporary pharmacy programme.

	behaviours developed through the other components of the curriculum.	curriculum complies with paragraph (2) of Article 49 of Directive 2001/83/EC (relating to the educational requirements for qualified persons in manufacturing) by the end of September 2015.
4.10	The curriculum must comply with the various minimum legal requirements at national and European level (see Appendix C).[2] The curriculum must take account of the recommendations of the Advisory Committee on Pharmaceutical Training (European Commission, 1995)[3].	The team was concerned that the entitlement of a student who had not completed the whole programme to graduate with a Bachelor of Pharmacy degree at the end of Year 4 of the programme could cause confusion and misunderstanding with potential for patient safety issues. The accreditation team noted that the accreditation standards for pharmacy degree programmes pertained only to a 5-year, and not a 4-year, course of studies. The accreditation team agreed that it would be a **requirement** that students should be advised by the Provider of this matter on entry to the course. Confirmation of this requirement will be sought by 30 September 2015.

The accreditation team agreed that, subject to the satisfaction of the above requirements, this standard was likely to be met. |

[2] To include the Schedule of the Pharmaceutical Society of Ireland (Education and Training) (Integrated Course) Rules 2014 (S.I. No. 377 of 2014)

[3] In this respect, a curriculum compliant with the European Credit Transfer and Accumulation System (ECTS) meets the total hours requirement of these recommendations.

STANDARD 5: TEACHING AND LEARNING STRATEGY	Accreditation team's commentary
The Teaching and Learning Strategy must be designed to deliver a curriculum that produces graduates that meet the Core Competency Framework for Pharmacists as established by the PSI Council from time to time.	
5.1 The Teaching and Learning Strategy must: (a) be structured to provide an integrated experience of relevant science and pharmacy practice, a balance of theory and practice and the development of independent learning skills; (b) take account of the predicted preferred learning format of the intended audience as well as the most effective methods to demonstrate competency against the required learning outcomes; (c) emphasise the contribution of the pharmacist in the pharmaceutical industry and the pharmacist in the healthcare team, including the clinical skills that enable the critical review of patient pharmacotherapies and, where appropriate, during the Professional Degree Programme, teaching and learning should be organised so that students can learn with and from students of other related healthcare professions; (d) include practical experience of working with patients, carers and other health care professionals. The intellectual and professional demands of the practice experience should increase as the student progresses through the Professional Degree Programme and the teaching and learning strategy must articulate how this will be achieved (for example, off-site	The approaches to teaching and learning have been designed to support the delivery of the curriculum and to facilitate the development of graduates who have the required scientific and clinical knowledge, professional competence, commitment to continuing professional development and are prepared to meet the challenges arising from the various practice roles as pharmacists. The curriculum has been designed to map to all elements of the CCF; the associated teaching and learning approaches within the strategy have been designed to guide the students towards achieving these competencies, and meeting the statutory requirements for those entering the Register. An active learning approach is used, which facilitates student engagement. In order to facilitate multimodal teaching and learning approaches in module design, a series of eight 'learning categories' that are associated with a range of 'learning activities' have been developed. The learning activities (learning from experts, learning with others, learning through making, learning through exploring, learning through inquiry, learning through practising, learning from assessment and learning in and across settings) provide a structure for Module Leaders and Year Leaders to ensure that a varied range of teaching and learning methods are employed. A spiral curriculum approach is employed that includes problem-solving and decision-making skills being incorporated in the learning categories for each module, and these skills are a particular feature of a case-based or problem-solving approach. The theoretical framework for the Teaching and Learning Strategy promotes the use of decision-making and problem-solving skills, both at an individual and group level.

placements, learning sessions involving patients, carers and/or health professionals and simulations);

(e) articulate how experiential and practice-based learning and the input of tutor pharmacists is integrated within the Professional Degree Programme and how it contributes to the overall outcomes of the Programme;

(f) correspond to contemporary and potential future requirements of pharmacy practice, featuring a variety of teaching and learning approaches appropriate to stated learning outcomes, and be in step with current healthcare developments and provision, reflective of changing client and service needs and so ensure that graduates meet the CCF to be eligible to apply for registration as pharmacists. Approaches should include a combination of didactic, non-didactic, experiential and direct observational activities, including the development of appropriate clinical skills. Adult education principles should be introduced in the latter stages of the Professional Degree Programme and, in particular, to underpin the practice-placement elements;

(g) facilitate the development of the student's consultation, counselling and communication skills (as referred to in the CCF) and this should be underpinned by the theoretical basis within the social and behavioural science content of the Professional Degree Programme;

(h) encourage students to take responsibility for their own learning both within the Professional Degree Programme and as a basis for later continuing professional development;

(i) place emphasis upon the development of leadership skills, problem-solving skills, and the justification of decisions made both on an individual and team-based

Early structured patient contact sessions commence in Year 1 and are integrated throughout the programme to ensure students become person-centred practitioners. The role of simulation in learning is a key consideration in the learning category 'learning through practising', which sees students practising interacting with patients and others using simulations, including simulated patients. The teaching of communication skills commences in Year 1, and delivery is supported by staff members in the RCSI Department of Psychology, who provide the theoretical basis of behavioural science relating to communication skills. Consultation, counselling and communication skills are progressed through advanced practice modules in Year 4 and Year 5 of the programme, where multi-morbidity intensifies the requirement for competency outlined in the CCF.

The team agreed that the teaching and learning strategy appears to provide an integrated experience of relevant science and pharmacy practice, a balance of theory and practice and the development of independent learning skills, although, this was not easy to evidence from the module descriptors. The team noted that the practical experience of working with patients, carers and other healthcare professionals obtained through bedside teaching and through the placements is extensive. However, the team had difficulty in finding comprehensive information on student induction for placements or on debriefing sessions after returning to the academic environment. Furthermore, it was not clear how students set about acquiring the competencies described in the CCF and how the trainers/preceptors will ensure that they develop these competencies. Additionally, although there are several references to the appointment of a Vice-Dean for Interprofessional Education (IPE), there is no mention of IPE with other healthcare professional students. The team agreed to seek clarification on these items at the on-site visit.

The accreditation team agreed that this standard is likely to be met.

basis and the impact of such decisions on patient safety;

(j) ensure that teaching and learning take place alongside and with reference to research and other scholarly activities in order that all students develop critical, analytical skills, an understanding of research methods and to support evidence-based decision-making and practice;

(k) ensure that the students recognise the importance of working as part of a multidisciplinary team.

5.2   Notwithstanding the requirement to ensure a balance of pharmacist input across the programme, the Teaching and Learning Strategy must provide that, where no pharmacist is appointed within an area of academic expertise, there are robust mechanisms in place to ensure that teaching and learning in modules/course units in that area take place in a pharmacy context.

5.3   The Teaching and Learning Strategy must ensure that pharmacy law, ethics, professionalism and pharmacy practice are taught predominantly by pharmacists with appropriate contemporary experience of practice, drawn preferably from within the School.

5.4   The Teaching and Learning Strategy must develop a culture of professionalism in which all teaching staff can lead by example, collegiality, civility and respect among students and staff and this must be underpinned by a clear and realistic student code of conduct that is explained, communicated and enforced to assure professional behaviour. This must be supported by Fitness

to Practise procedures that address causes for concern raised about students (see Standard 2).	

STANDARD 6: ASSESSMENT STRATEGY	Accreditation team's commentary
The Assessment Strategy must ensure that all graduates demonstrate the competencies set out in the Core Competency Framework for Pharmacists as established by the PSI Council from time to time. The strategy must align with the teaching and learning strategy (see Standard 5) and use effective and validated diagnostic, formative and summative assessment methods that are reviewed at frequent intervals and take account of developments in pharmacy practice within all components of the Professional Degree Programme.	
6.1 The Assessment Strategy must: (a) be planned at the Professional Degree Programme level to include a range of methods, at each level of study, appropriate to assess the progressive attainment of all competencies set out in the CCF and the process of professionalisation and should include a formal assessment of the student at the end of year five by the tutor pharmacist; (b) include clearly defined marking criteria and the pass criteria must reflect safe and effective practice. All assessments must take account of patient safety and any evidence of unsafe practice must result in failure. Condonation and compensation should not normally be applied and, if used, the graduate must still demonstrate all competencies as set out in the CCF; (c) be framed by Institutional regulations for the Professional Degree Programme that are appropriate for an award that is both academic and professional in nature; (d) provide clear guidance to students relating to assessment of stated professional and learning outcomes, with objective reporting on assessments; (e) position knowledge, understanding and competence development in a pharmacy context. Notwithstanding	The Assessment Strategy contains a range of methods appropriate for each level of study of increasing complexity and diversity, to allow demonstration of progressive attainment of all competencies set out in the CCF. The Strategy is modelled on the institutional template utilized for all the College programmes, and all institutional regulations governing both academic and professional standards apply. There is an emphasis on the process of professionalisation from the outset, featuring in the learning outcomes and the mapped assessments of all modules. In parallel, students participate in Professional Development modules across all semesters. The Assessment Strategy provides for a holistic approach through a multi-modal approach but the emphasis on OSCE assessments longitudinally allows more robust assessment of accrual of skills and professional behaviours, including communication skills, practice skills and data and problem-solving. Robust mechanisms are in place to ensure that assessment in modules occurs within a pharmacy context. Formal sign-off of attainment of CCF competencies by preceptors is mandatory for all students at the end of the eight-month clinical placement in Year 5 and prior to presentation at the Professional Registration Examination (PRE). Marking criteria are determined in advance of all examinations by the Module Committee. The main emphasis of this process is to ensure the attribution of appropriate weighting to aspects of patient safety relevant to that assessment. Standard setting mechanisms utilised in OSCEs involve identification of cut-scores through discrimination between safe and unsafe practices as determined by trained assessors. By the end of Year 5, students must show competencies in all

	the requirement to ensure a balance of pharmacist input across the programme, should there be no pharmacist within an area of academic expertise there must be robust mechanisms in place to ensure that assessment in modules/course units in that area takes place in a pharmacy context;	areas of the CCF. Year 4 placements provide the opportunity to self-assess and be assessed by the trainer/preceptor on the CCF in a formative manner. This allows individual feedback and feedforward on areas of improvement needed before beginning the Year 5 placement.
(f)	emphasise the contribution of the pharmacist in the healthcare team and the pharmacist in the pharmaceutical industry and where appropriate, during the Professional Degree Programme, the student is assessed alongside and together with students of other related health professions;	The School implements a quality improvement process administered by the Quality Enhancement Office with the recommendations of the report implemented at School level in the form of a Quality Improvement Plan, overseen by the Pharmacy Programmes Lead and the Academic Quality and Operations Manager; this allows the results of assessment to contribute to quality improvement of the MPharm.
(g)	demonstrate a holistic approach and include, for example, mechanisms which measure cognitive learning, mastery of essential practice skills, ability to communicate effectively, team-working, numeracy and use of data in problem-solving;	The team agreed that it be a **requirement** for 31 December 2015 that the Medical School Assessment Feedback Policy be adapted into a specific School of Pharmacy policy. Although the team agreed that the Assessment Strategy was appropriate, it found little explicit mention of patient safety in the various appendices concerning assessment and of the consequences of unsafe actions in an OSCE. There is mention of a 'yellow card' system but how this operates is not explicit. The team agreed that there be a **requirement** for information on how patient safety is considered in the context of assessment by 31 December 2015.
(h)	develop students as self-directed learners underpinned, where possible, by participation in peer review and assessment;	
(i)	include a formal examination of pharmacy law towards the end of the Professional Degree Programme;	
(j)	address pharmaceutical calculations in all years of the Professional Degree Programme;	
(k)	include a final formal summative objective structured clinical examination as part of the statutory professional examination at the end of year five that seeks to assess in an integrated manner the performance of students based on the curriculum delivered over the five years of the Professional Degree Programme.	**The accreditation team agreed that, subject to the satisfaction of the above requirements, this standard was likely to be met.**
6.2	The Assessment Strategy must be supported by a robust and transparent appeals process that is fully documented and communicated to students.	

| 6.3 | There must be rigorous processes for review, monitoring and evaluation of all elements of the assessment strategy that identify and take account of inconsistencies and so ensure fairness and reliability. Such processes should incorporate external scrutiny of student assessments. | |

STANDARD 7: QUALITY ASSURANCE AND ENHANCEMENT	Accreditation team's commentary
All processes and activities related to the Professional Degree Programme must be clearly defined, documented, executed and controlled in accordance with a system of Quality Management which assures and demonstrates consistency, reproducibility and transparency of operations. There must be evidence that this process is being used to enhance the quality of the provision.	
7.1 There must be clear management structures for the Professional Degree Programme with information about roles and responsibilities, lines of accountability and the authority to act for all those involved in education and training. 7.2 The School must describe how it assesses attainment of the educational philosophy of the Professional Degree Programme (see Standard 1.1). 7.3 The Professional Degree Programme Provider must be able to demonstrate a rigorous evaluation of the Professional Degree Programme and how outcome data and research into best practice are used to achieve continuous monitoring, risk minimisation, development and enhancement of the Professional Degree Programme. The views and experiences of the students, staff (full-time and part-time), tutor pharmacists, employers, service users and the PSI on the quality of the Professional Degree Programme must be considered. Wherever appropriate, students, staff (full-time and part-time), tutor pharmacists, employers and service users should be represented on committees and other groups that have responsibility for the design, implementation and review of the programme.	There are clear management structures for the MPharm with a number of key roles within the Programme including Programme Leader, Year Leader, Module Leader, Module Advisor and Module Contributor. The Operations Team within the School and the Student, Academic and Regulatory Affairs (SARA) department work together to support the delivery of the MPharm. The Year Committee is led by the Year Leader, with the membership of the committee made up of all Module Leaders, and is concerned with any matters relating to the delivery of the year. The Module Committee for each module is led by the Module Leader, with membership of the committee made up of all Module Contributors and is concerned with any matters relating to the delivery of the module. The team agreed that there are very strong governance structures within the School and the College which augurs well for the quality of the programme. Proactive quality assurance (QA) processes within the College are coordinated by the Quality Enhancement Office. The School's Key Performance Indicators (KPIs) will allow the School's Leadership Team to assess the realisation of the educational philosophy through their measurement of metrics related to teaching and learning. In addition to the institutional and School KPIs there will be a requirement for the development of KPIs to specifically measure and ensure compliance with the experiential learning component of the

7.4	Key performance indicators (KPIs)must be established and monitored to ensure ongoing compliance with these 'Accreditation Standards for the five-year fully integrated Master's degree programmes in pharmacy' as approved by the PSI Council from time to time, and to meet the standards for the National Framework of Qualifications for a level 9 qualification. Where issues are identified that impact on compliance with the Accreditation Standards, immediate corrective action must be taken and notified to the PSI.
7.5	There must be a reliable means of reviewing each student's proficiency over the period of the Professional Degree Programme, to include proficiency in practice placements, to provide robust evidence of each student's performance over a sustained period. The award of an accredited degree is conditional on demonstration of sustained achievement of an appropriate level of professional performance. Fitness to practise mechanisms for students must be in operation and routinely reviewed.
7.6	The Professional Degree Programme Provider must establish and operate a rigorous system for the external examination of the Professional Degree Programme. This system must include explicit policies and regulations covering the appointment, terms of office and role of the external examiners.
7.7	All proposed material changes to the Professional Degree Programme must be documented and submitted prior to implementation to the PSI for approval in line with the statutory requirements. The Professional Degree Programme document management policy must record

professional degree programme. While the APPEL will be responsible for the development and administration of these KPIs, approval will be required by the Board of the APPEL, which consists of the Head of each School of Pharmacy within the consortium. The team noted that there is no specific reference to KPIs in the APPEL consortium agreement. However, the agreement has a specific section on quality assurance and specifies the need to fulfil all relevant requirements of PSI accreditation. The team agreed that there was a **requirement** for evidence of progress relating to the planning and development of KPIs for APPEL to be presented at the time of the on-site visit. The team welcomed the establishment of APPEL and was aware that this is a work in progress and that the adequate functioning of APPEL will need to be quality assured. The team was also aware that the role of the trainers/preceptors is crucial. It is not yet clear how they will relate to the three schools of pharmacy, how they will be trained and how they will be quality assured; the team was cognisant that these will be the functions of APPEL, albeit with the ultimate responsibility for quality lying with each of the schools of pharmacy for their own degree programme. The team noted that although there was no strong evidence in the documentation of reliable means of reviewing proficiency in Years 1-3 of the programme, the documentation explained that the attainment of core competencies will be formally assessed, primarily by trainer/preceptors in the workplace, according to a structured process with each Year 4 and Year 5 student being appraised against the core competencies a specified number of times as determined by the specific placement requirements for that year.

The accreditation team agreed that, subject to the satisfaction of the above requirements, this standard was likely to be met.

and retain all changes to the Professional Degree Programme as accredited over time. This is to enable the retrieval of the programme of study undertaken by each student at any time, including post- graduation.

7.8   There must be appropriate mechanisms in place to assure and enhance the quality of all practice placements including:

   a)   the process to select, assess, accredit and appoint tutors and training establishments;

   b)   tutor development and support structures;

   c)   appropriateness of training establishments;

   d)   organisational support for the tutoring process; and

   e)   the allocation of students to training establishments.

   There must be appropriate support for students including processes to monitor, review and take necessary corrective action.

   There must also be appropriate levels of collaboration with regard to the quality assurance of practice placements between the School and the other Schools of Pharmacy in the State so as to facilitate and maximise the benefits of practice placements as a critical national resource.

7.9   There must be appropriate mechanisms to monitor performance of all staff and the School should provide evidence as to how this is carried out and how this links to the quality enhancement through a development programme (see Standard 3).

STANDARD 8: STUDENTS	Accreditation team's commentary
There must be processes at HEI and School level to assist prospective students in their application to the Professional Degree Programme, in securing and maintaining placements for the practice-placement elements of the Professional Degree Programme, and to support students' development as learners and as future practising professionals.	
8.1 Entry to and Progression on the Professional Degree Programme Policies and procedures must be in place and regularly assessed for admission to and successful progression through the Professional Degree Programme and these must: (a) be open and available to prospective applicants and ensure non-discrimination as defined by national laws and regulations such as, on the basis of gender, marital status, family status, age, race, religion, disability, sexual orientation, membership of the Traveller community; (b) include a clear statement of the requirements for entry including policies on transfer credit and course waivers, progression and successful completion to align with the CCF, alongside any requirements as approved by the PSI Council from time to time; (c) be open, fair, not impose unreasonable requirements on applicants and incorporate a fair and just complaints and appeals process; (d) include specific and appropriate criteria relating to the requirements for professional standards and Garda vetting and for how any health and	The College's Admissions Policy is publicly available via the website and is explicit about the College's commitment to building an inclusive learning environment and the adoption of positive action measures in the admissions process to increase the participation rates of those who have been traditionally under-represented in third level education. All students must consent to mandatory assessment of Hepatitis B and C status and immunisation where necessary. The documentation states that Garda Vetting is required as a standard part of the registration process and describes how this is managed. The School has developed a working group on the 'First Year Learning Experience', which has developed a suite of recommendations to enhance the transition to third level education. The team regarded the first year learning experience and orientation programme as a strength of the provision. The College is committed to a fair, transparent and rigorous examinations process which includes an objective appeals procedure. Criteria for progression and completion of the degree programme are available in the Marks and Standards document which is available to pharmacy students via the School information portal on Moodle. Each student is allocated a personal tutor, a member of academic staff, who meets each student individually at least bi-annually in the first year (and annually thereafter) to discuss

immunisation requirements appropriate for the practice setting are met. **8.2 Student Support and Guidance** Appropriate and timely support mechanisms must be in place for students on the Professional Degree Programme including: (a) processes to identify and, where appropriate, provide additional educational, cultural and professional support needs as appropriate; (b) a system of student support including access to a personal tutor or tutors for academic guidance and pastoral care and evidence of school evaluation; (c) support in securing and maintaining placements for the practice-placement elements of the Professional Degree Programme with appropriate supervision and tutor pharmacists who meet the recognition requirements as approved by the PSI Council from time to time (see also Standard 7.8); (d) orientation programmes to both the Professional Degree Programme and the School's expectation of students as members of the professional community. This orientation should include the learning environment, especially where innovative/virtual learning is incorporated into the delivery methods; (e) mechanisms to ensure that the views and experiences of students on the quality of the Professional Degree Programme are considered. Wherever appropriate students should be represented on committees and other groups that have responsibility for the design, implementation and review of the Professional Degree Programme;	academic and/or other issues which may have arisen during the academic year and to assist the student in seeking a suitable resolution to same. The tutor acts to represent and advocate on behalf of the student in their dealings with the College and also acts to sign-post the student to any other relevant support services which they may need to access. The School operates an "open door" policy in respect of access to personal tutors and students are free to request additional meetings when they deem necessary. Additional support as requested by the student can be facilitated by the Personal Tutor through the Student Services Office. The Quality Enhancement Office (QEO) at the end of each semester administers an anonymised on-line student survey which allows students to evaluate individual modules through responding to set questions. The survey tool also allows students to provide free-text feedback on individual modules. The results of the survey are collated centrally by the QEO and provided then to the Head of School and the relevant Module Leaders. The Quality Improvement Plan is then drawn up by individual Module Leaders to include any improvements/remedial action based on feedback from students and other relevant sources, which is overseen by the Academic Quality and Operations Manager. **The accreditation team agreed that this standard is likely to be met.**

(f) a student complaints policy, including the procedures to be followed and clarity regarding students' rights to 'due process'. The provider must maintain a chronological record of student complaints. There should be an introduction to this policy included in the orientation sessions; (g) alongside formal practice placements and those required in line with PSI Council policy on the dispersal of practice placements throughout the five years, students are encouraged to undertake vacational employment/placement or work experience in a variety of relevant professional settings in order to set learning in the context of pharmacy practice and to inform career choice; (h) development of support structures that encourage active engagement in relevant or appropriate extra-curricular activities, travel and/or volunteer work/paid work so as to enhance personal growth and development, and to increase awareness and understanding of varied socio-economic and cultural factors as determinants of health and well-being; (i) encouragement of active engagement with relevant pharmaceutical students' representative associations at HEI, national and international levels, and other groups and committees which may be external to pharmacy, in order to develop individual professional and leadership qualities and foster pharmaceutical and other links at all levels; (j) access to counselling in relation to poor progress, learning difficulties, impairment and disability issues, including any health or social problems and career pathway counselling.	

Summary and Conclusions

The team agreed to recommend to the Council of the Pharmaceutical Society of Ireland that the Five-Year Fully Integrated Master's Degree Programme in Pharmacy provided by the Royal College of Surgeons in Ireland be recognised and approved for an initial period of two (2) years with a review on-site visit at or towards the end of the first year of delivery.

There were no conditions however several requirements and points of clarification are due to be addressed with details submitted to the PSI within the identified timeframes.