



Summary Report of the On-Site Compliance Visit  
to the  
Five-Year Integrated Master's Degree Programme  
in Pharmacy provided by the Royal College of  
Surgeons in Ireland

Approved by PSI Council 15 September 2016

**Summary Report of the On-site Compliance Visit to 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

Part 3, Rule 8 of the Pharmaceutical Society of Ireland (Education and Training)  
(integrated Course) 2014 (S.I. No. 377 of 2014)

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## 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 approval of the programmes of education and training of pharmacists in Ireland.

The present accreditation concerns the 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 Masters 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 Institute confirming that a graduate fully demonstrates the competencies necessary to enter the register of pharmacists held by the PSI.

A paper-based review was carried out in June 2015 and the PSI Council, at its 17 September 2015 meeting, approved the recommendations of the accreditation team 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 documents were required to be submitted to the PSI within identified timeframes.

This is the report of the on-site compliance visit to RCSI in January 2016.

## ii. Process of review

### The visit

The on-site compliance visit took place in the RCSI on January 28 and 29 2016. The accreditation team held a preparatory meeting in PSI House on January 27, in advance of the on-site visit.

### The accreditation team

The PSI accreditation team comprised:

<b>Designation at the time of visit</b>	
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].
Mr. Fionán Ó'Cuinneagáin	Former CEO of the Irish College of General Practitioners (ICGP), former member of the Council of the PSI and Chair of the PSI Professional Development and Learning Committee. (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. Ciara O'Mahony      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              Education Standards Officer, PSI  
Mellows

Dr Matthew Maltby      Education Standards Officer, PSI

Dr Ian G Marshall      Rapporteur

There were no declarations of interest.

### iii. Meeting the standards

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

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, at the time of the paper-based review the team had noted that the key performance indicators (KPIs) were still in draft form and agreed that there was a requirement for the final form of the KPIs to be made available. The provider responded by indicating that the RCSI Institutional Strategy identifies as a key strategic outcome the development of an enhanced Institutional Performance Metrics and Reporting System. Phase 1 was rolled out in 2014 and the final phase, whereby supporting technology will enhance the reporting system, will be implemented in 2016.

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 PSI 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 3 schools were agreed, with follow-up collaborations resulting in the development of module learning outcomes, content and assessment.

The new MPharm curriculum in the RCSI 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 PSI Core Competency Framework (CCF) for Pharmacists and the School confirmed that under Rule 20 of the Pharmaceutical Society of Ireland (Education and Training) (Integrated Course) Rules 2014 (S.I. No. 377 of 2014), 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, at the time of the paper-based review, the team had 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. In response, the provider confirmed that a signed consortium agreement which established APPEL had been effected from the 21st of September, 2015, and that a National Coordinator/Director of APPEL had now been appointed and would be taking up her position at the beginning of February 2016. The office of the APPEL Director will be located at RCSI, but the Director will report on strategy to the three heads of school.

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, at the time of the paper-based review, the team agreed that 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 and that it should be a requirement that the School provide evidence on matters of patient safety including evidence of procedures for staff to deal with concerns that may impact on patient safety. In response, the provider indicated that the yellow card system is employed as part of the capstone OSCEs. This does not generally affect the overall grade achieved, but post-OSCE, all module leaders assess yellow cards for that year at an assessment panel level. In cases whereby the yellow card has been deemed to be appropriately awarded, the candidate will be asked to meet with the assessment panel (or a representative thereof) in order to allow an opportunity to explore the issue which can typically include a patient safety concern.

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



## Standard 2 – Leadership, Organisation and Governance

A new management structure has been established recently, including the appointment of two lead personnel from within existing staff and the establishment of a new Academic Quality and Operations Manager post. The two lead personnel, appointed on four-year terms, are Leads in Education, and Research. Alongside the Head of the School and the Academic Quality and Operations Manager, the two lead personnel form 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.

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. At the on-site visit the team was told that the College was used to adopting a multidisciplinary approach to teaching, and it was emphasised the RCSI is a small establishment where teaching staff members are familiar with the requirements of courses other than their own. There is no service teaching as such, but there is substantial interdisciplinary teaching. In the MPharm programme, module leaders will be pharmacists but staff members from other disciplines will contribute in a pharmacy context.

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 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 (see also commentary under Standard 1).

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. At the on-site visit it was explained that the Year 2 longitudinal placements will be sourced by APPEL, but that the academic leadership of the placements will be the responsibility of RCSI. The Year 3 placements will take place mainly within the hospital group associated with the RCSI, plus additional hospitals, and will not involve APPEL. It was also confirmed that RCSI will be responsible for the quality assurance of all placements although the ultimate decision on standards for the statutory placements will rest with the Board of APPEL. The team was advised about the current shortage of hospital placements and was assured that the statutory placements would be delivered. The RCSI practice educators will report to both RCSI and APPEL. The team was told that, as yet, an advisory group had not been established, but that after APPEL started functioning it would be necessary to set up a mechanism for stakeholder input.

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

### Standard 3 – Resources

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. 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 SMT, appointment of a new leadership 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. 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, at the time of the paper-based review, 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 would be a requirement that contingency plans be made available to assure the continued running of the programme in case of any financial difficulty. In response, the provider confirmed that the RCSI will continue to support its School of Pharmacy including under the circumstances envisaged. The RCSI as an institution is in a position to financially support the School as evidenced in the on-going financial performance of the Institution as externally audited, including the most recently published Report (2014-2015). In the event of a fire or under *in extremis* circumstances which result in damage to the campus teaching facilities the RCSI confirmed that it has contingency plans in place. The appropriateness of such plans is kept under review through quarterly monitoring of the Institutional Risk Register (IRR).

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)), Pharmaceutics/bioengineering (6 FTE) and Pharmacology/clinical pharmacology (3 FTE), plus a variety of managerial, administrative and technical staff. The School obtains bespoke teaching and assessment from cognate departments of the College. 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 Educator (PE)/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. RCSI, at the time of submissions of the Self-Assessment Report, and at the time of the paper-based review, indicated it was recruiting for a Practice Liaison Pharmacist (PLP) who would have specific responsibilities for practice placements that constitute part of the RCSI National Pharmacy Internship Programme (NPIP) and who in

addition would have responsibility for Year 2 placements as part of the new 5-year MPharm. RCSI has subsequently decided that it is not feasible for the PLP to undertake additional responsibilities as part of 5-year MPharm. To that end RCSI intended to recruit one Practice Educator (0.5 FTE) solely dedicated to the MPharm programme in early 2016 with a view that the PE be in post by Quarter 2, 2016. This RCSI PE will have a direct role in the establishment and co-ordination of and visitation to experiential placements in Years 2 and 3 of the RCSI MPharm programme. RCSI will recruit for a second PE (0.5 FTE) in Quarter 1/2 of 2019 so that this appointee will be in post in advance of the commencement of the Year 5 (8-month clinical) placements which commence in Q1 of 2020.

The structure of the new programme will require a significantly increased number of trainers/preceptors in all practice settings compared to the previous structure of pharmacy education but resource planning and recruitment of trainers/preceptors will be the responsibility of the new APPEL arrangement. The recruitment and training of practice-based trainers/preceptors is a vital part of the programme and that the enhanced involvement of practice-based learning represents the major innovation in the programme. At the time of the paper-based review, while cognisant that APPEL was still in the development phase, the team nevertheless agreed that there be a **requirement** for the on-site visit for details of the measures proposed to ensure that APPEL recruits and trains tutors who meet its specification, and how APPEL plans to increase numbers of practice placement opportunities to service the needs of the three schools of pharmacy. At the on-site visit, the team appreciated that the National Coordinator was only due to take up her post within a few days of the visit and that, hence, that it would be necessary to wait until APPEL was functioning fully before expecting the above requirement to be met. Accordingly, the team agreed that the above **requirement** remain extant with an update by 30 September 2016.

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

## Standard 4 – Curriculum

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 RCSI's formal definition of "medical professionalism" to pharmacy, at the time of the paper-based review, the team agreed that it would be a requirement to provide a pharmacy version adapted from the medical version. In response, the provider explained that during the 2014/2015 academic year a project was led by the RCSI Vice-Dean for Professionalism with the objective of providing a definition of Medical Professionalism. A robust methodology was followed such that a wide range of stakeholders were consulted, culminating in a definition which incorporates the input of both students and faculty and which was approved by the RCSI Academic Council. A similar methodology commenced in late 2015 with the goal of providing a definition of professionalism pertaining exclusively to School of Pharmacy students. To date, the team noted that a comprehensive literature review has been completed on professionalism for student pharmacists, plus a working group has been established which will examine the differences between medicine and pharmacy and devise a longitudinal model for professional activity before the start of the second year of delivery of the programme.

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 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 integration and vertical progression, 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 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. At the time of the paper-based review, the team agreed that, although the practice-placement experiences could represent a strength of the programme, there would be a requirement for 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. At the on-site visit, the team was provided with a flow diagram showing the times spent on placement activities in all five years of the programme; 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 statutory 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. At the on-site visit, the team noted that there was a plan to incorporate an industrial site visit into the Year 1 curriculum for the second year of the delivery of the programme. The team agreed that it would continue to follow the developments in experiential learning as the course progresses.

The curriculum is compliant with the European Credit Transfer and Accumulation System (ECTS). The exit award for NUI Certificate in Pharmaceutical Studies comprises 60 ECTS, the NUI Diploma in Pharmaceutical Studies comprises 120 ECTS and the Ordinary Bachelor's Degree, B.Sc. in Pharmaceutical Healthcare comprises 180 ECTS. The major award of Bachelor of Pharmacy at the end of Year 4 comprises 240 ECTS, and is at level 8 on the National Framework of Qualifications. The Masters in Pharmacy, at level 9 on the National Framework of Qualifications, comprises an additional 90 ECTS, making a total of 330 ECTS. The curriculum is also in compliance with Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications. The College specifically confirmed that the curriculum

complies with paragraph (2) of Article 49 of Directive 2001/83/EC (relating to the educational requirements for qualified persons in manufacturing). The programme is five years in duration, which is in excess of the minimum requirement of four years of theoretical and practical study in the scientific discipline of pharmacy.

At the time of the paper-based review, the team was concerned that the ability of a student who had not completed the whole programme to graduate with a Bachelor of Pharmacy degree 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. At the on-site visit the team was told that in the first instance all students received a letter written specifically for the September 2015 Master of Pharmacy cohort and signed by the Head of School, outlining details of the timeline and expiry dates of the programme, the proposed exit awards for Years 1-4 and the impact of accepting an exit award in relation to eligibility to apply to register as a pharmacist in Ireland. Each student who received this letter was required to sign, date and return their copy to signify that they had read and understood the progression regulations and to accept their place on the programme. At the on-site visit, the Head of School explained that it was a requirement of the National University of Ireland, acting in accord with EU rules, that the learner has a right to an award after four years. It was also explained that the Bachelor's qualification was accredited by the authorities in Kuwait, the United Arab Emirates and Saudi Arabia for entry into pre-registration training in those countries. The team noted that the RCSI would explore the possibility of including a statement on the transcript for the BSc (Pharm) to clarify that this degree does not meet the statutory requirements for registration as a pharmacist in Ireland. The team will seek **clarification** on progress in relation to this matter during the next on-site visit.

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

## Standard 5 – Teaching and Learning Strategy

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.

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 Years 4 and 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, at the time of the paper-based review, 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. In terms of the latter, at the on-site visit the team was told that preceptors already assess the CCF competencies during the NPIP and hence there is already a wealth of experience of this type of assessment. Nevertheless, it was stated that this element would



probably come under the aegis of APPEL but with the School contributing its existing expertise. At the on-site visit the team was told of the recent appointment of a senior lecturer with particular interest and expertise in IPL, and that a member of the School staff was a member of the Dean's working group on IPL, and that the school wished to see IPL occurring in each semester of each year of the new programme. Thus, in the first and second semesters of Year 1 there are case-based projects with medical and physiotherapy students dealing with different roles and responsibilities of the professions. This continues in Year 2 with physiotherapy students and students studying microbiology. Teaching staff expressed themselves as happy with the way the IPL had helped team working.

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

## Standard 6 – Assessment Strategy

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 professionalism 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 multi-modal methods, 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 trainers/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 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.

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.

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

## Standard 7 – Quality Assurance and Enhancement

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 Leadership 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 the principal 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 augers 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.

The team was aware that, 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 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 the development of KPIs in this area. In response, the provider indicated that RCSI recognises both through the Consortium Agreement and the job description for the National Co-ordinator of APPEL that the development and monitoring of Key Performance Indicators is essential to the effective operation of an integrated experiential learning programme. The RCSI is pleased that the person appointed to the role of National Co-ordinator has significant experience in programme management. The National Co-ordinator takes up post in February 2016 and will proceed in drafting of KPIs for APPEL Board approval.

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 agreed that all of these aspects need to be **clarified** well in advance of the commencement of the first placement and will re-visit this issue at the next on-site visit. 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 this standard was likely to be met.**

## Standard 8 – Students

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. At the time of the paper-based review, the team agreed that the College policy on Recognition of Prior Learning (RPL) is clear but noted that there was no specific reference to the new MPharm course. While the documentation stated that specific RPL exemptions are not provided for the undergraduate programme in pharmacy because of the professional nature of the course, there was no reference to the Level 9 MPharm. At the on-site visit, the team was told that the possibilities for RPL are new and would be looked at on a case-by-case basis, but was unlikely to be able to be extended beyond Year 1 and then for no more than 20 credits. The team indicated the possibilities for RPL should continue to be monitored but appreciated that these may be limited by the integrated nature of the curriculum.

All students must consent to mandatory assessment of Hepatitis B and C status and immunisation where necessary, Garda Vetting is required as a standard part of the registration process.

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 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.**

## Summary and conclusions

The accreditation team agreed to recommend to the Council of the Pharmaceutical Society of Ireland that the recognition and approval of the Five-Year Fully Integrated Master's Degree Programme in Pharmacy provided by the Royal College of Surgeons in Ireland for an initial period of two (2) years be confirmed with a further focussed on-site visit during the second year of delivery.

There were no conditions however the following are required to be submitted to the PSI within the identified timeframes:

### Standard 1: The Professional Degree Programme Provider and Mission

*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.*

The accreditation team was confident that this Standard will be met.

### Standard 2: Leadership, Organisation and Governance

*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.*

The accreditation team was confident that this Standard will be met.

### Standard 3: Resource

*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.*

At the time of the paper-based review, while cognisant that APPEL was still in the development phase, the team agreed that there be a **requirement** for the on-site visit for details of the measures proposed to ensure that APPEL recruits and trains tutors who meet its specification, and how APPEL plans to increase numbers of practice placement opportunities to service the needs of the three schools of pharmacy. At the on-site visit, the team agreed that the above **requirement** remain extant with an update by 30 September 2016. This is because the team appreciated that the National Coordinator was only due to take up her post within a few days of the visit and that, hence, it would be necessary to wait until APPEL was functioning fully before expecting the above requirement to be met.

The accreditation team was confident that this Standard can be met subject to the satisfaction of the requirement of sub-standard 3.5

#### **Standard 4: Curriculum**

*The curriculum must be planned to deliver an integrated 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.*

At the time of the paper-based review, the team was concerned that the ability of a student who had not completed the whole programme to graduate with a Bachelor of Pharmacy degree could cause confusion and misunderstanding with potential for patient safety issues. At the on-site visit the team was told that in the first instance all students received a letter written specifically for the September 2015 Master of Pharmacy cohort and signed by the Head of School, outlining details of the timeline and expiry dates of the programme, the proposed exit awards for Years 1-4 and the impact of accepting an exit award in relation to eligibility to apply to register as a pharmacist in Ireland. The team noted that the RCSI would explore the possibility of including a statement on the transcript for the BSc (Pharm) to clarify that this degree does not meet the statutory requirements for registration as a pharmacist in Ireland. The team will seek **clarification** on progress in relation to this matter during the next on-site visit.

The accreditation team was confident that this Standard will be met subject to the satisfaction of the above clarification.

#### **Standard 5: Teaching and Learning Strategy**

*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.*

The accreditation team was confident that this Standard will be met.

#### **Standard 6: Assessment Strategy**

*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.*



The accreditation team was confident that this Standard will be met.

### Standard 7: Quality Assurance and Enhancement

*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.*

The team was aware that the role of the trainers/preceptors during the mandatory experiential training 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 agreed that all of these aspects need to be **clarified** well in advance of the commencement of the first placement and will re-visit this issue at the next on-site visit. The accreditation team was confident that this Standard will be met subject to the satisfaction of the above clarification.

### Standard 8: Students

*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.*

The accreditation team was confident that this Standard will be met.

The Provider should note that the Council of the Pharmaceutical Society of Ireland regards the report in its entirety as the view of the PSI on the provision, and that the Provider should take all the comments of the team into account in any development of the provision in response to this report.