



Summary Report on the 2024/25 MPharm Accreditation Process

March 2026

Introduction

The Pharmaceutical Society of Ireland (PSI) is an independent statutory body, established by the Pharmacy Act 2007. It is charged with, and is accountable for, the effective regulation of pharmacists and pharmacies, including responsibility for supervising compliance with the Act. The PSI regulates the profession and pharmacy owners in the interest of patient safety and public protection.

Among its many functions, the PSI promotes and ensures high standards of education and training for pharmacists. One of the ways the PSI achieves this is by determining the standards for pharmacist education and approving and keeping under review national pharmacy degree programmes through an accreditation process.

In 2024 and 2025, the PSI undertook six accreditation processes to review existing and new Master of Pharmacy (MPharm) degree programmes. Continued accreditation was undertaken on the three established MPharm degree programmes provided by Royal College of Surgeons in Ireland (RCSI), Trinity College Dublin (TCD) and University College Cork (UCC). The PSI also undertook three first-time accreditations on the MPharm degree programmes to be provided by the University of Galway, Atlantic Technological University (ATU) and South East Technological University (SETU). All three of the new MPharm degree programmes were accredited for a period of five years, subject to conditions, with ATU and the University of Galway taking in their first cohort of students in Autumn 2025. SETU will take in their first cohort of students in Autumn 2026.

As part of its quality assurance practices, the PSI is committed to monitoring and reviewing its accreditation policy and processes to help ensure that they remain fit for purpose. This monitoring and review process includes the surveying of accreditation team members and personnel associated with the MPharm degree programmes in the Higher Education Institutions (HEIs) on various aspects of the accreditation process. The topics addressed in the survey included the documentation, the visit, the evaluation report and the overall accreditation process. Where appropriate, similar questions were included in both the accreditation team member survey and the HEI survey to allow for a 360° review of the accreditation process. Where necessary, and where allowed by legislation, amendments to the accreditation policy and process may be proposed in response to the feedback received.

This report provides a summary of the feedback received from accreditation team members and the HEIs in relation to the accreditation visits that took place in 2024 and 2025. Of those surveyed, 13 responses were received out of a possible 17 to the accreditation team member's survey, representing a response rate of 76.47%. All six HEIs responded to the survey, representing a 100% response rate. The PSI is very grateful to all those who took the time to complete the surveys.

A summary of the feedback provided by accreditation team members is included in Section 1 of this report. Section 2 includes a summary of the feedback received from the Higher Education Institutions. Lastly, Section 3 includes the PSI's response to the feedback received and the comments provided.

Section 1: Summary of the feedback received from accreditation team members

This section includes a summary of the feedback provided by accreditation team members. Accreditation team members were requested to provide feedback on the following aspects of the accreditation process:

- Preparing for the visit
- The visit itself
- Post visit activities including the evaluation report
- General observations

1. Preparing for the visit

When the PSI commences an accreditation process, it establishes an accreditation team. The accreditation team is provided with supporting documentation in the first instance. This includes the accreditation standards, the PSI (Education and Training) (Integrated Course) Rules, and the accreditation policy. The PSI holds an online meeting with the team to provide an overview of the legislation behind accreditation in Ireland, the accreditation standards and process and provides the Irish context to the process as some accreditation team members are based outside of Ireland.

When the Self-Assessment Report is received from the Higher Education Institution, it is shared with the accreditation team. The accreditation team are given four weeks to review the documentation and submit questions or comments on the documentation.

A pre-meeting is held with the accreditation team in advance of the accreditation visit to prepare for the visit and discuss questions to be asked at the visit.

The accreditation team is independent, and their role is to evaluate an application for accreditation or continued accreditation on behalf of the PSI against the PSI accreditation standards and to make a recommendation to the PSI Council on whether or not it should grant recognition and approval of a programme. Representatives from the PSI attend the visits to the Higher Education Institutions. However, they are not members of an accreditation team and attend only to provide clarification on areas of policy and legislation, if required.

In 2024, the PSI published an expression of interest for those persons interested in becoming a member of an accreditation team panel. The booklet included information on the role, the accreditation process and the workload involved. Similarly, on appointment to an accreditation team, team members were provided with further information relating to their roles, responsibilities and expected conduct. A training and briefing event for accreditation team members was also provided.

The accreditation teams for 2024/2025 comprised mainly new members (i.e., they had not previously acted as an accreditation team member for the PSI). Therefore, the majority of team members were new to the PSI accreditation process.

1.1 Accreditation Process

The feedback received in relation to the accreditation process and roles and responsibilities is very positive and is welcomed by the PSI. For example, 100% of respondents indicated that the accreditation process was clearly defined and easy to follow, and 100% also indicated that the PSI provided them with sufficient information in relation to their roles and responsibilities.

The comments provided include:

“The process works well.”

“The PSI was supportive and collaborative throughout the process.”

“Everything was well organised by the PSI and the HEI.”

In addition, 92.3% indicated that the planning meeting prior to the visit was effective in preparing for the accreditation.

Suggested area(s) for improvement: An accreditation team member commented that, in relation to this meeting, it would be beneficial if accreditation team members submitted questions they wanted to ask the HEIs in advance of the planning meeting.

1.2 Documentation

To facilitate accreditation team members in their roles, they are provided with documentation from both the PSI and the applicant HEI. The documentation provided by the PSI includes:

- PSI Accreditation Policy
- PSI Accreditation Standards
- The relevant legislation, and
- Roles, Responsibilities and Conduct of Accreditation Team Members.

Documentation provided by the HEI includes a Self-Evaluation Report (SAR) and any additional supporting documentation provided by the institution. Accreditation team members may also request further information from the HEI if clarification is needed. This step is built into the accreditation process.

The feedback received in relation to the documentation was also very positive. 100% of respondents indicated that the documentation that was provided by the PSI helped them to fulfil their role. 92.3% of respondents indicated that the documentation that was provided by the HEI was sufficient to enable them to fulfil their role and responsibilities as an accreditation team member.

The amount of documentation that accreditation team members are required to review is substantial. Therefore, it is important that the accreditation process allows enough time for accreditation team members to be able to review the documentation prior to the visit to the institution. This is important to help ensure that the judgment of accreditation team members are informed by the evidence presented and are within the remit of the accreditation process. 100% of respondents indicated that they had sufficient time to review the documentation prior to the visit to the institution. However, there was a comment on the considerable scale of the documentation.

1.3 Planning meeting

As part of the accreditation process, accreditation team members are invited to submit their initial impressions of an application for accreditation or continued accreditation a few weeks prior to the visit to the institution. The purpose of the initial impressions is to highlight early in the process any areas requiring clarification and/or any additional documentation that the accreditation team members might require as part of the evaluation.

A planning meeting usually takes place the day before the visit to the institution. The purpose of the planning meeting is to allow the accreditation team to meet, to review initial impressions, to discuss further areas requiring clarification, and to discuss the visit to the institution.

In relation to the planning meeting, 92.30% indicated that they thought the planning meeting was effective in preparing for the visit to the institution.

2. The Visit

The purpose of a visit to a HEI is to allow members of the accreditation team and representatives of the Department/School of Pharmacy to meet and discuss an application for accreditation. It also provides accreditation team members with an opportunity to view the institution's facilities. The duration of a visit varies and depends on the nature of the accreditation. For example, a full accreditation visit usually takes place over two days, while compliance visits can take place over a shorter period. Enough time must be afforded to the visit, as there is no further opportunity in the accreditation process for accreditation team members and representatives from an institution to meet. For the accreditation visits of 2025, the visits took place over two days. An agenda was drafted and agreed with the Chair of the accreditation team and the Head of School/Department of Pharmacy prior to the visit taking place.

The feedback in relation to the visit was positive. 92.30% of respondents indicated that the agenda for the visit was appropriate and allowed sufficient time to meet with representatives from the institution.

One comment confirmed that *“the visit agenda and the information requested from the HEIs were clear, well-structured and worked effectively”*.

3. Post Visit Activities (including the evaluation report)

3.1 The Evaluation Report

After a visit to a HEI, an evaluation report is drafted by a rapporteur appointed by the PSI. The evaluation report is an evidence-based report which includes evidence to justify the overall recommendation of an accreditation team on whether the PSI Council should accredit a programme. A template is provided, which requires an accreditation team to include evidence for its judgment on whether each of the accreditation standards has been met. Once the evaluation report has been agreed on by the accreditation team members and the Chair, it is then forwarded to the HEI for comment and for a factual accuracy check. The institutions have one month to comment and submit any comments and factual inaccuracies. These, in turn, are addressed by the Chair, where necessary. If warranted, members of the accreditation team might also be consulted.

100% of respondents indicated that the accreditation team was sufficiently well-informed in order to produce the evaluation report. In addition, 100% of respondents indicated that they had sufficient time to consider and provide feedback on the evaluation report. 92.30% indicated that the evaluation report template is fit for purpose.

One accreditation team member commented that the rapporteur for the visit they were involved in *“provided invaluable support to the panel (sic) and was key to the preparation of the final reports”*.

3.2 Accreditation process

Feedback on the accreditation process from accreditation team members in relation to its fairness and transparency was very positive. 100% of respondents indicated that the process was fair and transparent.

4. General Observations

4.1 Accreditation team evaluation

For this section, accreditation team members were asked questions in relation to team performance, experience, expertise and skills.

The feedback received in relation to the accreditation team evaluation is very positive. 100% of respondents indicated that the accreditation team worked well together as a team.

In relation to experience, expertise and skills, 100% of respondents indicated that the accreditation team collectively had the appropriate experience, expertise and skills to undertake their role and responsibilities.

The accreditation team members were also asked for feedback on the timelines for the process. It is positive to note that no respondent was unhappy with the timelines. It was noted how important it is to plan the accreditation visits well in advance to avoid scheduling conflicts for accreditation team members

Section 2: Summary of the feedback received from the Higher Education Institutions

This section includes a summary of the feedback provided by the Higher Education Institutions (HEIs). The survey was divided into a number of sections set out as follows:

- Preparation and pre-visit activities
- Accreditation visit itself
- Post visit activities and the evaluation report
- General observations and feedback

1. Preparation and pre-visit activities

This section of the survey explored the documentation provided to the HEIs as part of the accreditation process and PSI's planning process for accreditation.

The PSI developed various resources to assist the Higher Education Institutions when they are preparing an application for accreditation or continued accreditation. These documents include: the self-assessment template; the accreditation standards; the Core Competency Framework for Pharmacists (CCF); and the accreditation policy.

The feedback in relation to the documentation provided by the PSI is positive. 83% of respondents indicated that the documentation provided by the PSI is sufficient to help prepare the self-assessment report and to prepare for the accreditation process. The remaining 17% responded as 'neutral' to this question.

The HEIs were also asked if they were satisfied with the engagement from the PSI on planning and preparing for the accreditation. 83% of respondents indicated that they were satisfied with PSI's engagement, with 17% responding 'neutral' to this question. It is acknowledged that three HEIs underwent first time accreditation, and therefore, they would not have been as familiar with the accreditation process as established HEIs, and it is satisfying to know that the majority of respondents agreed that PSI's engagement with them was sufficient.

2. Accreditation Visit

This section explored the agenda and the timing of the visit schedule. Respondents were also invited to suggest any areas for improvement or observations they may have on the visit. As part of the preparation for the visit, a visit agenda is agreed upon between the Chair of the accreditation team and the Head of School/Department of Pharmacy.

Two thirds (67%) of respondents indicated that the visit agenda allowed sufficient opportunity to meet with members of the accreditation team and that the agenda for the visit allowed sufficient opportunity to conduct meaningful discussion with members of the accreditation team. One respondent responded 'neutral' for this question, and one respondent disagreed.

One respondent also noted, *"In some sessions, there was a tendency to veer back to earlier topics, meaning that the people who attended that session didn't necessarily have an opportunity to discuss the specific topic for that session"*.

Suggested area(s) for improvement: It was suggested to consider the timing for each session and to consider if enough time is allocated.

3. Post Accreditation Activities and Evaluation Report

Following an accreditation visit, an evaluation report is drafted. The evaluation report is an evidence-based report that provides evidence for the recommendation of an accreditation team to the PSI Council on whether it should accredit a programme. The evaluation report also includes any recommended commendations, recommendations and conditions specified by the accreditation team. The evidence for these and the overall recommendation must be clear so that the institutions can respond to these, as appropriate.

The feedback in relation to the evaluation report is positive. 83.33% of respondents agreed that the evaluation report clearly set out the reasons and rationale for the recommendations of the accreditation team, including the reasons and rationale for any recommended commendations, recommendation

In addition, 83.33% of respondents indicated that they had sufficient time to prepare their response to the evaluation report. As mentioned previously, institutions have one month to submit any comments and factual inaccuracies that they may have in relation to the evaluation report. Furthermore, 83.33% of respondents agreed that the accreditation team conducted its business professionally and respectfully, with 67% strongly agreeing with this statement.

4. General Observations and Feedback

Under this section, PSI explored whether the accreditation process was fair and transparent and whether collectively, the accreditation team had the appropriate experience, expertise and skills to undertake their role and responsibilities.

Feedback was also invited on the timelines associated with the accreditation process. It was welcomed that no respondent expressed dissatisfaction with the timelines.

The majority (83%) of respondents strongly agreed that the accreditation process was fair and transparent. Two thirds (67%) of respondents indicated that they thought that collectively, the accreditation team had the appropriate experience, expertise and skills to undertake their role and responsibilities.

Suggested area(s) for improvement: Of the two HEIs that disagreed with the statement about the accreditation team's collective experience, expertise and skills, their explanatory comments reflected a common theme: both highlighted the value of including additional expertise on future accreditation teams, specifically individuals with direct experience of pharmacy education in Ireland.

Section 3: Areas highlighted for improvements and response from PSI

Overall, the feedback received from both the accreditation team members and the Higher Education Institutions is positive and is welcomed by the PSI. The majority of the accreditation team members and the Higher Education Institutions indicated that the process was fair and transparent. This feedback continues to provide assurance as to the effectiveness of the accreditation process and the transparency with which accreditation team members made their recommendations to the PSI Council on the accreditation of a programme. Additionally, it was satisfying to note that all accreditation team respondents to the survey expressed satisfaction with PSI's accreditation process and the support provided by the PSI team. This positive feedback was very welcome as it is acknowledged that many of the accreditation team members were newly appointed members and had not previously participated in an accreditation process for PSI.

Some dissatisfaction was expressed regarding the fairness and transparency of the accreditation process. One respondent noted that some HEI personnel were not included in some of the meetings during the accreditation visit, and they felt this *"was not conducive with ensuring a fair and transparent process"*.

Reflecting on this feedback, the PSI is satisfied that the accreditation visit was undertaken in accordance with the accreditation policy and the *'Roles, Responsibilities and Conduct of Accreditation Member'* document. It should be noted that during an accreditation visit, the role of the accreditation team is to probe and triangulate the information provided in the Self-Assessment Report (SAR). This may require the accreditation team seeking to speak to

specific HEI personnel on a certain topic to gain clarification. Furthermore, in accordance with the roles and responsibilities document, accreditation team members are provided training on what is involved in the accreditation process and what is expected of them. All accreditation visits are conducted in the same manner.

In reviewing survey feedback across accreditation visits, it is noted that two-thirds of first-time HEIs strongly agreed or agreed with all statements. Although one respondent expressed disagreement/dissatisfaction with several statements, the overall pattern of feedback continues to demonstrate that the current processes provide meaningful support for those undergoing first-time accreditations.

Despite the largely positive feedback, areas for improvement were also highlighted. These are also welcomed by the PSI as we strive for continuous improvement in relation to our policies and processes. These, and a response to the same, are reported on below.

3.1 Areas highlighted for improvement by accreditation team members include the following:

(1) Initial impressions step of the process

A number of suggested improvements were highlighted in relation to the initial impression aspect of the accreditation process.

- (a) One respondent suggested it would be helpful to provide guidance on the level of detail expected in the initial impressions, to ensure that feedback is as focused and useful as possible. This would be particularly helpful for first-time accreditation team members.

PSI response

The PSI developed a template that it requests accreditation team members to use when submitting their initial impressions. Instructions are included. However, despite this, the template and/or the included instructions were not followed on all occasions. To help avoid confusion and to assist first-time members, for future accreditation visits, accreditation teams will be advised of the importance of a consistent approach when using the template and following the accompanying instructions. The PSI will also review the training material for new accreditation team members to address some of the feedback provided.

- (b) Two accreditation members suggested that it would assist the process if accreditation team members were asked to submit questions rather than comments on the submission from the HEIs. This will enable the pre-meeting to prepare a final set of draft questions more easily in the time available.

PSI response

Accreditation team members are requested to provide comments and include the evidence for why a standard is deemed to be met, or not met, when submitting their initial impressions. This allows all members of an accreditation team to see the rationale and justification for a judgment of another member of the team, which may differ from their own. In addition, including the evidence for why a standard may be deemed to have been met also aids the rapporteur in the efficient drafting of the evaluation report, providing transparency for the institution concerned on the judgements made.

The suggestion in relation to the submission of questions as part of the initial impressions arose during the last two accreditation visits in 2025. The PSI agree that this extra step would be of benefit to the accreditation team and allow for a more efficient planning meeting. The PSI will update the initial impressions template to allow for questions to be submitted. However, accreditation team members will continue to be asked to include commentary and evidence as to why a standard is deemed to be met, or not met.

- (c) It was suggested that consideration could be given to asking particular accreditation team members to concentrate on particular standards. This was due to the considerable amount of documentation that is required to be reviewed by each member.

PSI response

As mentioned previously, the PSI acknowledges that accreditation team members take on a large workload when taking part in accreditation processes. The amount of documentation that must be reviewed is significant and the PSI is very grateful for their involvement. A similar suggestion also came up in feedback following the 2020 accreditation visits.

Accreditation teams are established to ensure that members have a wide range of the appropriate experience, knowledge, skill and expertise that is required. Therefore, it is reasonable to suggest that individual team members might lead on the accreditation standards that are most reflective of their knowledge and expertise etc. However, accreditation teams work as a team and a consensus must be achieved prior to making a recommendation to the PSI Council. Consequently, it is a requirement that each accreditation team member consider and make a judgement on each of the accreditation standards.

(2) Visit

- (a) Some suggested improvements made by accreditation team members in relation to the visit to the HEI include limiting the number of representatives from the

institution at each meeting. It was also suggested by one team member that the ability to vary the agenda, as necessary, during the visit is essential.

PSI response

Prior to agreeing the visit agenda, the PSI consults with the Chair of the accreditation team and the Head of School/Department ('the Head'). The Head is asked to indicate who from the institution will meet with the accreditation team for each meeting. As the meetings during the visit correspond to the accreditation standards, the Head is best placed to indicate the most appropriate representatives for each meeting in order that they can provide any clarification that may be needed. Currently, there is no limit on the number of representatives that can attend each meeting and the PSI aims to support institutions in demonstrating their ability to meet the Standards and therefore, does not wish to restrict the inclusion of any relevant member of the team.

As mentioned above, the agenda is agreed ahead of the visit with the Head of School/Department and this allows the HEIs organise personnel for each meeting. While it is acknowledged that there may be some room to vary the agenda slightly, the PSI would not agree with varying the agenda during the visit due to the reasons set out above, as well as the importance of ensuring consistency of approach across all accreditation visits to the HEIs.

(b) It was also noted by some accreditation team members that some of the accreditation standards have overlapping topics, and it was suggested to consider these topics together rather than individually during each accreditation standard meeting. It was suggested that this could create efficiencies during the visit.

PSI response

In 2020, the PSI changed the visit agenda so that the meetings would focus on the accreditation standards rather than on focused areas. The feedback to consider topics together is noted and the PSI will consider this and discuss further with the HEIs.

(3) Preparation for First-Time Accreditation

Some of the feedback provided by accreditation team members suggests that an initial preparatory step for first-time accreditations could be beneficial to help manage expectations and ensure everyone involved understands the process.

PSI response

It was reassuring from the feedback received that the majority of HEIs expressed satisfaction with PSI's support and planning for the accreditation visit, particularly for the HEIs undergoing accreditation for the first time.

In 2022, the Higher Education Authority (HEA) issued an expression of interest call to Higher Education Institutions regarding developing new MPharm degree programmes. Three Higher Education Institutions were successful in receiving approval to develop an

MPharm programme. The PSI engaged with the three HEIs in advance of the formal accreditation process to answer any questions they had on the accreditation process. The PSI also invited feedback on the accreditation policy from the first time HEI accreditation applicants.

As outlined earlier, the HEIs are provided with a suite of documents to support them throughout the accreditation process. This includes the following:

- a. Self-Assessment Template
- b. Accreditation Standards
- c. Accreditation Policy
- d. Core Competency Framework for Pharmacists

On the feedback provided, the PSI will consider introducing a more formal initial preparatory step for first-time accreditation applicants.

3.2 Areas highlighted for improvement by the HEIs include the following:

(1) Composition of Accreditation Team

Some feedback received from the HEIs was in relation to the composition of the accreditation team and the type of experts required on the team. Specifically, it was emphasised as important to ensure there are experts on the team who understand benchmarking criteria for pharmacy education in the Irish context, and to include pharmacy academic team members with a background/expertise in non-clinical areas.

PSI response

As noted previously, an Expression of Interest (EOI) was issued in 2024 to identify persons who would be interested in serving as members of a PSI accreditation team. The EOI set out the knowledge and competencies that PSI would require of an accreditation team and appointment of accreditation team members was based on this criteria. Furthermore, when putting an accreditation team together for an accreditation visit, it was ensured that the necessary knowledge and competencies were held by the appointed team. This could include one member of the team holding a number of competencies. The PSI is confident that the accreditation teams for each visit met the required competencies. The PSI will continue to consider the composition of accreditation teams and the relevant competencies of team members in advance of future accreditation activities.

The PSI also acknowledges that it would be desirable to include representation from MPharm providers in Ireland on accreditation teams. With six providers, this may be more feasible to achieve and will be considered when constituting future accreditation teams.

(2) Self Assessment Report (SAR)

There were a number of suggestions made in relation to reviewing the format of, and what is expected in, the self-assessment report. These included putting more structure on the SAR template and indicating a word count for the document. Suggestions also included providing more clarity on how to present the information in the SAR.

PSI response

The PSI notes the feedback on the self-assessment report and will endeavour to review the format and structure of the document.