

Evaluation Report of the Five-Year Fully Integrated Master's Degree Programme in Pharmacy

University of Galway



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Introduction

This document should be read in conjunction with the relevant Pharmaceutical Society of Ireland (PSI) Accreditation Standards, as published on the PSI website at www.psi.ie.

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 PSI, the pharmacy regulator, has responsibility and powers for the approval with regard to the programmes of education and training of pharmacists in Ireland.

This report records the outcomes of an application for first-time accreditation of a five-year integrated pharmacy programme (MPharm) by University of Galway. Successful completion of the proposed programme by a student would lead to the award of the MPharm degree and confirmation by the University of Galway that a graduate has fully demonstrated the competencies necessary to apply for entry into the register of pharmacists maintained by the PSI.

To support its application for approval and accreditation by the PSI Council, and in accordance with the Pharmacy Act 2007, the University of Galway submitted the following document to the PSI for consideration:

- Self-Assessment Report (SAR)

The SAR was accompanied by additional documentation and evidence, details of which can be found in Appendix 1 of this report.

The report contains the evaluation of the accreditation team, who have considered the alignment of the proposed programme with the Council approved PSI Accreditation Standards. In each case, the team has assessed whether or not the proposed programme meets the relevant standard. Where they have found that it does not, they have proposed one or more conditions that, in their view, will enable the programme to meet the standard, and which the panel are satisfied are likely to be met. The team have also proposed a number of recommendations for enhancement of the proposed programme.

The accreditation visit took place at the University of Galway campus on 14 and 15 November 2024. The full agenda for the accreditation visit is included in Appendix 2 of this report.

Accreditation Team

Name	Role*	Affiliation
Professor Chris Langley	Chair and subject-matter expertise	Deputy Dean (External), Aston University
Dr Nicola Tyers	Deputy chair and subject- matter expertise	Head of School and Programme Director, Medway School of Pharmacy
Dr Aaron Courtenay	Subject-matter expertise	Course Director, MPharm (Hons) programme, and Academic Lead for Research in the School of Pharmacy & Pharmaceutical Sciences, Ulster University
Billy Kelly	Quality assurance expertise	Former Dean of Teaching & Learning and Assistant Registrar, Dublin City University
Professor Amira Guirguis	Subject-matter expertise	MPharm Programme Director, Swansea University

^{*}at time of accreditation visit

The accreditation team was supported by:

Name	Role	Affiliation
Cora O'Connell	Support to the accreditation	Acting Head of Practitioner
	team	Assurance, The Pharmaceutical
		Society of Ireland
Andrea Boland	Support to the accreditation	Professional Standards
	team	Coordinator, The
		Pharmaceutical Society of
		Ireland
Gabrielja Gcric	Support to the accreditation	Regulatory Executive,
	team	Community Pharmacy
		Assurance, The Pharmaceutical
		Society of Ireland
Mairéad Boland	Rapporteur	South East Technological
		University (SETU)

Declarations

No declarations pertaining to conflicts of interest were made.

Recommendation of the Accreditation Team to the PSI Council

The accreditation team recommends that the PSI Council:

Grant its recognition and approval for the proposed Master's Degree Programme in Pharmacy for a period of five years subject to certain conditions that they shall specify.

Summary of Commendations

- There is a strong strategic framework spanning institutional, college, and discipline levels in place, providing a clear foundation for the MPharm programme. This framework supports the programme's educational philosophy and aligns graduate pharmacists' professional behaviours with the Core Competency Framework (CCF) for Pharmacists.
- The curriculum design is guided by a well-defined Teaching and Learning Strategy and an
 Assessment Strategy. These strategies effectively support graduates in achieving the Core
 Competency Framework (CCF) and emphasise pharmacists' roles across industry, research,
 and patient care. The accreditation team acknowledges this strong foundation and has
 provided recommendations to further enhance programme structure, module delivery,
 assessment, IPL, and placement strategies.
- There is a comprehensive quality assurance framework covering student experience, performance, module evaluations, and programme review in place, ensuring high educational standards. Robust governance structures, regular reviews, and responsiveness to feedback position the programme for continuous improvement. The accreditation team is confident that these mechanisms will support meaningful, well-supervised practice placements and maintain strong academic-practice linkages.

Summary of Recommendations

The accreditation team **recommends** that the University:

- Develop a strategy specifically for the School of Pharmacy and Biomedical Sciences. This relates to Standard 1 of the PSI Accreditation Standards.
- Add a member to the university's Fitness to Practise Committee who is a qualified pharmacist, registered with the PSI. This relates to Standard 2 of the PSI Accreditation Standards.
- Review the vision statement within the strategy for the Discipline of Pharmacy with a view to ensuring that it is sufficiently clear to facilitate confirmation of whether or not the vision has been achieved. This relates to Standard 1 of the PSI Accreditation Standards.
- Reflect upon the multiplicity of modules that constitute the current programme structure and consider whether some of these might be combined and reconstituted as larger modules, with an integrated approach taken to their assessment. This relates to Standard 5 of the PSI Accreditation Standards.
- Consider reviewing assessment so that it reflects approaches that include problem-solving and active learning. This relates to Standard 5 of the PSI Accreditation Standards.
- Consider whether there are alternative approaches to module delivery that could be incorporated within the programme to redress the balance of methodologies used, which is currently heavily weighted towards didactic lectures. This relates to Standard 5 of the PSI Accreditation Standards.

- Consider whether assessment methods could be revised to ensure better alignment with module learning outcomes – for example, by incorporating greater emphasis on student problem-solving within assessment instruments. This relates to Standard 5 of the PSI Accreditation Standards.
- Consider how to strengthen the provision and delivery of interprofessional learning (IPL)
 opportunities with medicine and nursing students across the MPharm programme and
 ensure that the approach is appropriately documented. This relates to Standard 5 of the PSI
 Accreditation Standards.
- Consider adopting approaches to standard-setting already embedded within the School of Medicine. This relates to Standard 5 of the PSI Accreditation Standards.
- Consider how placements align with module and programme learning outcomes. This relates to Standard 5 of the PSI Accreditation Standards.

Summary of Conditions

The accreditation team **proposes as a condition of accreditation** that the University:

- Confirm that the School of Pharmacy, and its associated governance structures have been established. This must be provided and approved by the Council of PSI prior to the enrolment of students on the programme. This is to meet Standard 2 of the PSI Accreditation Standards.
- 2. Confirm and provide details of the person recruited and appointed to the role of Head of School, as described under Standard 2 of the PSI Accreditation Standards, and/or identified registered pharmacist, as described in the Standards, where relevant. This condition must be satisfied prior to the enrolment of students on to the programme. This is to meet Standard 2 of the PSI Accreditation Standards.
- 3. Confirm and provide details of the full complement of staff for Year 2 of the MPharm programme by April of the first year of the programme. This is to meet Standard 3 of the PSI Accreditation Standards.
- 4. Confirm that the University of Galway is an equal partner in the consortium agreement for the Affiliation for Pharmacy Practice Experiential Learning (APPEL), as is proposed, or provide details of an alternative infrastructure in place to deliver and quality assure experiential learning placements, as required by the PSI Accreditation Standards by April of the first year of the programme. This is to meet Standards 3, 4 and 7 of the PSI Accreditation Standards.
- 5. That work continues on estate plans to support the delivery of the MPharm programme. Estate plans will be examined at the time of the compliance visit. Any delays on progress with the new building must be reported in advance of the visit. This is to meet Standard 3 of the PSI Accreditation Standards.
- 6. Is subject to a compliance visit by an accreditation team in the second year of the programme to review progress of the programme against the conditions set and to review the programme's on-going compliance with the PSI Accreditation Standards.

Evaluation of the Master's Degree Programme in Pharmacy (MPharm) Against the Accreditation Standards

Standard 1: Strategy

Standard 1: Strategy

- The Professional Degree Programme Provider (or Higher Education Institution (HEI)) must have a current strategy that underpins the programme's objectives.
- The strategy and the objectives thereunder should:

 a) Promote professional behaviour among students, staff and all those contributing to the Professional Degree Programme.
 - b) Be committed to the development of graduates who satisfy the requirements of the Core Competency Framework for Pharmacists.
 - c) Respect and support the needs of diverse stakeholders, the public, students, staff and all those contributing to the Professional Degree Programme.
- 2) There should be evidence that the strategy and its objectives are subject to regular review and validated by the Higher Education Institution.
- 3) The implementation of the strategy must include but need not be limited to:

Accreditation Team's Commentary

The University of Galway was established in 1845. With approximately 19,000 students and a complement of 2,000 staff, it provides education and training at undergraduate and postgraduate levels, and both its academic delivery and research activity extend across a breadth of disciplines through an infrastructure of colleges and schools.

The University of Galway is now seeking accreditation of a proposed five-year integrated pharmacy programme, leading to the award of MPharm. The original proposal for the MPharm programme was prompted by a call from the Higher Education Authority (HEA) for increased national capacity in training pharmacists in November 2022. The university's MPharm Steering Committee was established in October 2022, and a detailed application was submitted to the HEA in January 2023. Approval of Higher Education Authority (HEA) funding for the establishment of a new MPharm programme by the University of Galway was issued by the Minister for Further and Higher Education, Research, Innovation and Science in October 2024.

It is anticipated that delivery of the proposed programme, which has undergone programme validation through the university's routine quality assurance and governance processes, will be situated within a new School of Pharmacy and Biomedical Sciences (SoPBS), which the university intends to have established by June 2025. The first intake of 40 students is planned for September 2025, rising to a steady-state intake of 75 students from September 2026. Alongside pharmacy, the new school will serve as a home for the disciplines of pharmacology, physiology, and ATMP (advanced therapy medicinal products) and will sit alongside the School of Medicine, the School of Nursing and Midwifery, and the School of Health Sciences, as well as the Institute for Clinical Trials, under the auspices of the College of Medicine, Nursing and Health Sciences (CMNHS).

- a) The objectives of the Professional Degree Programme Provider in relation to the Professional Degree Programme.
- b) The implementation of the strategy must ensure that it:
 - i) Assures that graduates will be prepared for entry to the profession of pharmacy including patientcentred practice in line with the current Core Competency Framework for Pharmacists, as updated by the PSI Council from time to time.
 - Prepares graduates for practice as pharmacy professionals who will be equipped with the skills for lifelong learning.
 - iii) Provides structured experience of interprofessional learning to facilitate teamwork in enhancing patient care.
- c) A commitment to excellence in teaching and learning methods.
- d) A vision for leadership in practice, research and other scholarly activity and educational activities.

During the on-site visit, members of the Steering Committee emphasised the benefits of a multi-disciplinary school and noted previous and existing experience of collaborating across disciplines, for example, between the discipline of pharmacology and therapeutics and the discipline of physiology. The accreditation team acknowledges the benefit of such collaboration; however, it observes the potential risk of the trajectory of the new school being dominated by existing disciplines and ways of working and encourages the university to mitigate against this and take steps to ensure that the nascent Discipline of Pharmacy is regarded as an equal partner and ensures visibility of pharmacist role models for students.

During the on-site visit, accreditation team members heard that the proposal to establish the SoPBS arose as an outcome of an ongoing organisational review of CMNHS, which is currently entering the implementation phase. The College, which has undergone significant growth in terms of its academic delivery, research, and innovation over the years, has a structure that has evolved organically, and the organisational review is intended to give rise to a more appropriate structure for the College's – and its associated schools' – current needs. Approval for the SoPBS' establishment is currently progressing through the required university governance channels, and it is envisaged that approval will be granted by *Údarás na hOllscoile* in due course.

Delivery and continued development of the MPharm programme is currently underpinned by a strategic framework that encompasses four strategies. These range in their scope from institutional level to college and discipline levels:

- 1. University of Galway Strategic Plan 2020-2025,
- 2. University of Galway Academic Strategy for Teaching and Learning 2021-2026,
- 3. College of Medicine, Nursing and Health Sciences FutureCare Strategy 2022-2025,
- 4. Discipline of Pharmacy ASCENT Strategic Plan 2024-2029.

4) 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.

In its totality, this framework provides a clear foundation and robust scaffolding for the educational philosophy that will support the proposed MPharm programme and, in the view of the accreditation team, should assist in the formation of graduate pharmacists who engage in professional behaviour that is aligned with the Core Competency Framework (CCF) for Pharmacists.

The university strategic plan identifies four values that drive the institution's trajectory:

- 1. Respect,
- 2. Excellence,
- 3. Sustainability, and
- 4. Openness.

The same four values cascade directly from the institutional strategy to the CMNHS strategy and also inform the Academic Strategy and ASCENT Strategy. It is clear that the university's strategic values are well embedded within the CMNHS strategy and appear to inform the broad spectrum of the College's activity – from the undertaking of research to engagement with the wider community surrounding the university, to the development of curricula, including the proposed MPharm curriculum. The accreditation team notes that these values promote an environment in which professionalism could thrive. They further observe the clear alignment between the strategic values and the behaviours and competencies expected by the Core Competency Framework (CCF) for Pharmacists.

Several strands of the Academic Strategy for Teaching and Learning support the development of professional competence and excellence in learning and teaching methods. These include the prioritisation of curriculum development that is cognisant of ethics, professional standards and confidence, and best practice in pedagogy as well as the strategy's support for the enhancement of teaching and mentorship skills among faculty.

The ASCENT Discipline of Pharmacy Strategic Plan sets out a vision ("to be a global leader in Pharmacy education, research and practice, meeting the needs of evolving healthcare environments, and improving patient outcomes through innovative teaching and ground-breaking research") and a mission ("to develop competent, patient-focused pharmacists, equipped with the skills needed for modern healthcare, emphasising rural and community health, patient safety, interprofessional education, and research excellence") for the University of Galway's new Discipline of Pharmacy. The strategy also identifies five pillars for the new discipline, which are intended to support its progression and long-term success:

- 1. Excellence in education,
- 2. Capacity building in research,
- 3. Connected student experience,
- 4. Positive culture, and strong team, and,
- 5. Robust partnerships.

The accreditation team finds the pillars to be appropriate to the Discipline of Pharmacy's stage of development. They further note that the pillars are well connected with the requirements of the CCF. However, although the accreditation team find the stated ASCENT mission to be reasonable, they observe that the vision reads more as an aspiration and encourage the University of Galway to review this statement to include elements that will support it in identifying whether or not their vision has been achieved. They have made a recommendation in this regard (see below).

Work is ongoing to develop a discrete strategy for the nascent SoPBS, and, during the on-site visit, the accreditation team heard of the research in which the development team has engaged, and continues to engage, to inform both this and the ASCENT strategy. This includes consultation with both 'third-city' universities similar to University of Galway, both on the island of Ireland and further afield, as well as the conduct of focus groups with pharmacists and patient representatives. These consultation activities will also inform the development of key performance indicators (KPIs) associated with the discipline of pharmacy

and school strategies and should, in the view of the accreditation team, support the strategy's implementation.

The accreditation team welcomes the ongoing work to develop a strategy specific to the SoPBS and encourages the development team to expedite this work. The accreditation team has made a recommendation in this regard (see below).

On a practical level, the strategic framework is supported by a number of documents that describe the university's requirements for both pharmacy students and staff with regard to professional behaviour, including the Student Code of Conduct and the Employee Code of Conduct. The former document applies to all students enrolled within the university; it confirms that all principles outlined within the code also apply to work practice, clinical placements and other types of work experience. A code of conduct specific to pharmacy students is currently under development. The Code of Conduct for Employees defines the principles and values that should inform the engagement of all university employees with their work and with all institutional constituents and provides a strong basis for faculty and staff to model professional, ethical and honest conduct for pharmacy students. A fitness to practise procedure has been developed specifically for students of the MPharm programme.

Development of the proposed MPharm programme has been informed by comprehensive and systematic planning and consultation processes with a spectrum of stakeholders, including *inter alia* community pharmacists, healthcare professionals, service-users, and prospective students. The consultation process entailed surveys and focus groups, which captured the views of relevant stakeholder groups and has contributed to the development of a curriculum that, in the accreditation team's view, should meet the evolving needs of the profession and society and support students in developing the necessary skills and knowledge to practise safely. In particular, the programme team emphasised the focus within the programme on elements that serve the requirements of highly dispersed rural communities with significant levels of deprivation, similar to many communities that are located in the west and north-west surrounds of the University of Galway. The accreditation team heard that a core need voiced by community pharmacy service-users is the opportunity to talk to their pharmacist about their medications, which may be particularly important in more remote, rural regions where access to general medical practitioners may be more challenging than it is in urban areas. These priorities are reflected within those modules of

the proposed programme that support the development of communication skills and the building of professional confidence.

Based on the input of healthcare professionals, the proposed programme also emphasises the importance of integrative medical care and the programme team noted plans to provide experience of integrative care to students while on placement. The accreditation team notes that members of the focus groups that met as part of the consultation process also agreed to become members of the External Advisory Board. This Board is being established to support the development and delivery of the MPharm programme and will continue to advise on the programme through twice-yearly meetings. This will include providing advice on ensuring pharmacists are equipped for future roles by considering changes to the pharmacy profession and advising the SoPBS on how these might be reflected within the MPharm programme.

The accreditation team observes that the principle of patient-centred practice is central to the ASCENT strategy, while the CMNHS places emphasis upon social responsibility, community engagement and the development of sustainable partnerships to promote health and wellbeing in the community. At the on-site visit, the programme development and CMNHS leadership teams stressed their aspirations for a new SoPBS in which there is a well embedded culture of respect, inclusivity and fairness. The accreditation team are satisfied that these elements are particularly well aligned with the values set out in the Core Competency Framework. The accreditation team was also provided with a mapping document that demonstrates the linkages between the Core Competency Framework and the MPharm curriculum.

The university's governance is structured in accordance with legislative requirements set out in *inter alia* the Universities Act 1997, the Charities Act 2009, and the Qualifications and Quality Assurance Act 2012 (as amended). The university maintains a quality assurance framework comprising policies and procedures that are reviewed and revised periodically. The accreditation team met with representatives of the university's senior leadership and quality assurance teams during the on-site visit and are satisfied that the strategic framework that underlies the proposed MPharm programme, as well as the objectives and actions associated therewith, is subject to the university's routine review and approval

processes – each of the strategies mentioned above has associated quality KPIs that are monitored, evaluated and reported on.

To support implementation of the strategic framework within the context of the new school and proposed programme and to facilitate strategic oversight and accountability in programme development, delivery, and review, the university has established a governance structure for the MPharm programme that includes a steering committee with representation from various stakeholder groups within the CMNHS and the university. It is envisaged that this entity will be replaced by the MPharm Programme Board subject to the achievement of accreditation.

The Academic Strategy outlines the university's approach to supporting lifelong learning, noting the need to support learners to become resilient, autonomous learners and for critical thinking, enterprise and creativity to be nurtured by the university's academic delivery, which should facilitate the MPharm programme to meet the needs of a wide range of stakeholders, including students, staff, the pharmacy profession, and service-users. There is a clear focus on patient-centred practice throughout the proposed programme and the accreditation team is satisfied that research and evidence-based practice are also well incorporated within the curriculum. Examples of how lifelong learning will be encouraged and supported are provided within the SAR and were discussed at the on-site visit, and the accreditation team note the MPharm's focus on continuous professional development and advanced skill preparation (such as prescribing).

Programme development involved multidisciplinary engagement, and, during the on-site visit, the programme team noted that this approach has successfully brought together colleagues who might not otherwise have the opportunity to work together. It was noted that the process has given rise to enormous collegiality between the relevant disciplines. The accreditation team observes that this collaborative way of working bodes well for an approach to programme delivery that embeds the principles of inter-professional learning (IPL). The curriculum incorporates the use of simulated patients, leveraging the Irish Centre for Applied Patient Safety and Simulation and practical exercises with students from other programmes and disciplines within the CMNHS are planned as part of the curriculum.

	The accreditation team heard that the MPharm Steering Committee has identified a strategic need to build up links between students from across the CMNHS during their undergraduate programmes so that they will be able to draw upon this learning and experience when in professional practice to improve patient outcomes. The proposed IPL strategy and its planned implementation will be discussed in further detail below. The programme team has provided a detailed overview of the process that it has undertaken to plan and develop the MPharm curriculum, and to establish the SoPBS. To date, this has included: - the submission of a proposal to the HEA, - a proactive approach to programme development that is well aligned with national and regional healthcare needs and demand from students, - the establishment of a steering committee and the creation of sub-groups of this committee; - the undertaking of a comprehensive expert consultation process, followed by community and stakeholder engagement; - the development of dedicated facilities and resources; - the development of a recruitment and staffing strategy; and - the formation of an accreditation sub-group. Implementation plans for the programme's rollout and delivery have also been provided. These include recruitment plans. The accreditation team note that the timeframe outlined by the steering committee is ambitious if the programme is to have its first intake in September 2025 and encourages the university, insofar as is feasible, to consider how it might expedite its implementation plans. This includes recruitment of key roles – i.e. the head of school and the professor of pharmacy role(s), which will be discussed in more detail under Standard 2.
Compliance with Standard:	The accreditation team is satisfied that this standard has been met.
Recommendations	The accreditation team recommends that the University:
Conditions	 develop a strategy specifically for the School of Pharmacy and Biomedical Sciences.

- review the vision statement within the strategy for the Discipline of Pharmacy with a
view to ensuring that it is sufficiently clear to facilitate confirmation of whether or
not the vision has been achieved.

Standard 2: Leadership, Organisation and Governance

Standard 2: Leadership, Organisation and Governance

- 2. 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.
- 1) The Professional Degree Programme must be planned and delivered by an identifiable organisational unit, preferably a School or Faculty of Pharmacy, which has responsibility for the Professional Degree Programme and associated appropriate 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) The Head of the School must demonstrate leadership in pharmacy professional education, research and scholarly activities, and so be able to influence the HEI and the School policy in relation to 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. 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.

Accreditation Team's Commentary

The University of Galway has clear, transparent and comprehensive governance and management structures in place. At an institutional level, the university's governance system comprises three pillars:

- Údarás na hOllscoile, the supreme authority within University of Galway;
- the University Management Team; and
- Academic Council.

The accreditation team note that this clearly defined structure supports clear lines of authority and accountability. Academic delivery within the university is delegated to the four colleges, and their constituent schools. As noted above, management and delivery of the new MPharm programme will fall to the SoPBS, which will come under the remit of the CMNHS. The Dean of the CMNHS, who is a member of the University Management Team and of the MPharm Steering Committee, is responsible for the college's academic leadership.

Each school within the college has an executive leadership team and a school board and it was confirmed at the on-site visit that this would also be the case for the SoPBS, once it has been formally established. Each school board comprises membership that includes the head of school, programme director, school manager, chairs of all school committees, heads of discipline, the executive dean of the college and the director of strategic development. A clear overview of the planned school organisational structure was provided to the accreditation team, as well as a depiction of the school's planned committee structure — alongside the programme board, the school's governance, some of which may be shared with the School of Medicine, will comprise a:

- health and safety committee;
- curriculum review committee;
- school research committee;
- school equality, diversity and inclusion committee;
- student forum committee;
- student affairs committee.

- 3) The HEI must support the development of suitable relationships between the School and other academic and service units of the HEI for instruction, research, practice-based and interprofessional learning.
- 4) 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 facilities in support of the practice-based and interprofessional learning needs of the Professional Degree Programme. Wherever possible, collaborative approaches to practice-based placements must be used in conjunction with other HEIs in the State offering a pharmacy degree programme.
- 5) The Professional Degree Programme must be based on and promote 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 and must be delivered in such a way that the diverse needs of all students are met.

It is a requirement of accreditation that these structures will be in place prior to the enrolment of students. A corresponding condition has been proposed by the accreditation team below.

PSI standards require that the MPharm programme be planned and delivered by an identifiable organisational unit, and the accreditation team requires the University of Galway to ensure that the new school is formally approved and put in place without delay. The accreditation team has formulated a condition in this regard (below). At the on-site visit, the accreditation team was provided with robust evidence of work undertaken and planned to ensure that the new SoPBS will be in place prior to the enrolment of students and has confidence that the necessary structures will be put in place and the condition met.

As referenced above under Standard 1, the university has contracted external consultants to undertake an organisational review and redesign of CMNHS to support the establishment of the SoPBS. This process is now entering the implementation phase. A process to appoint a head of the new school is also ongoing and the successful candidate will have a background in one of the disciplines represented in the new school. The Head of School will take responsibility for all aspects of the school's leadership, which will occur in alignment with the CMNHS' strategic plan. The Head will report to the Dean of the CMNHS and will be supported by a Deputy Head of School, who will also take on the role of Programme Director for the proposed MPharm programme. While the Head of School may not be a qualified pharmacist, the College has stated that it plans to provide for a Deputy Head of School who will fulfil the obligation of being a pharmacist registered with the PSI. The accreditation team is satisfied that this arrangement meets the PSI requirement that either the Head of School or Deputy Head of School be in a position to provide leadership in the practice and profession of pharmacy, but encourage the university to monitor the workload and responsibilities that fall to the Deputy Head of School by virtue of this dual role and, if necessary, make changes to ensure that the Deputy Head's workload continues to be reasonable.

- 6) 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 and Fitness to Practise cases. Key issues, including any changes in resources that are pertinent to the delivery of the Professional Degree Programme and any equality and diversity issues which could have an impact on students, should be included with the School's commentary and analysis. The School must maintain a reliable, accurate and workable management information system in support of this.
- 7) The Head of School has an obligation to report to the PSI:
 - a) At the point of graduation, a confirmation that each graduate has met the competencies in the CCF.
 - b) Any 'fitness to practise' matters and/or any other matters that could have a material impact on future fitness to practise when the student/graduate is practising as a pharmacist.

In their capacity as Programme Director, the Deputy Head will have responsibility for the MPharm programme's academic content and for representing the programme both at school and college level. A programme board, comprising representatives from programme leadership, faculty, professional staff, and students will be established to support the Deputy Head. Whilst the process for establishing the SoPBS is still in progress, the planned infrastructure presented to the accreditation team provided them with confidence that the structures and processes within the school will be transparent and that there will be clarity for stakeholders as to the responsibilities for programme management, delivery and review at each stage.

At the time of the site visit, recruitment for a number of key posts was underway in addition to preparations being made for the recruitment of the Head and Deputy Head of School. The programme team noted that part of the delay in recruitment has been due to a delay in confirmation of the commitment of funding. This has now been provided, and recruitment plans have been accelerated.

A year head will be assigned for each of the five years of the proposed programme and each year head will be a qualified pharmacist. Each module will be assigned a module lead, who may or may not be a qualified pharmacist. Whilst, initially, it was planned that individual module advisors would be assigned to support module leads who are not qualified pharmacists, it was confirmed during the on-site visit that, where a module lead is not a qualified pharmacist, the relevant year head will take on the role of module advisor.

In its development of the proposed MPharm programme, as noted under Standard 1, the programme team has drawn upon existing linkages within the CMNHS and beyond to inform the MPharm's curriculum content and delivery. The steering committee comprises representation from both the CMNHS and the College of Science and Engineering (CoSE). There is existing collaborative activity between these two colleges in the delivery of several undergraduate programmes, and it is planned that delivery of chemistry and molecular and cell biology within the proposed programme will also be supported by faculty from the CoSE. Opportunities for collaboration in the area of research have also been considered – for example, opportunities for research linkages between the new Discipline of Pharmacy and the Discipline of Nursing have been identified in the field of patient safety.

An IPL strategy has been developed and an IPL committee established. During the on-site visit, the programme team discussed three approaches to IPL that are detailed by the strategy:

- i. learning together;
- ii. teaching of pharmacy students by lecturers from other professions; and
- iii. working with learners from other healthcare professions.

It was noted that the approach to IPL proposed by the programme team has been informed by the experience of colleagues from within the Discipline of Speech and Language therapy, as well as the university's academic staff from Podiatric Medicine, Occupational Therapy, Nursing and Medicine, who has expertise in the area of IPL. Members of the programme team have observed IPL sessions delivered elsewhere within the university and, at the onsite visit, they discussed the challenges and barriers that exist when it comes to delivering IPL and noted their desire to ensure meaningful IPL experiences for students on the proposed programme.

It is envisaged that practice placement will provide opportunities for MPharm students to engage in IPL and working within multidisciplinary teams is one of the defined outcomes of placement within years 2, 4 and 5 of the programme. Professional collaboration will be assessed by means of a reflective entry within an ePortfolio, but the programme team is also considering how assessment of IPL could be integrated within exam questions or an OSCE. The approach to implementing IPL within the MPharm programme is discussed in further detail later on in this report.

The accreditation team met with representatives of relevant professional service units within the University of Galway and are satisfied that the same supports afforded to students enrolled on existing programmes within the university will be provided to MPharm students and that the supports outlined are appropriate and sufficient.

As detailed under Standard 1, the programme team has engaged from a very early stage of the programme development process with a variety of external stakeholders.

This engagement has included engagement by way of a focus group with community pharmacists. Members of this group will continue to input to the programme's development and future enhancement through their membership, alongside other external stakeholders, of the External Advisory Board. During the on-site visit, the accreditation team met with representatives of University Hospital Galway (UHG), who have been involved in the programme's development, including through membership of the MPharm steering committee and as adjunct professors, and have committed to support its implementation through the facilitation of practice placements and secondments, where necessary and appropriate (see Standard 1). The accreditation team had the opportunity to visit UHG and to view the University of Galway simulation facilities housed on its premises, where MPharm students will have opportunity to engage in collaborative simulated exercises with peers from other programmes. It is planned that the existing simulation suite will be renovated to incorporate simulated pharmacy practice.

The university has been in discussions with the Affiliation for Pharmacy Practice Experiential Learning (APPEL) regarding the facilitation of practice placements for prospective University of Galway MPharm students in years 2, 4 and 5 of the programme. A letter of comfort was provided to the accreditation team alongside the self-assessment documentation. The team also had the opportunity to meet with APPEL's director at the on-site visit, who outlined APPEL's interest in and support for the expansion of its membership to incorporate University of Galway students. The MPharm programme team noted that an equal partnership role was envisaged for the University of Galway within APPEL alongside the existing three institutional members (Royal College of Surgeons in Ireland, Trinity College Dublin, and University College Cork). The programme team is also exploring the feasibility of collaboration with European partners within the ENLIGHT consortium, of which the University of Galway is a member – the consortium may provide opportunities for the University of Galway MPharm students to engage in co-learning or student placement with partner universities in other European countries.

The accreditation team welcomes the engagement between the University of Galway and APPEL to date with regard to the University of Galway's application to be an equal partner within APPEL but notes the need for successful conclusion of this engagement (or the making of satisfactory alternative arrangements) prior to April of the first year of the programme to enable all enrolled students to engage in placement. The accreditation team has proposed a condition in this regard (see Standards 3, 4 and 7).

The SAR describes how the MPharm programme aligns with the Pharmacy Act 2007, the PSI's Code of Conduct and the Core Competency Framework for Pharmacists. The programme team has also confirmed that they have considered relevant European legislation in their design of the MPharm, including EU Directive 2005/36/EC, as amended, on the recognition of professional qualifications, EU Directive 2001/83/EC and EU Regulation 2019/6 on the qualification requirements for 'Qualified Persons'. The accreditation team is satisfied that due regard has been had to the relevant legislation and supporting policy within the programme design.

During the on-site visit, the accreditation team discussed the approach to supporting and promoting equality, diversity and fairness within the University of Galway and the CMNHS, and how this approach would cascade from these levels into the new School of Pharmacy and Biomedical Sciences and the proposed MPharm programme. At the on-site visit, it was noted that EDI is incorporated within and across the university's policy and QA infrastructure, and that the general approach is an integrated one. At university level, there is a Vice-President Equality, Diversity and Inclusion, and an EDI committee. Within the CMNHS, a Vice-Dean for EDI is in post and sits on the university EDI committee; the Vice-Dean has supported the programme team with regard to incorporating EDI considerations within the proposed MPharm programme. An equality, diversity and inclusion committee has been established within the CMNHS and the SoPBS will also establish an EDI committee which may initially be shared with the School of Medicine. All EDI committees were noted to include student membership. Measures intended to support the embedding of EDI within the MPharm programme are outlined within the SAR and were discussed at the on-site visit.

These include the:

- mandatory undertaking by all academic staff of an 'EDI in Higher Education' eLearning programme and active bystander training,
- elective participation by academic staff in focused EDI training,
- embedding of EDI considerations within the MPharm curriculum, including through the use of Universal Design for Learning (UDL),
- appointing of a race equality advisor for the CMNHS,
- application for Athena SWAN accreditation as a KPI for the new school,
- fair and consistent implementation of the recently published university policy regarding reasonable accommodations.

Data regarding student intake, student numbers, assessment, achievement and progression will be collected and maintained as part of the system established by the University of Galway's Institutional Research Office. The SAR confirms that these data will be reviewed annually and discussed at college level, and by Academic Council. On an annual basis, the Head of School will submit a report to the PSI on any changes to resources, accompanied by an action plan that will set out the potential impact of such, as well as how any associated risks will be mitigated.

As noted above, a fitness to practise procedure has been developed for the MPharm programme. The document includes the Code of Conduct for Pharmacy Students, which students must confirm (in writing) that they have read and will act in accordance with. The procedure is in alignment with APPEL's Code of Conduct for experiential learning placements and with the university Fitness to Practise Policy and, at the time of the on-site visit, was being added to the annexes of that policy. The accreditation team note that, currently, there is no process for the 're-direction' of students who do not meet the fitness to practise standards and encourage the programme team to provide for this within the procedure. The accreditation team also encourage the CMNHS to reconsider composition of its Fitness to Practise committee to include scope for co-opting a PSI-registered pharmacist (not currently represented on the committee). Fitness to practise issues are often employability-specific and, therefore, when deliberating on a matter pertaining to the fitness to practise of a prospective pharmacist, the perspective of a qualified pharmacist may be a crucial one.

	The SAR observes that the data protection regulations prohibit the provision of data on to the PSI on individual fitness to practise cases, but notes that only students who have met all Fitness to Practise requirements will be permitted to sit the Professional Registration Examination. At the on-site visit, the accreditation team stressed that reporting by the Head of School on significant fitness to practise issues is a requirement of the PSI. This was accepted by the programme team, who committed to ensuring that this stipulation is met in full with due regard to GDPR legislation and relevant University policies. The accreditation team notes that all relevant policy, procedural and programme-related documentation should be updated to ensure compliance with this requirement.
Compliance with Standard:	The accreditation team is satisfied that this standard will be met, where the conditions below are fulfilled.
Recommendations Conditions	 The accreditation team proposes as a condition of accreditation that the University: Confirm that the School of Pharmacy, and its associated governance structures have been established. This must be provided and approved by the Council of PSI prior to the enrolment of students on the programme. Confirm and provide details of the person recruited to the role of Head of School, as described under Standard 2 of the PSI Accreditation Standards, and/or identified registered pharmacist, as described in the Standards, where relevant. This must be provided prior to the enrolment of students into the programme.
	The accreditation team recommends that the University of Galway add a member to its Fitness to Practise Committee who is a qualified pharmacist, registered with the PSI.

Standard 3: Resources

Standard 3: Resources

3. The School must have sufficient academic staff, practice educators, external experts, support staff as well as tutor pharmacists, infrastructure and financial resources in order to ensure the effective delivery of a Professional Degree Programme.

1) Academic Staff

The School must have a sufficient number of core academic staff and other teaching staff appropriately qualified, experienced and expert in pharmaceutical sciences and pharmacy practice. Policy within the School must be developed to facilitate input from staff and external experts with contemporary experience of practice, 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 most of the teaching and learning support for the Professional Degree Programme; however, where 'service-teaching' is identified as required for a small part of the programme, there shall be a robust means of managing its integration into the Professional Degree Programme.

Accreditation Team's Commentary

A recruitment plan to support the establishment of the discipline, the SoPBS, and the MPharm programme has been developed and, ultimately, envisages scaling up to a full complement of maximum 18 academics, 3.5 professional services staff members, 4 senior technical officers, and 0.5 FTE practice educator. The baseline recruitment plan for Year 1 of delivery provides for an additional three to four academics (bring the staffing up to one or two professors, one senior lecturer, four lecturers and a practice educator).

Recruitment and appointment of staff as outlined in the recruitment plan has commenced but is not yet complete. At the time of the on-site visit, the Head of School and Deputy Head of School had yet to be recruited (a condition with regard to confirmation of recruitment has been proposed above). Other recruitment processes are currently ongoing for an Established Professor of Pharmacy (1 FTE), a lecturer in pharmacy practice (1 FTE) and a practice education post (0.5 FTE). The accreditation team emphasised the need for the university to act swiftly in filling all open posts in good time before the programme's planned rollout in September 2025 and explored the programme team's concrete plans in this regard. The Programme team confirmed that, if more than one exceptional candidate is identified during the professor of pharmacy recruitment process, two individuals (2 FTE) may be appointed. In discussing the recruitment process, the programme team noted their desire to recruit individuals who are the 'right fit' and detailed the pro-active approach that they are taking to pursue the right individuals for these roles, including the option of engaging a head-hunting company.

A Senior Lecturer in Pharmacy and Pharmaceutics is in post and three adjunct professors, who bring significant current clinical and academic expertise, have also been appointed. External expertise will also be provided by the Expert Advisory Board and invited lectures from pharmacists working in industry, the PSI or emerging areas of practice. Only full-time staff will be eligible to be module leads, and these will generally be staff of the SoPBS.

- b) provide the academic direction for all teaching and learning support or assessment provided by individuals from outside the School.
- c) be provided with the resources, support and academic environment which allows staff members to maintain their knowledge at the leading edge of pharmaceutical, biomedical, social sciences, and clinical pharmacy practice.
- d) be encouraged and supported to engage in scholarship and research which is disseminated nationally and internationally.
- e) have access to an organised professional development programme open to all teaching staff members consistent with their respective responsibilities.
- f) ensure that teaching and learning in modules/course units in that area take place in a pharmacy context, in particular where no pharmacist is appointed within an area of academic expertise.
- g) ensure that pharmacy law, ethics, professionalism and pharmacy practice are taught predominantly by pharmacists with appropriate contemporary experience of practice.

The SAR notes that academic staff external to the new school (from the School of Biological and Chemical Sciences (SoBCS)) will be relied upon only for the teaching of chemistry and cellular biology, from the School of Medicine for anatomy and that there is representation from these schools on the MPharm Steering Committee. As noted under Standard 2, non-pharmacist module leads are supported by a module advisor who is a qualified pharmacist (and who will also be a year head). Module advisors provide academic direction to ensure that module content is appropriate to and aligned with the MPharm course content and the requirements of the PSI.

The accreditation team note that the recruitment plan may be somewhat light on senior appointments, which increase only marginally over time (particularly when compared with junior appointments). The accreditation team encourages the programme team to monitor and review the adequacy of the recruitment plan following roll-out of the programme and revise if this is deemed necessary.

The programme team noted that contingencies that have been put in place for the event that sufficient qualified staff cannot be recruited. Measures discussed include the secondment of qualified individuals from the healthcare system as a bridging measure and the leveraging of appropriately qualified existing university staff from other disciplines to deliver the relevant content. The programme team emphasised the tradition of secondment within the CMNHS, and this was supported by the UHG representative.

The accreditation team acknowledge that external secondment and internal secondment/mobility are feasible short-term actions in response to gaps in staffing but caution the university against relying upon these in the medium term, as to do so, may lead to unsustainable additional burden upon existing staff, and delay the development of the new school's unique culture. In particular, the university must expedite the recruitment of the Head and Deputy Head of School roles to ensure that appropriate leadership for the SoPBS is in place at the earliest possible opportunity. The accreditation team also stress the need for the university to continue to expedite activity to fill other open roles within the recruitment plan so that there is a full complement of staff for Year 2 of the MPharm programme in place by April of the first year of the programme. The accreditation team has proposed several conditions with regard to the area of recruitment.

2) Practice Educators

The School must have a sufficient number of Practice Educators who will provide the specialised teaching on the interface between the learning within the schools and that within the practice placement and who will provide support to the students on placement and to their tutors.

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.

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 development opportunities.

Technical staff should be suitably qualified and should take an active role in the preparation and delivery of laboratory practice sessions and projects.

At the on-site visit, the accreditation team met with staff who will be involved in supporting the professional development of academic staff within the new school. These included the head of the university's Centre for Learning and Teaching (CELT), as well as a learning technologist from within the CMNHS. They confirmed that central supports and upskilling opportunities will be provided by CELT to academic staff – for example, courses (up to master's level and including micro-credential offerings) are available to provide academic staff with instruction in academic practice, including – for early career academic staff – a grounding in the principles of course design, teaching, and assessment; CELT also has a central learning technologist unit, which works with the decentralised learning technologists within colleges and schools. At a college level, support is available from the learning technologist within the CMNHS on the use of software (including, for example, the Canvas virtual learning environment [VLE], and ePortfolios).

Training and development for staff teaching on the MPharm programme will be aligned with university policy. Funding through internal award schemes is available to support MPharm academic staff to maintain and continuously develop their discipline-specific knowledge; staff may also leverage the Performance for Growth process to identify appropriate training that will facilitate them in attaining the objectives they have set for the academic year. Attendance of conferences is supported by university funding and academic staff may also apply for a research sabbatical, which provides for uninterrupted research time which can be spent in Ireland or overseas. New academic staff will have opportunities to engage with research centres and initiatives that closely align with pharmacy, including PPI Ignite, CÚRAM (the SFI Centre for Medical Devices), the Institute for Clinical Trials, and the Institute for Health Discovery and Innovation. The MPharm Teaching, Learning and Assessment Strategy for the MPharm programme commits to ensuring that teaching on the programme will be research-led. The strategy also emphasises the primacy of pharmacy within the programme, and confirms that specific parts of the programme, including professionalism, pharmacy law and ethics, will be taught exclusively by pharmacists.

As noted above, discussions are ongoing with APPEL with regard to the University of Galway's membership and it is envisaged that placements will be managed and quality assured through APPEL. Through this arrangement, the practice educator will support students on placement.

5) Tutor pharmacists

Pharmacists acting as tutors for the practiceplacement 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. The orientation, support and enhancement of the tutor pharmacist role should be demonstrated.

6) Infrastructure and Financial Resources

- a) The School must have the financial resources necessary for delivery of its strategic objectives.
- 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.

This includes the provision of support for the development and review of portfolios. It was noted by the Director of APPEL at the on-site visit that practice educators personally visit trainers (approximately 20%); practice educators elicit and collate feedback from trainers and feed these back to the relevant school of pharmacy. APPEL reviews all feedback provided from a QA perspective. The programme team noted the importance of supporting good relationships between students and practice educators to facilitate students in flagging unfair practices where these occur and to ensure that students are aware that routine university supports remain available to them while on placement. The accreditation team welcomes the evidently constructive engagement that has occurred between University of Galway and APPEL to date and encourages the swift conclusion of discussions to ensure that there is a consolidated consortium agreement in place with APPEL, or that there is alternative infrastructure for the securing and quality assurance of placements by April of the first year of the proposed MPharm programme. The accreditation team has proposed a condition in this regard under Standards 3, 4 and 7.

The recruitment plan allows for the appointment of a sufficient number of appropriately qualified support staff. These will include technical officers (among them a pharmacy technician, which is noted by the accreditation team as good practice), who will facilitate laboratory practical sessions and professional services staff who will support the *inter alia* administration of programmes and accreditation.

The programme team has engaged with a number of industry and community pharmacists working in the west of Ireland and determined that there is interest and willingness among these groups to act as tutor pharmacists for the proposed programme. Those pharmacists who present themselves as prospective preceptors will undergo APPEL's training programme for preceptors to support them in developing and demonstrating the knowledge, skills, behaviours, and attitudes to supervise students effectively.

During the on-site visit, the programme team noted that preceptors are displaying professional altruism in acting as pharmacist tutors and emphasised that significant consideration has gone into minimising the burden placed on these individuals whilst ensuring that students on practice placement are supported to achieve the requisite learning outcomes for these stages.

- 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 reasonably foreseeable deficiencies in infrastructure, equipment or personnel that may arise in order to ensure the effective delivery of the Professional Degree Programme.

As part of the role, preceptors meet students every two to four weeks — initially, the preceptor will clarify expectations of the student for the duration of the placement, as well as the standards that will be used for assessment of competencies. The programme team noted that communication is key to ensure that students are able to indicate whether or not they understand what they're doing and flag any challenges encountered. Training establishments will also be assessed to ensure that they meet APPEL policies and procedures on placement standards, preceptor training, student placement, and student assessment and sign-off.

The new programme development is supported by the government and the HEA, who have made a commitment to provide funding commensurate with the plan set out by the university. A letter of support from the University of Galway's President was provided alongside the accreditation submission, which confirms the university's commitment to the development of the new Discipline of Pharmacy. The programme team stressed that student intake numbers have been set in cognisance of the available funding to ensure and maintain quality.

A number of physical spaces for delivery of the programme has been identified by the university. These include:

- a location for the Discipline of Pharmacy building within Galway city,
- a space on the current university campus that will be used to house staff prior to completion of the Discipline of Pharmacy S building,
- a simulated pharmacy space.

Planning permission will be sought for the new Discipline of Pharmacy building, and it is anticipated that the planning permission process will be finalised in early 2025.

The simulated pharmacy space (including a simulated community pharmacy) is situated within an existing suite of simulation facilities on the site of UHG and will not require planning permission for works to commence on their refurbishment.

These spaces will be supplemented by existing lecture theatres, laboratories and teaching spaces within the Human Biology Building; chemistry and biochemistry lectures will take place in the Arts and Science Concourse. The SAR confirms that the necessary consultations and assessments regarding the availability of the relevant spaces has been conducted with a satisfactory outcome. The accreditation team acknowledges the work that has been undertaken by the university to date in preparing a sufficient number of appropriate physical spaces for the delivery of the proposed MPharm programme. Notwithstanding this, the team notes the importance of ensuring that there is a distinct physical home for the new school, discipline and MPharm programme at the earliest juncture. This will support these new entities in developing their respective identities, distinct from other areas of the CMNHS and has therefore proposed as a condition that the university must ensure that estate plans continue on track and that this needs to be confirmed at the same time of the compliance visit (see Condition 6 above).

With regard to the supply of a sufficient volume of appropriate medicines for the delivery of the programme, two medicines wholesalers have been added to the University of Galway list of approved suppliers. Provision has been made within the MPharm programme budget for the procurement of additional pharmaceutics and pharmacy practice laboratory equipment that is not currently available within the university and the SAR confirms that procurement of the relevant items will be concluded well in advance of the programme start.

The facilities and resources of the James Hardiman Library will be available to all MPharm students throughout their studies. In addition to the library digital and physical catalogue, students will also have access to relevant academic and IT skills training and workshops and resources such as a 3D printer. Study and collaborative spaces are available in the library and elsewhere within the university.

Canvas is the VLE used across the university, and this will also be implemented for MPharm students. Software to facilitate the delivery of OSCE assessments and the conduct of clinical data analytics is already available within the CMNHS. The programme team has confirmed that an evaluation process to identify suitable dispensing and ePortfolio software is ongoing. With regard to the latter, the process extends beyond the new school and efforts are being made to identify a solution that will be suitable for all schools within the CMNHS.

	With regard to potential deficiencies in resources, there are risk registers at university and college level. An MPharm risk register has also been developed, and it is planned that a risk working group will be established. The group, alongside the Head of School, will regularly review the register and, where there are material changes in resourcing that could pose a risk to the delivery of the programme, these will be escalated through college and university processes and communicated to the PSI by the Head of School. The accreditation team welcomes the precautionary measures that are being taken by the programme team in identifying potential risks to the delivery of the programme through the establishment of the MPharm risk register and putting in place mitigating measures; however, the team also notes that the only significant risk noted within the register is failure to attain professional accreditation. Failure to recruit sufficient suitable staff is identified as a risk within the register, but the accreditation team notes that the associated ranking is rather low; furthermore, the accreditation team observe that reliance on external (adjunct) expertise rather than internal appointments comes with an inherent risk. The register was discussed with the programme team at the on-site visit, who acknowledged the deficiencies identified by the accreditation team and committed to updating the risk register to include additional significant risks.
Compliance with Standard:	The accreditation team is satisfied that this standard will be met, where the conditions below are fulfilled.
Recommendations Conditions	 The accreditation team proposes as a condition of accreditation that the University: Confirm and provide details of the full complement of staff for Year 2 of the MPharm programme by April of the first year of the programme. Confirm that the University of Galway is an equal partner in the consortium agreement for the Affiliation for Pharmacy Practice Experiential Learning (APPEL), as is proposed, or provide details of an alternative infrastructure in place to deliver and quality assure experiential learning placements, as required by the PSI Accreditation Standards by April of the first year of the programme. That work continues on estate plans to support the delivery of the MPharm programme. Estate plans will be examined at the time of the compliance visit. Any delays on progress with the new building must be reported in advance of the visit.

Standard 4: Curriculum: Structure and Evaluation

4. The curriculum must be planned to deliver an integrated experience that combines and coordinates all teaching, learning and assessment components in a logical and cohesive manner with clearly articulated linkages within years and between years. The Professional Degree Programme must be planned and regularly evaluated 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.

1) 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. 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 practice. The curriculum should be guided by, but not limited to, the indicative syllabus shown in Appendix A¹ of this document.

Accreditation Team's Commentary

The SAR and accompanying documentation provided to the accreditation team prior to the on-site visit outline the curriculum content and structure, including programme and module learning outcomes, and assessment procedures. Development of the programme has been informed by the university's FutureCare programme, which identifies creating new healthcare programmes to match future skills needs as a priority with pharmacy being identified as the first of these.

Curriculum planning is overseen by the curriculum sub-group of the MPharm Steering Committee, which will, post-accreditation be replaced by the MPharm programme board. The sub-group comprises sufficient and appropriate pharmacy-specific expertise, as well as expertise in relation to other discipline areas that will be taught on the programme, and is chaired by the CMNHS Vice-Dean for Learning, Teaching and Assessment, which, according to the SAR, has supported a curriculum design that aligns with university-level strategy and policy for teaching, learning and assessment as well as the incorporation of a student-centred approach and international best practice. The later years of the programme are less well detailed in the programme documentation than the earlier ones, which the accreditation team acknowledges is understandable – the latter stages of the programme will continue to be defined as the programme rolls out and will continue to be reviewed at the compliance visit, which will take place during the second year of the programme (see Condition 6above).

A detailed overview of the curriculum design process is provided as part of the accreditation submission and as highlighted elsewhere in this report, this process entailed significant consultation with existing schools of pharmacy within and outside of the State and stakeholder engagement with service-users, community, hospital and non-patient-facing pharmacists, and clinicians involved in teaching medical professionalism. The accreditation team had sight of the outcomes of two focus groups conducted with service-users and pharmacists, respectively, and, at the on-site visit, heard of changes that have been affected to the curriculum on the basis of these focus groups.

¹ The indicative syllabus exists as a general guide to the scope of curriculum content for the Professional Degree Programme.

- 2) The curriculum must be progressive in dealing with issues in increasingly complex and interrelated 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.
- 3) The curriculum should enable students to form an appropriate ethical and professional approach to practice. This 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.
- 4) The curriculum must be designed, delivered and reviewed by interdisciplinary teams in order that the subject matter of the degree is integrated and delivered in a patient-focused manner. The scientific base of the curriculum must be of adequate depth, scope and quality and sequenced appropriately to support the intellectual and clinical aspects of the Professional Degree Programme.

There are mechanisms for regular review and integration of stakeholder feedback, but the accreditation team encourages the programme team to develop more detailed timelines for ongoing evaluations and adjustments to the programme so that these are clear for all involved in the design, delivery and governance of the programme. In addition, the programme team might consider providing greater clarity for all stakeholders, including students, as to how systematic feedback will be collected and used to enhance the curriculum. The accreditation team notes that the feedback and feed-forward documentation associated with the university's medical programme provides an example of good practice for the MPharm programme team in communicating the outcomes of internal consultation with stakeholders.

During the on-site visit, the accreditation team heard that the curriculum has been designed to reflect the requirements of a modern pharmacy curriculum and will evolve as the programme rolls out. As discussed above, curriculum design has also been influenced by the rural environs that surround University of Galway. Particular care has been taken to incorporate elements that emphasise community practice and integrated care. Content relating to patient safety, the evolution of the profession, leadership in pharmacy and research, innovation and collaboration with other healthcare professionals has been incorporated within the curriculum, though the accreditation team encourage the programme team to consider how the curriculum might develop to include additional IPL opportunities (see discussion under Standard 2 and below). This will be discussed during the compliance visit in the second year of the programme (see Condition 6above). Future-facing elements, such as prescribing- and data analytics-related competencies, have also been integrated within the curriculum. The accreditation team notes that the curriculum is well mapped to the CCF and the PSI Indicative Curriculum, and that there are logical connections in the curriculum across and within years between various elements of content.

Following an initial literature review, the programme team determined that the programme should follow an integrated spiral curriculum structure, with a progressive approach to dealing with issues, which sees elements being introduced in earlier years and considered in increasing complexity as the students progress and develop. Consideration has also been given to how pedagogic methodologies can support increased integration, and the use of active learning methods, flipped classrooms and simulation will be encouraged.

- 5) 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 of their learning needs.
- 6) The curriculum must provide appropriately comprehensive training in research methods applicable to scientific, health and practice research in order to meet the CCF. 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.
- 7) 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 competencies. 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 behaviours developed through the other components of the curriculum.

There will also be engagement with the thriving MedTech sector in Galway to support research-led teaching, and to provide students with opportunities to learn about and – in later years – become involved in research with industry. A detailed curriculum integration map has been developed to highlight linkages and interdependencies between modules.

As discussed under Standard 1, MPharm students will be required to confirm that they will adhere to the Code of Conduct for Pharmacy Students. Professional practice modules are delivered throughout the programme from first year onwards. These include content relating to ethics, legislation, communication, health psychology and the social determinants of health. Students are reminded throughout the programme of their obligations with regard to the fitness to practise.

The programme team detailed the iterative process that it envisages for IPL activity within the MPharm to support students in establishing relationships with, and good understanding of, other healthcare professions. For example, the accreditation team heard of proposed integrative approaches to delivering IPL using the example of diabetes – a staged approach that would be built upon year-on-year is envisaged, incorporating elements of the chemistry and human biology curricula, engagement with diabetes patients, and consideration of associated multi-morbidities, including within a simulation lab. This example of 'type-iii' IPL (see Standard 2) was welcomed by the accreditation team, who encourage the programme team to consider how to incorporate more of this type of activity within the programme.

As noted elsewhere in the report, the design of the programme has been undertaken by an interdisciplinary team and a similar approach will be taken to the programme's delivery. The accreditation team is confident that the scientific base of the curriculum is of an adequate scope, depth and quality and that the planned sequency of delivery is appropriate to support the intellectual and clinical aspects of the programme.

In alignment with the university learning, teaching and assessment strategy, the importance of lifelong learning will be emphasised throughout the programme. This will be supported by students' collation of a personal ePortfolio, which is discussed in greater detail under Standard 5.

- 8) There must be rigorous processes for review, monitoring and evaluation of all elements of the curriculum. Such processes should incorporate external scrutiny of student assessments.
- 9) The curriculum must be supported by Institutional regulations for the Professional Degree Programme that are appropriate for an award that is both academic and professional in nature, including those relating to fitness to practice.

 The regulations must be supported:
 - a) by fitness to practice procedures that address causes for concern raised about students
 - b) by robust and transparent appeals processes that are fully documented and communicated to students
 - c) underpinned by a clear and realistic student code of conduct that is explained, communicated and enforced to assure professional behaviour.
- 10) The curriculum must comply with the various minimum legal requirements at national and European level (see Appendix B)². The curriculum must take account of the recommendations of the Advisory Committee on Pharmaceutical Training (European Commission, 1995)³.

Enquiry-based learning will be incorporated in years 4 and 5 through students' undertaking of research projects, which will be aligned with the requirements of Levels 8 and 9, respectively, on the National Framework of Qualifications (NFQ). Year 5 students will also be required to complete a thesis, which will satisfy the requirements for an NFQ Level 9 award. The research projects and thesis will also support students in developing their research methods skills.

Training in research skills and data management commence in year 2 of the programme through the provision of a clinician-delivered module in research methods and applied data analysis that will focus on pharmacy-specific research scenarios. Clinical data analytics laboratories are incorporated within each of the seven integrated systems modules within the programme. Opportunities to engage in summer research projects will be open to MPharm students. This is welcomed by the accreditation team, though they encourage consideration by the programme team of how best to support students with caring and other external responsibilities to avail of these opportunities.

As discussed elsewhere, structured practice placement experiences, which, it is envisaged, will be managed, coordinated and quality assured by APPEL, have been integrated across the curriculum (years 2, 4 and 5). The four-month placement in any approved setting (as per legislation) in year 4, and the eight-month placement in a patient-facing setting in year 5 are in accordance with the relevant legislative and PSI requirements. Students will be prepared for placement through the provision of pre-placement lectures and will be provided with an APPEL-approved handbook for placement, which will be supported by the Code of Conduct for Pharmacy Students. Upon completion of each instance of placement, each preceptor will be asked to confirm in writing whether the relevant student has satisfactorily displayed the behaviours identified within the CCF. Students will engage in modules, delivered online by university staff, while on placement. Subject to an agreement being concluded between APPEL and the university, or an appropriate alternative arrangement being put in place by the university, the accreditation team is satisfied that the planned provision for placement is appropriate and adequate in scope, intensity, structure and duration to meet the expectations of the CCF. The accreditation team has proposed a condition in this regard.

The MPharm programme will be subject to university policies and procedures relating to monitoring, evaluation and review of the curriculum. These policies include provision for the engagement of external examiners, who will provide externality in the review of student assessment. The general university monitoring, review and evaluation processes will be supplemented by an annual internal review of the programme by the programme board. Where university- or programme-level review results in any material change to the programme, these amendments will be reported to both the external examiners and the PSI.

University-level policies, procedures and strategies will apply to the management, delivery and enhancement of the proposed programme. These include provisions relating to assessment, reasonable accommodations, extenuating circumstances, and academic integrity. As detailed variously throughout this report, a discrete procedure for the fitness to practise of MPharm students has been developed and students will be expected to confirm in writing that they will comply with same. Whilst the accreditation team is satisfied that the procedure is, on the whole, appropriate, it has identified several areas for enhancement within the procedure and has made suggestions for same under Standard 2. The accreditation team also notes that, contrary to process detailed within the accreditation submission, the PSI must be notified of any fitness to practise concerns relating to individual students; the MPharm steering committee has confirmed that the procedure will be amended accordingly.

The appeals process set out at university level will apply to students enrolled on the MPharm programme and measures are in place to facilitate its clear and transparent communication to students through multiple avenues, including on the website, in the student handbook, and during induction. The University Examination Appeals Committee meets weekly, or more frequently following the release of examination results and otherwise meets on a regular basis as appeals arise during the year – and includes representation from each college within the university.

	As noted elsewhere in this report, both the university-level student code of conduct and the code of conduct for pharmacy students will apply to MPharm students and, as with the appeals process, there are processes in place to enable its communication to students (including through student orientation) so that they understand the university's and PSI's expectations of them.
	The accreditation team is satisfied that the curriculum complies with the requisite national and European legislation, and that regard has been had by the programme team to the recommendations of the Advisory Committee on Pharmaceutical Training in their development of the programme.
Compliance with Standard:	The accreditation team is satisfied that this standard will be met, where the conditions below are fulfilled.
Recommendations Conditions	The accreditation team proposes as a condition of accreditation that the University: - Confirm that the University of Galway is an equal partner in the consortium agreement for the Affiliation for Pharmacy Practice Experiential Learning (APPEL), as is proposed, or provide details of an alternative infrastructure in place to deliver and quality assure experiential learning placements, as required by the PSI Accreditation Standards by April of the first year of the programme.

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

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

Standard 5: Curriculum: Teaching, Learning and Assessment

Standard 5: Curriculum:	Teaching, Learning and
Assessment	

- 5. The curriculum documentation must be guided by a Teaching and Learning Strategy and an Assessment Strategy. The Teaching and Learning Strategy must enable graduates to meet the Core Competency Framework (CCF) for Pharmacists as established by the PSI Council from time to time and must emphasise the contributions of pharmacists in industry and research as well as within healthcare teams in patient-facing settings. The Assessment Strategy must align with the Teaching and Learning Strategy and ensure that all graduates demonstrate the CCF competencies and behaviours.
- 1) The Teaching and Learning Strategy must:
 - a) be based upon well-evidenced pedagogic principles.
 - b) promote collegiality, civility and respect among students and staff, and underpin a culture of professionalism in which all teaching staff can lead by example.
 - c) support the development of:
 - i) independent learning skills, both within the Professional Degree Programme and as a basis for later continuing professional development

Accreditation Team's Commentary

As noted under Standard 1, the university's Academic Strategy on Teaching and Learning sets out the teaching and learning strategy that applies to all programmes delivered across the university including the MPharm programme. A discrete teaching, learning and assessment strategy has also been developed for the MPharm programme, and is supported by two university-level policies on assessment. The SAR notes that multiple approaches to teaching, learning and assessment outlined within the MPharm-specific strategy from didactic lectures, tutorials, direct observations and practical demonstrations to workshops, student-led discussions and presentations, group-work and experiential learning. During the on-site visit, the programme team noted that they worked to actively ensure horizontal and vertical integration of content across the programme and that this was supported by the composition of the curriculum development group, which is multi-disciplinary. Themes that link from one module to the next and/or from year to year were identified and the design of the curriculum is intended to support the incremental development of students' related knowledge, skill and competence.

As designed, the accreditation team observe that the curriculum appears to place a significant emphasis on didactic teaching, with many modules having a large number of hours devoted to lectures. During the on-site visit, the accreditation team explored the approach taken to moving from 'passive learning' to the 'problem solving' detailed in the assessment schedule. The programme team noted that much of the teaching incorporated within lectures is not solely 'traditional' didactic delivery but also leverages digital tools to include greater student engagement – for example, polling software. Notwithstanding the incorporation of innovative delivery approaches, the accreditation team encourage the programme team to consider whether there are alternative approaches to module delivery that could be incorporated within the programme to redress the balance of methodologies used, which is currently heavily weighted towards didactic lectures. Similarly, the accreditation team notes a reliance on terminal examinations in the MPharm assessment strategy and recommends that the programme team consider reviewing this aspect to incorporate greater emphasis on assessment instruments that include problem-solving and active learning. Corresponding recommendations have been made below.

- consultation, counselling and communication skills, underpinned by social and behavioural science content in the Professional Degree Programme
- iii) leadership skills, problem-solving skills, and rational decision-making skills that promote patient safety and enhance patient well-being
- iv) peer review and assessment skills
- v) critical, analytical skills, and an understanding of research methods to support evidence-based decision-making and practice.

d) deliver:

- a fully integrated and balanced experience of science and practice, and of university based and practice-based learning
- ii) interprofessional collaboration with students of other healthcare professions in all stages of the Professional Degree Programme

The accreditation team views the programme's emphasis on building collaborative student-staff relationships as likely to promote a positive culture of collegiality, civility and respect within the programme. Professionalism and respect are core values that the programme team notes will be communicated to students from the outset, supported by the codes of conduct for employees and students, respectively.

As noted under Standard 4, autonomous learning by MPharm students will be supported through the use of the ePortfolio. The programme team has engaged with colleagues from other healthcare programmes to inform the MPharm ePortfolio process, with a view to ensuring that the process implemented facilitates autonomous learning and IPL. Regular evaluation and review of the ePortfolio process is envisaged through staff-student fora, surveys, and informal feedback from students, academic and clinical staff across the range of healthcare disciplines. Linkages between independent learning and professional settings will be supported by talks from external stakeholders, including the IIOP, who will be invited to speak to first-year students about the role of life-long learning in pharmacy careers. Students will be required to complete a learning needs assessment annually and this will be linked with the ePortfolio.

Consultation, counselling and communications skills are explicitly incorporated within the MPharm Teaching, Learning and Assessment Strategy, which makes specific reference to the need for these skills to be developed to support pharmacist prescribing. These areas are also integrated within the professional skills modules that are incorporated across the programme. The accreditation team notes that the inclusion of social and behavioural science concepts within the curriculum would further strengthen alignment with this element of the standard.

Similarly, the professional skills modules support students in developing and enhancing their leadership, problem-solving and rational decision-making skills to promote patient safety and well-being and in working within teams. During pharmaceutics and pharmacy practice modules, students will be encouraged to reflect on the role of the pharmacist as a leader and develop corresponding competencies through engaging in specific scenarios that will increase in complexity over time.

- iii) meaningful practical experience of working with patients, carers and the public. The intellectual and professional demands of the practice experience should increase as the student progresses through the Professional Degree Programme
- iv) teaching and learning experiences that take place alongside and with reference to research and other scholarly activities.
- 2) The Assessment Strategy must:
 - a) deliver:
 - i) a progression through the hierarchy of knowledge and skills development through the five years of the programme, such as the model proposed by Miller⁴.
 - ii) a range of methods at each level of study, and appropriate to assess the progressive attainment of all competencies set out in the CCF.
 - iii) clearly defined marking criteria reflecting safe and effective practice. All assessments must take account of patient safety.

They will consider the importance of developing discipline-specific expertise and putting patient safety first. This includes clinical reasoning and consideration of legal and ethical requirements.

Specific areas of patient care, including wound- and stoma-care, as well as areas such as the metabolisation and degradation of products are covered. During the on-site visit, the programme team noted that critical thinking and the improvement of patient outcomes are cemented within the mission and vision for the discipline of pharmacy.

The assessment strategy for the MPharm programme is incorporated within the Teaching, Learning and Assessment Strategy for the programme and is underpinned by the university Assessment Policy. The strategy requires that the complexity and difficulty of assessment increase as students progress through each year of the programme. It also provides that integration of scientific knowledge with clinical skills should be assessed. The SAR notes that learning outcomes and assessment for each module of the programme have been blueprinted against the CCF and the graduate attributes. The accreditation team encourages the programme team to also consider whether/how placements will be delivered in alignment with module and programme learning outcomes and how students will be supported to demonstrate the relevant learning outcomes whilst on placement.

Twelve types of assessment have been incorporated across the programme and, in developing the assessment schedule, the programme team has been cognisant of the value and benefit of providing students with safe environments with simulated patients and dispensing laboratories in which they can make mistakes. The SAR notes that it will be ensured that assessment is placed in a pharmacy context through review by the relevant module lead and, where in place, module advisor.

The SAR notes that between 10% and 40% of each module's assessment occurs through continuous assessment.

⁴ Miller, G. E. (1990). The assessment of clinical skills/competence/performance. Academic Medicine, 65(9).

- iv) assessments that are placed in a pharmacy context, reflecting contemporary practice.
- v) diagnostic and formative assessment opportunities.
- vi) effective and timely feedback.
- vii) clear guidance to students relating to assessment of learning outcomes, with objective reporting on assessments.
- b) include assessment of:
 - i) professionalism throughout the Professional Degree Programme
 - ii) consultation, counselling and communication skills
 - iii) problem-solving skills, and rational decision-making skills
 - iv) research and critical analytical skills
 - v) interprofessional teamworking and leadership skills.

However, the accreditation team observes that, for many of the modules, the predominant manner of evaluating whether or not the related learning outcomes have been achieved is through a terminal exam (which may be weighted at 60%-70% of the total mark). The accreditation team encourage the programme team to consider whether this approach is appropriate in each case or whether assessment methods could in some cases be revised to ensure better alignment with module learning outcomes – for example, by incorporating greater emphasis on student problem-solving within assessment instruments.

Assessments that incorporate consideration of patient safety are associated not only with pharmacy practice modules, but also with modules such as *inter alia* pharmaceutics and pharmacology. The overall pass mark for the majority of assessments is set at 50%, although students must achieve 70% to pass safe dispensing practical exams due to the risk of patient harm in the event of dispensing mistakes. During the on-site visit, the accreditation team discussed standard setting, which sees the standard required for passing a specific module being fixed, but the pass mark varied, depending on the outcome of the standard-setting process. It was noted that standard-setting has started to be implemented within the University of Galway's medical curricula. It is envisaged that, as the programme develops and recruitment of academic staff progresses, standard setting will also be incorporated within the MPharm programme.

Whilst the accreditation team observes that the approach to and range of areas included within the design process for the curriculum seems entirely appropriate for a modern pharmacy undergraduate programme, they note that, for the university-based elements, the programme is quite traditional in design, with smaller modules (5-10 ECTS credits) prevalent across the programme. This approach was discussed with the programme team at the on-site visit. The accreditation team observed the potential deficiencies associated with such a design (for example, an excessive assessment workload and assessment bunching, as well as increasing the likelihood that students will find it more difficult to 'join the dots' and recognise the relationships and inter-dependencies between modules and across the overall curriculum – particularly in relation to clinical aspects of the programme) and sought clarity from the programme team as to how these potential risks would be mitigated.

- c) include examination of:
 - i) pharmacy law, including within the statutory professional examination at the end of Year five
 - ii) pharmaceutical calculations, to include assessment of competency prior to the Year four practice placement
 - iii) professional competence, via a summative objective structured clinical examination (OSCE), as part of the statutory professional examination at the end of Year five
 - iv) professional competence, by the tutor pharmacist at the end of Year five.

The programme team confirmed that, within the CMNHS, there is a move pedagogically towards larger, more integrated, modules (for example, the medical programme is currently being revised with this in mind). However, they noted that university structures and the very early stage of development of the new discipline and school prevented this approach from the inception of the MPharm programme. Notwithstanding this, the curriculum is viewed as a living document by the programme team, and it is envisaged that there will be a shift in this direction over time. It is also intended that there will be an integrated approach to assessment, whereby thematic areas across modules will be identified and assessed in the round. To support a more joined-up approach for clinical elements of the curriculum and a greater emphasis on the inter-relations between modules across disciplines, academic staff from across the programme will come together to deliver some lectures. This approach is welcomed by the accreditation team and should support the programme team in meeting the recommendation below relating to integrated teaching, learning and assessment.

The MPharm teaching, learning and assessment strategy emphasises the importance of students developing assessment skills through *inter alia* the peer review of project work or peer-to-peer feedback. Students will be encouraged to learn from, review and assess each other's work at various points within the programme – for example, student-led calculations tutorials are included in the Introduction to Pharmaceutics – Formulation Science module in year 1. As noted under Standard 4, research methods, as well as critical and analytical skills are also incorporated within the curriculum.

As noted elsewhere in this report, an integrated approach to science and practice is taken within the MPharm curriculum. OSCE assessments will be developed with multi-disciplinary input that is intended to ensure a focus on basic science as well as clinical practice. Mandatory questions will be incorporated within assessment instruments to prevent students from avoiding specific question types or topics. The accreditation team notes that the content of the MPharm programme is very science-focused, which can be a strong feature. However, in light of the current role of the pharmacist in Ireland and internationally, the programme team is encouraged to monitor the balance between science and clinical practice elements as the programme is implemented and make appropriate amendments if necessary.

The incorporation of IPL within the curriculum is discussed at various junctures within this report. During the on-site visit, the accreditation team queried whether students will be facilitated to engage with students from across the full span of professional healthcare programmes within the university. The programme team noted the difficulties associated with facilitating IPL opportunities with medicine and nursing students but emphasised their desire to ensure engagement with students from across the spectrum of professions. The accreditation team observes that this is not currently clear from the programme documentation and encourages the programme team to consider how this element of the programme might be strengthened and appropriately documented. The accreditation team has made a corresponding recommendation; the approach to strengthening IPL across the programme will be considered as part of the compliance visit in the second year of the programme (see Condition 6 above).

The professional skills modules in years 1 and 2 are intended to facilitate students to develop competencies and skills for engagement with patients and carers through various means, including one day of community pharmacy placement, exposure to community and hospital pharmacy and the undertaking of practical elements within the simulation suite in UHG. These early experiences will be built upon through system-based modules in years 2 and 3 and the Oncology and Malignant Diseases module in year 4, each of which will commence with a lecture from a patient or carer and a pharmacist, as well as through students' engagement with the structured placement elements of the programme.

During the on-site visit, the accreditation team were facilitated to view some of the laboratory facilities available to pharmacy students and staff; they also met with staff who will be involved in delivery of the programme and received a selection of CVs for these staff as part of the accreditation submission. The accreditation team is confident that teaching and learning experiences on the MPharm programme will take place alongside and with reference to research and other scholarly activities.

Diagnostic and formative assessments are incorporated within the curriculum. The Teaching, Learning and Assessment Strategy provides for the provision of feedback in a timely manner.

During the on-site visit, it was noted by the programme team that 'timely' has not been defined and that it is up to individual programmes to identify what this means in their context, depending on the assessment or activity in question and when the next related assessment is scheduled. The accreditation team encourages the programme team to put a timeline for the provision of feedback in place and ensure that this is appropriately communicated to students. This will be discussed with the programme team at the compliance visit in the second year of the programme (see Condition 6above).

The accreditation team notes that students will receive feedback in an individualised written format on one piece of continuous assessment per module. They stress the importance of feedback to continuous improvement and observe that limiting feedback to one piece of continuous assessment per module may be insufficient to support students to learn from previous performance. The programme team responded that feedback is provided for other types of assessment in other forms (for example, notes in lab books). A rubric is provided up front to students to clarify when and where feedback will be provided and how it will look. For OSCE assessments, feedback is provided to students at class level with a view to allowing the whole class to learn and develop. The accreditation team encourages the programme team to consider how students can be supported by academic staff to recognise and act on assessment feedback in all forms in which it is provided.

Learning outcomes are provided for the overall programme and each module. Specific learning outcomes will also be defined for each lecture. The assessments for each module will be highlighted for students at the outset of each module, stated on the Canvas module page and listed in the year-level handbook.

The MPharm curriculum incorporates a module on pharmacy law, which will be examined through a multiple-choice exam. Pharmacy law will also be included within other examinations, including, for example, the dispensing exams and laboratory OSCEs on extemporaneous compounding. Calculations content is taught as part of each year of the programme and a milestone calculations assessment is included at the end of year 3. Professional competence will be examined by way of an OSCE and assessed against CCF standards by tutors at the end of the year 5. The results of the latter examination will be shared with APPEL.

In circumstances where the University of Galway does not join APPEL, any changes to this plan must be communicated to the PSI in good time. This will be discussed at the compliance visit in the second year of the programme (see Condition 6 above). The accreditation team is satisfied that this standard has been met.
The accreditation team recommends that the University: Reflect upon the multiplicity of modules that constitute the current programme structure and consider whether some of these might be combined and reconstituted as larger modules, or an integrated approach taken to their assessment. Consider reviewing assessment so that it reflects approaches that include problem-solving and active learning. Consider whether there are alternative approaches to module delivery that could be incorporated within the programme to redress the balance of methodologies used, which is currently heavily weighted towards didactic lectures. Consider whether assessment methods could be revised to ensure better alignment with module learning outcomes – for example, by incorporating greater emphasis on student problem-solving within assessment instruments. Consider how to strengthen the provision and delivery of IPL opportunities with medicine and nursing students across the MPharm programme and ensure that the approach is appropriately documented. Consider adopting approaches to standard-setting already embedded within the School of Medicine.

Standard 6: Quality Assurance and Enhancement

- 6. All processes and activities related to the Professional Degree Programme must form part of a demonstrable and continuous quality improvement programme that is responsive to internal and external feedback and review. Assurance is provided through evidence of clearly defined, documented, executed and controlled processes and activities in accordance with a system of Quality Management. The mitigation of risk is also an important part of quality management.
- 1) The School must describe how it assesses attainment of the strategy of the Professional Degree Programme (Standard 1) and how it seeks to improve the quality of outcomes.
- 2) The Professional Degree Programme Provider must demonstrate a holistic evaluation of the delivery of the Professional Degree Programme (internal and external) and the professional developed by the programme. This must include examination, feedback, views and experiences from a range of stakeholders including students and the public.
- 3) Each student's proficiency over the period of the Professional Degree Programme must be tracked. This must include proficiency in practice placements and robust evidence of each student's performance over the whole period. Fitness to practise mechanisms for students must be in operation and routinely reviewed.

Accreditation Team's Commentary

The accreditation team notes that a comprehensive set of QA mechanisms are in place, which cover student experiences, student performance, module evaluations, programme review and the planned SoPBS. These seem entirely appropriate for an MPharm programme at this point in its development. The integration of structured governance, regular reviews, and responsiveness to feedback positions the programme to maintain high standards of educational quality.

The programme team has set out a robust framework for assessing attainment of the MPharm programme's strategy, underpinned by University of Galway's quality assurance infrastructure, which will apply to the delivery, monitoring, review and revision of the proposed programme. The quality assurance infrastructure includes clearly defined mechanisms at university, college and – once established – school level. The SoPBS will report to the university Quality Assurance Office, which, in turn, submits an annual quality report to Quality and Qualifications Ireland (QQI), which also reviews the effectiveness of the university's quality assurance procedures on a seven-year cycle. The SoPBS will also be subject to external peer review on a seven-year cycle, as per the university's routine quality assurance processes.

The university is focused on promoting excellence in all programmes and transitioning from a model of quality assurance to one of quality improvement. The SAR notes that attainment of the strategic objectives associated with the strategic framework that underpins the programme will be measured in a number of ways. These include through the collection and evaluation of student feedback through surveys and through the Student Forum; preceptor evaluation; review and analysis of student performance in assessments, student pass and progression rates, and demonstration of CCF competencies; analysis of external examiner feedback; and surveying of staff.

A KPI Metric Template for the MPharm programme has been established and achievement of KPIs will be monitored by the programme board once established. The accreditation team notes that KPIs can be highly effective as mechanisms for assessing the achievement of strategic objectives.

- 4) All proposed material changes to the Professional Degree Programme must be reported to the PSI in accordance with legislative requirements.
- 5) There must be a quality improvement strategy and quality mechanisms in place for this component to assure and enhance the quality of all practice placements to provide a meaningful learning experience, including but not limited to:
 - a) the process to select, assess, accredit, appoint and revoke tutors and training establishments
 - b) training, development and support to tutors in delivering the placement objectives
 - c) the effectiveness of tutoring mechanisms
 - d) the interface between academic study and the in-practice placement
 - e) appropriateness of training establishments
 - f) organisational support for the tutoring process including when to raise concerns
 - g) the allocation of students to training establishments

However, over-reliance on KPIs can led to overlooking key elements of course improvements. For this reason, and in general, the accreditation team welcomes that a Student Forum will be established to support the programme's continued development. This group will meet twice per semester to discuss programme-related matters and note that the forum should provide an effective platform for students to voice concerns and make suggestions.

The MPharm programme curriculum has been approved by the university. Following its development, it was considered within the CMNHS by the Board of Studies, where it is reviewed by individuals not involved in its development. Subject to its approval at college stage, is then progressed to the university Curriculum and Programme Board, which is chaired by the Academic Secretary. The final stage is consideration and approval by University of Galway's Academic Council. All substantive changes must be considered through the same process.

Routine quality assurance (including quality review) of the MPharm programme will be provided for by the university policy on accredited programmes. The programme will undergo internal review annually for the first five years by the programme board and then on a five-year cycle thereafter, or as directed by the PSI. The PSI will also be notified of any material changes to the curriculum as these are made. No definitive description of what constitutes a 'material change' is provided in the accreditation documentation. This was discussed at the on-site visit, where the programme team noted that changes involving a significant volume of ECTS-credits (for example, changes across a number of modules that amount to 15 ECTS-credits) would be regarded as material. The accreditation team encourages the consideration and discussion by the programme team of what may constitute a material change to ensure absolute clarity for all, and notes that changes to programme or module learning outcomes are examples of material changes to the programme.

As noted elsewhere in this report, the university's external examiner system will also apply to the MPharm programme and provide externality in the assessment of MPharm students as well as the evaluation the effectiveness of the programme's assessment processes. The accreditation team notes with approval that external examiners must be appointed from outside of the island of Ireland and must be approved by the university's academic council.

- student support whilst on placement, including clarity around expectations of role and role development
- i) feedback from all stakeholders.

Where practice placements are delivered through a partnership between a School and other Schools of Pharmacy in the State, there must be information about the collaboration, roles and responsibilities to demonstrate effective governance and quality assurance.

6) There must be appropriate mechanisms to monitor the resources for the development and delivery of the programme, including personnel, IT and organisational structures. The programme effectively addresses the requirements for tracking student proficiency and implementing fitness to practise mechanisms; it highlights the commitment to thorough assessment processes and proactive monitoring to support students comprehensively throughout their educational journey.

Subject to the successful conclusion of an agreement with APPEL, the accreditation team is confident that there will be a robust quality assurance and improvement strategy, and accompanying mechanisms, to provide comprehensive, quality assured and meaningful practice placement experiences. Tutors will be trained by APPEL, who will also ensure that training establishments meet the regulatory requirements, and that sufficient tutor oversight is provided during the practice placement. It is envisaged that the Head of School will be a member of APPEL's Board of Directors.

In addition to initial training and support from APPEL, the practice educator will also support tutors, and, additionally, will provide support to students. The practice educator will be a member of the programme board and will be responsible for interfacing with APPEL and providing support to students while on placement; each of these responsibilities will support the practice educator in facilitating the maintenance and enhancement of linkages between academic study and in-practice placement.

The effectiveness of tutoring mechanisms is evaluated by APPEL. This will be supplemented by the University of Galway's monitoring of student placement performance. Students will have access to the full suite of student resources and supports, including any reasonable accommodations required, while on placement and, as noted under Standard 4, will be prepared for placement through their engagement in a pre-placement lecture on professionalism and a class discussion on how to deal with ethical or patient care issues that may arise while on placement. It is planned that feedback from APPEL, students and tutors will be sought and reviewed after each practice placement and, if identified as necessary on foot of feedback, enhancements will be made.

The accreditation team is satisfied that, in general, there are appropriate mechanisms to monitor the resources for the development and delivery of the programme; however, as highlighted elsewhere in this report, ongoing recruitment for key positions, including members of the academic and support teams, may pose a risk to maintaining the appropriate staff:student ratio, which could impact upon the programme's quality. Corresponding conditions have been proposed by the accreditation team elsewhere in this report.

Related to these areas of concern, due to potential under-staffing, it is possible that significant workloads may fall to a small number of individuals within the CMNHS, which may be sustainable in the short-term, but not in the medium- to long-term. During the on-site visit, the programme team noted that a workload allocation committee is in place within the CMNHS, which considers how and what to measure when allocating workload. An external company is being contracted to develop norms to provide clarity and transparency for college and school leadership and management, as well as all staff. This work will also feed into preparation of the AthenaSWAN application. The programme team also noted that academic contracts provide for a 40:40:20 split of academic staff time (research:teaching:services) and that, where issues with regard to workload arise, Performance for Growth meetings provide an appropriate forum for flagging these.

With regard to the 'future proofing' of the MPharm programme, the programme team, alongside colleagues across the university, have been considering the impact of big data, artificial intelligence and machine learning on programmes, and these elements will be incorporated within the curriculum. For example, a year 2 module aimed at instructing students on research methods will incorporate instruction on the use of AI and data analytics and encourage reflection on ethical concerns that may arise with regard to these new tools.

It is envisaged that regular engagement with the MedTech industry, which has a strong presence in the west and north-west, will inform the continued development of the programme and provide students with access to cutting edge research and technology.

	Content on innovation has also been incorporated within the curriculum, and, during these modules, students will be supported to develop the skills and competences necessary to adapt to changes as necessary, whilst keeping patient care and wellbeing to the forefront of their minds.
Compliance with Standard:	The accreditation team is satisfied that this standard has been met
Recommendations	
Conditions	

Standard 7: Students

- 7. There must be processes at the HEI and School level to assist students in the Professional Degree Programme (both prospective and enrolled), in understanding the expectations of them, as well as the support available to develop as future practising professionals. This includes the practice placement elements of the Professional Degree Programme. Students are expected to actively engage with the Professional Degree Programme recognising the primacy of patient safety and to be supported in developing their role as professionals.
- 1) Admission to, and progression on the Professional Degree Programme

Policies and procedures must be in place and regularly assessed and these must:

- a) be open, fair and available to prospective applicants and enrolled students ensuring non-discrimination
- b) include a clear statement of the requirements and student expectations for admission (including policies on transfer credit and course waivers), progression through the programme and successful completion to align with the CCF, alongside any requirements as approved by the PSI Council from time to time

Accreditation Team's Commentary

Clear policies, as well as a comprehensive set of supports and processes, are in place that, in general, are well defined, inclusive, and should support students on their path to future professional practice. The quality assurance infrastructure in place at university and college level give the accreditation team confidence that policies and procedures will be regularly assessed, reviewed, and revised as necessary.

The admissions process is underpinned by the university's admissions policy. Comprehensive guidance materials, including the undergraduate prospectus and the university website, should ensure that admissions processes, including entry requirements for the programme, are clear and transparent for prospective students. The programme team noted that the university will not be in a position to facilitate Higher Education Access Route (HEAR) or Disability Access Route to Education (DARE) students for the first intake in September 2025, as the process for applications will not be open in time; however, HEAR and DARE applications will be considered for the 2026/27 intake. At full resourcing, it is planned that HEAR and DARE applicants will comprise 10% of the programme's total intake and the programme team is working with the university's Access Office to ensure preparedness.

Entry from the university's ACCESS programme will be recognised, and scholarships may be provided to qualifying students under the University of Sanctuary programme. Whilst the programme team will have no control over gender balance of student cohorts, the CMNHS is engaging closely with the Office of the Vice President for Equality, Diversity and Inclusion to anchor and enhance gender equality within its policies and practices. A KPI on diversity of student intake has been established.

Transparent progression requirements have been established and are communicated through multiple channels, including student handbooks and the Canvas VLE. A KPI has been established for progression through the programme. Marking rubrics will be created for all assessments and, to support students in preparing and learning, these rubrics will be provided to students in advance of instances of formative assessment. The accreditation team notes that the use of automatic marking systems and anonymised exams should help to promote fairness and objectivity in assessment.

- incorporate a fair and just complaints and appeals process with regard to progression on the Professional Degree Programme
- specify how professional requirements, including fitness for practise, appropriate for the professional programme are met.

2) Student Support

Appropriate and timely support must be in place for students in all learning and training environments on the Professional Degree Programme including:

- a) Orientation
- b) identification of individual support needs
- provision of support for personal, academic, general welfare and careers matters
- d) support for the in-practice placements within the Professional Degree Programme to ensure a good learning experience
- e) access to pharmacy professionals throughout the programme who are able to act as role models
- f) a student complaints policy and procedures.

A policy that provides for appeals relating to progression is in place and the requirements for making an appeal are published on the university website. Students are supported through the process by representatives of the Students' Union and the office of the Dean of Students. The Complaints Procedure facilitates the raising of concerns by students, which aims to address any matters arising in a fair, transparent and timely fashion.

As noted elsewhere in this report, professional requirements are incorporated within the MPharm curriculum. Fitness to practise regulations have been established and students are made aware of their obligations under these regulations at multiple points across the programme.

The support infrastructure in place for MPharm students incorporates both academic and pastoral supports and includes tutoring, peer mentoring and counselling services. At a macro level, there is a four-pronged approach to student services that includes support and development, the Access Centre, the Career Development Centre, and wellbeing (which includes counselling, the chaplaincy, and health promotion).

A college-level orientation will be provided for MPharm students commencing their studies, alongside an MPharm-specific orientation day, which introduces teaching staff, module leads, and the Student Supports Officer (SSO), and provides details of student support services and structures and policy documents. An academic tutor is assigned to each student, and provision is made for scheduled meetings in year 1 and year 3 (though the programme team confirmed that contact can be initiated by the student at any other point during the programme) — these provide students with the opportunity to ask questions or access information about academic or pastoral supports. Training is provided to staff on how to engage with students in distress; clear student-facing guidance on same is provided within the Course Handbook, the year 1 handbook and the induction handbook.

The peer mentoring system, which has already been implemented for students of medicine, will provide each first-year MPharm student with a buddy in a more advanced stage of the programme and support the mentees in settling in.

3) Student Guidance

Students are expected to actively engage with the Professional Degree Programme recognising the primacy of patient safety whilst also their role in developing as professionals.

This includes guidance on:

- a) student personal and professional development through support structures that encourage active engagement in relevant or appropriate extra-curricular activities, travel and/or volunteer work/paid work
- citizenship through 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.

As elsewhere within the university, each year will have a class representative, who will receive training from the Students' Union and will generally support networking within the class (for example, through the establishment of a WhatsApp group).

A one-to-one confidential service is available to students through the (SSO). This service is advertised through presentation by the SSO at each first-year induction and a visit to each class every September. A QR code is made available to allow students to set up appointments. The Access Centre provides targeted supports for specific students, including those with disabilities, mental health issues, and mature learners.

The programme team has also made initial contact to explore the establishment of a society for MPharm students and it is planned that this will be progressed once the first intake of students has commenced their studies. Engagement with external associations (for example, the Irish Pharmaceutical Students Association [IPSA] and Pharmacists in Industry Education and Regulatory [PIER]) will also be supported by the school. More generally, numerous clubs, societies and volunteering opportunities are available to students.

Those members of the SoPBS' academic staff and leadership (including adjunct professors) who are qualified pharmacy professionals will serve as role models for MPharm students throughout the programme; externally, preceptors/tutor pharmacists will also take on this function.

As noted elsewhere, all supports continue to be available to students who are on practice placement. Specific placement planning supports are available for students with disability or EDI considerations. Where required, the reasonable accommodations process is initiated in advance of placement. This is supported by a placement planner, which also includes reference to disclosure. As noted elsewhere within this report, the accreditation team urges the university to conclude an agreement with APPEL for the coordination and quality assurance of practice placements (or to put in place appropriate alternative arrangements) at the earliest possible juncture.

	All students are required to engage in Garda vetting upon registration with the university. A streamlined process has been developed at a university level. Students are also required to complete an occupational health pre-placement assessment and screening process with the Student Health Unit prior to embarking on placement. The primacy of patient safety will be emphasised to students from the outset of the programme during orientation and is integrated throughout the programme, including within placement elements. Expectations and obligations of MPharm students with regard to patient safety are clearly set out within the student code of conduct. Lifelong learning concepts are also integrated within the programme from an early stage and underpinned by the principles set out in the university teaching, learning and assessment strategy. This, as well as the integration of IPL within the curriculum, should help to foster a culture of continuous professional development among students within the MPharm programme and across the CMNHS.
Compliance with Standard:	The accreditation team is satisfied that this standard will be met, where the conditions below are fulfilled.
Recommendations Conditions	The accreditation team proposes as a condition of accreditation that the University: - Confirm that the University of Galway is an equal partner in the consortium agreement for the Affiliation for Pharmacy Practice Experiential Learning (APPEL), as is proposed, or provide details of an alternative infrastructure in place to deliver and quality assure experiential learning placements, as required by the PSI Accreditation Standards by April of the first year of the programme.

Additional Commentary

Observations in relation to the implementation of the National Open Disclosure Framework Requirements

In compliance with the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023 and the National Open Disclosure Framework 2023, MPharm students will learn about the principles of Open Disclosure within the MPharm programme, specifically through the professional practice modules that are delivered from the outset of the programme in year 1. During these modules, they will learn about the theories of Open Disclosure and engage in discussion of how the principles apply across the spectrum of practice-types, as well as how systems may need to be enhanced to ensure that incidents do not occur. The curriculum programme team noted that, in designing the curriculum, they have been cognisant of the need, through vertical and horizontal integration, to support the development of a professional identity and personality traits, such as confidence and resilience, that facilitate each graduate to behave ethically and perform Open Disclosure once they have qualified. Through the development and enhancement of their communication and leadership skills, students will be supported to develop competencies, skills and behaviours that will support them in engaging in Open Disclosure when necessary. Students will also be encouraged to consider the linkages between Open Disclosure and academic, research, and professional integrity. The accreditation team is satisfied that regard has been had to the requirements of the 2023 Act and the accompanying framework in the design of the MPharm programme and that, through their engagement with the programme, students will receive appropriate support, instruction and practice that will prepare them for Open Disclosure in their future professional lives.

Final Comment

The accreditation team looks forward to an update on consideration by the University of Galway and the MPharm programme team of the following recommendations:

- Develop a strategy specifically for the School of Pharmacy and Biomedical Sciences. This relates to Standard 1 of the PSI Accreditation Standards.
- Add a member to the university's Fitness to Practise Committee who is a qualified pharmacist, registered with the PSI. This relates to Standard 2 of the PSI Accreditation Standards.
- Review the vision statement within the strategy for the Discipline of Pharmacy with a view to ensuring that it is sufficiently clear to facilitate confirmation of whether or not the vision has been achieved. This relates to Standard 1 of the PSI Accreditation Standards.
- Reflect upon the multiplicity of modules that constitute the current programme structure and consider whether some of these might be combined and reconstituted as larger modules, with an integrated approach taken to their assessment. This relates to Standard 5 of the PSI Accreditation Standards.
- Consider reviewing assessment so that it reflects approaches that include problem-solving and active learning. This relates to Standard 5 of the PSI Accreditation Standards.
- Consider whether there are alternative approaches to module delivery that could be incorporated within the programme to redress the balance of methodologies used, which is currently heavily weighted towards didactic lectures. This relates to Standard 5 of the PSI Accreditation Standards.
- Consider whether assessment methods could be revised to ensure better alignment with module learning outcomes for example, by incorporating greater emphasis on student problem-solving within assessment instruments. This relates to Standard 5 of the PSI Accreditation Standards.
- Consider how to strengthen the provision and delivery of IPL opportunities with medicine and nursing students across the MPharm programme and ensure that the approach is appropriately documented. This relates to Standard 5 of the PSI Accreditation Standards.
- Consider adopting approaches to standard-setting already embedded within the School of Medicine. This relates to Standard 5 of the PSI Accreditation Standards.
- Consider how placements align with module and programme learning outcomes. This relates to Standard 5 of the PSI Accreditation Standards.

Signed: _	Aleeee	Date: _	15 April 2025	
	(Chairperson)			

Appendices

Appendix 1: Documentation submitted as part of the accreditation submission from University of Galway

Self-Assessment Report (SAR)

Standard 1	1.1 University of Galway Strategic Plan	2020-2025

- 1.2 University of Galway Academic Strategy for Teaching and Learning 2021-2026
- 1.3 College of Medicine, Nursing and Health Sciences FutureCare Strategy 2022-202
- 1.4 Discipline of Pharmacy ASCENT Strategic Plan 2024-2029
- 1.5 Core Competency Framework for Pharmacists
- 1.6 QA616 Student Code of Conduct
- 1.7 QA415 Employee Code of Conduct
- 1.8 Fitness to Practice for Pharmacy Students
- 1.9 Induction Programme_Draft
- 1.10 School of Medicine Student Affairs Committee
- 1.11 Pharmacy Act 2007
- 1.12 PSI's Code of Conduct
- 1.13 EU Directive 2005-36-EC
- 1.14 EU Directive 2001-83-EC
- 1.15 EU Regulation 2019-6
- 1.16 QA050 Curriculum Design and Management
- 1.17 Universities Act 1997
- 1.18 Charities Act 2009
- 1.19 College Council Terms of Reference
- 1.20 MPharm Book of Modules
- 1.21 Mapping of Modules to Core Competency Framework
- 1.22 MPharm Steering Committee Terms of Reference
- 1.23 Pharmacy Steering Group Decisions and Action Log
- 1.24 MPharm Curriculum Development Sub-Group Terms of Reference
- 1.25 Pharmacy Focus Group Report_Community Pharmacists
- 1.26 Pharmacy Focus Group Report_Secondary School Students
- 1.27 Pharmacy Survey Report_Industry and Regulatory
- 1.28 Pharmacy Flyer
- 1.29 Submission Documentation to Curriculum and Programme Board
- 1.30 Human Biology Building
- 1.31 CSI Clinical Simulation
- 1.32 Discipline of Pharmacy Building
- 1.33 CVs for Adjunct Professors
- 1.34 Senior Lecturer Job Description
- 1.35 CV Dr O'Dwyer
- 1.36 Established Prof of Pharmacy Job Description
- 1.37 MPharm Accreditation Sub-group Terms of Reference
- 1.38 MPharm Accreditation Sub-Group Decisions & Action Log
- 1.39 MPharm Programme Timelines
- 1.40 MPharm Recruitment and Promotions Sub-Group ToR

- 1.41 Pharmacy Recruitment and Launch Integrated Strategy
- 1.42 Recruitment Strategy Timelines

Standard 2

- 2.1 University Interactive Organisational Chart
- 2.2 Head of School Role, Responsibility and Appointments Procedure
- 2.3 MPharm Organisational Chart
- 2.4 QA008 Programme Boards
- 2.5 Head of Discipline Role Description
- 2.6 Competency Framework for Academic Roles
- 2.7 Established Professor Criteria
- 2.8 IPL Education and Simulation Working Group
- 2.9 MPharm IPL Strategy
- 2.10 QA441 Gifts and Hospitality
- 2.11 QA246 Collaborative Partnerships for Taught Awards
- 2.12 QA243 Honorary, Visiting and Adjunct Appointments
- 2.13 QA413 Conflict of Interest
- 2.14 QA182 Universal Design and Accessibility
- 2.15 MPharm KPI Metrics Template
- -2.16 QA232 Fitness to Practice
- 2.17 QA400 Data Protection

Standard 3

- 3.1 Letter of Support from University
- 3.2 MPharm Teaching, Learning and Assessment Strategy
- 3.3 CMNHS Induction Agenda
- 3.4 Pharmacy Staff Local Induction Draft
- 3.5 Training Log for New Starters
- 3.6 QA238 Research Sabbatical Leave
- 3.7 Research Application Planning Template
- 3.8 QA090 Workload Allocation Model
- 3.9 QA073 Performance Management Development Framework Policy
- 3.10 QA130 Further Education Polic
- 3.11 Standards for APPEL Experiential Learning Placements
- 3.12 Insurance for students on Clinical Placement
- 3.13 Insurance for students on Work Experience
- 3.14 University of Galway Strategic Risk Register_high level overview
- 3.15 QA301 Risk Management Policy
- 3.16 Risk Management Procedural Guidance

Standard 4

- 4.1 Curriculum Design Process
- 4.2 PSI Education and Training SI No. 148-2020
- 4.3 5 Yr Programme Accreditation Standards
- 4.4 Graduate Attributes
- 4.5 MPharm Curriculum Development Sub-Group Decision and Action Log
- 4.6 QA205 Climate Action and Sustainability Policy
- 4.7 National Open Disclosure Framework 2023
- 4.8 QA244 Accredited Programmes
- 4.9 Curriculum Integration Map
- 4.10 Mapping of PSI Indicative Curriculum
- 4.11 QA204 Academic Year Scheduling and Timetabling
- 4.12 MPharm Book of Lectures
- 4.13 MPharm Integrated Modules Guidance Document



- 4.14 Map of Calculations Activity
- 4.15 Sample Calculations Sheet
- 4.16 Sample Reflective Cycle for Pharmacy Students
- 4.17 Prescribing Map of Relevant Activities
- 4.18 IPL Prescribing Content
- 4.19 Learning Needs Assessment
- 4.20 National Framework of Qualifications (NFQ) Requirements
- 4.21 Placement Schedule
- 4.22 QA005 Role of External Examiners Taught Programmes
- 4.23 QA278 Nomination and Approval of External Examiners Taught Programmes
- 4.24 QA209 Extenuating Circumstances
- 4.25 QA235 Procedure for Discussion, Checking and Appeal of Examination Results
- 4.26 QA220 Academic Integrity
- 4.27 QA230 Procedure for Dealing with Breaches of Examination Regulations
- 4.28 QA228 University Marks and Standards

Standard 5 5.1 QA277 Assessment Policy

- 5.2 QA208 Alternative Assessment
- 5.3 CMNHS Evidence of Student Evaluation Summary 2022-2023
- 5.4 MPharm Contact Hours
- 5.5 Student Confidentiality Declaration
- 5.6 Student Contributions to Research
- 5.7 MPharm Teaching and Assessment Matrix
- 5.8 Year 1 Introduction to Pharmaceutics Formulation Science Assessment Blueprint
- 5.9 Year 2 Chemical Analysis of Pharmaceuticals Assessment Blueprint
- 5.10 Year 3 Respiratory System Assessment Blueprint
- 5.11 Year 4 Research Project Assessment Blueprint
- 5.12 Year 5 Future Medicines Assessment Blueprint

Standard 6 6.1 QA001 Quality Assurance

- 6.2 QA003 Review of Schools
- 6.3 QA006 Review of Taught Programmes
- 6.4 QA007 Operational Plans Academic Units
- 6.5 QA030 Business Continuity Policy
- 6.6 QA221 Feedback on Modules and Programmes
- 6.7 University KPIs
- 6.8 Student Monitoring Report
- 6.9 Document Version Control Tracker
- 6.10 S.I. No. 377-2014
- 6.11 Recruitment Brochure
- 6.12 QA073 Performance for Growth Procedure
- 6.13 QA435 ISS Service Management
- 6.14 QA419 Backup Policy
- 6.15 ToR for School of Medicine Executive

Standard 7

- 7.1 CAO Handbook_2024
- 7.2 QA222 Recognition of Prior Learning
- 7.3 Undergraduate Prospectus 2024



- 7.4 CMNHS Widening Participation in Health Professions Education Report
- 7.5 QA234 Deferral of Exams
- 7.6 QA091 Recheck of Examination Results
- 7.7 Student Handbook_Draft
- 7.8 College Calendar 2023-2024
- 7.9 First Year Booklet (Draft)
- 7.10 QA611 Student Complaints Procedure
- 7.11 QA231 Garda Vetting and Police Clearance
- 7.12 MPharm Occupational and screening email
- 7.13 CMNHS Orientation 2024_Draft
- 7.14 Orientation Presentation_Draft
- 7.15 School of Medicine SAC ToR
- 7.16 QA287 Student Leave of Absence
- 7.17 QA614 Student Death Protocol
- 7.18 QA601 Missing Student Protocol

Additional documentation

Student Support Services

APPEL Letter of Support

Undergraduate medical programme feedback and feedforward

Student-Placement-Agreement Training-Establishment-Details

Student feedback overview

Mature-Students-Guide-2025

2025-UG-Prospectus

Fitness to Practice for Pharmacy Students

QA616 Student Code of Conduct

QA269-Support-for-Students-in-Crisis-Policy

QA232-Fitness-to-Practice

Prescribing activities_MPharm programme

14_11_2024 Pharmacy Accreditation Slides



Accreditation Visit for the Five-Year Fully Integrated Master's Degree Programme in Pharmacy provided by the University of Galway

In accordance with Article 7(2) (a)(iv) of the Pharmacy Act, 2007

AGENDA

Thursday, 14 November - Friday, 15 November 2024

	Day One: Thursday, 14 November 2024		
University of Galway			
Agenda No	Time/Venue	AGENDA ITEM	STANDARDS
1.	8:30 - 9:00	Private meeting of the Accreditation Team	
2.	9:00 - 11.00	 Meeting with Head of School or equivalent, and Team responsible for the programme Welcome and introductions Presentation by the Head of School or other (30 mins max.) (Prof. Martin O'Donnell, Dean of the College of Medicine, Nursing and Health Sciences) Overview of programme developments to further evaluate additional progress and developments since the submission by the University of Galway. Overview of the strategic plan for the College/School University of Galway Attendees: Prof. Peter McHugh – Interim President, University of Galway Adj. Prof. David Jones – Professor of Pharmaceutical and Biomaterial Engineering, Queens University Belfast & Adjunct Professor, University of Galway Steering Group: Dr Martina Ní Chúlain - Director of Strategic Development and Process Improvement, College of Medicine, Nursing & Health Sciences (CMNHS) Prof. Laurence Egan - Head of the School of Medicine & Professor of Clinical Pharmacology Prof. David Finn - Head of Discipline, Pharmacology and Therapeutics Adj. Prof. John Given MPSI – Executive Pharmacy Manager, Galway University Hospitals & member of the PSI council 	1-8 (particular focus on standard 1)



		Adj. Prof. Diana Hogan-Murphy MPSI – Chief 2 Pharmacist	
		Medication Safety, University Hospital Galway	
		Prof. Martin O'Donnell - Dean of the College of Medicine, Nursing	
		and Health Sciences & Consultant in Geriatric Medicine	
		Dr Joanne O'Dwyer MPSI – Senior Lecturer in Pharmacy and	
		Pharmaceutics	
		Dr Leo Quinlan - Vice Dean for Teaching, Learning and	
		Assessment, CMNHS	
		Prof. Olivier Thomas - Head of School, Biological and Chemical	
		Sciences, College of Science and Engineering	
3.	11.00 – 11:15	Private meeting of accreditation team	
4.	11:15 – 12.15	Meeting with University of Galway representatives involved in	Standard 2
		Leadership, Organisation and Governance	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		University of Galway Attendees:	
		Dr Martina Ní Chúlain - Director of Strategic Development and	
		Process Improvement, CMNHS	
		Prof. Martin O'Donnell - Dean of the College of Medicine, Nursing	
		and Health Sciences & Consultant in Geriatric Medicine	
		Dr Joanne O'Dwyer MPSI – Senior Lecturer in Pharmacy and	
		Pharmaceutics	
		Dr Leo Quinlan - Vice Dean for Teaching, Learning and	
		Assessment, CMNHS	
		Adj. Prof. David Jones – Professor of Pharmaceutical and	
		Biomaterial Engineering, Queens University Belfast & Adjunct	
		Professor, University of Galway	
		Adj. Prof. John Given MPSI - Executive Pharmacy Manager, Galway	
		University Hospitals & member of the PSI council	
		Dr Kasia Whysall - Vice Dean Equality, Diversity & Inclusion,	
		CMNHS	
		Dr Helen Maher - Vice President for Equality, Diversity and	
		Inclusion	
		Ms Aileen Connolly - CMNHS Academic Affairs and College	
		Operations Manager	
		Ms Caroline Loughnane - Secretary for Governance and Academic	
		Affairs	
		Mr Alan Lambe - Director of Governance	
		Ms Sharon Bailey, Bursar, University of Galway	
5.	12:15 – 12:30	Private meeting of accreditation team	
6.	12:30 – 13:30	Lunch	
7.	13:30 – 14:15	Tour of School of Pharmacy/College	



8.	14:15 – 15:15	Meeting with University of Galway representatives involved in Resources	Standard 3
		University of Galway Attendees:	
		Dr Martina Ní Chúlain - Director of Strategic Development and Process Improvement, CMNHS	
		Dr Joanne O'Dwyer MPSI – Senior Lecturer in Pharmacy and Pharmaceutics	
		Mr Dermot Kelly - Finance Manager, CMNHS	
		Ms Pauline McNamara - HR Business Partner, CMNHS Ms Emma Hawkins – Programme Development Manager, CMNHS	
		Ms Keelin O'Shaughnessy - Health & Safety Manager, CMNHS	
		Mr Brian Saunders – Buildings and Estates Mr Brian Lee - Capital Projects Officer	
		Ms Monica Crump - University Librarian	
9.	15:15 – 15:30	Private meeting of accreditation team	
10.	15:30 – 16:30	Meeting with relevant staff who will be involved in coordination	
10.	13.30 - 10.30	and quality assurance of practice placements with APPEL	
		University of Galway Attendees:	
		Dr Joanne O'Dwyer MPSI – Senior Lecturer in Pharmacy and	
		Pharmaceutics Adj. Prof. Diana Hogan-Murphy MPSI – Chief 2 Pharmacist	
		Medication Safety, University Hospital Galway	
		Adj. Prof. John Given MPSI - Executive Pharmacy Manager, Galway University Hospitals & member of the PSI council	
		Dr Martina Ní Chúlain - Director of Strategic Development and	
		Process Improvement, CMNHS	
		APPEL Representatives:	
		Katherine Morrow, APPEL	
11.	16:30 – 17:00	Private meeting of accreditation team	

		Day Two: Friday, 15 November 2024	
		University of Galway	
Agenda	Time/Venue	AGENDA ITEM	STANDARDS



No			
1.	8:45 – 9:00	Private meeting of the Accreditation Team	
	0.13 3.00	Trivate meeting of the recreatation ream	
2.	9:00 – 10:00	Meeting with University of Galway representatives involved in	Standard 4
۷.	9.00 – 10.00	Curriculum: Structure and Evaluation	Stanuaru 4
		Carriediani. Stracture and Evaluation	
		University of Galway Attendees:	
		Dr Joanne O'Dwyer MPSI – Senior Lecturer in Pharmacy and	
		Pharmaceutics & Module Lead Year 1 & 2 Pharmaceutics	
		Dr Leo Quinlan - Vice Dean for Teaching, Learning and	
		Assessment, CMNHS & Module Lead Year 1 Foundations of Human	
		Biology for Pharmacy	
		Adj. Prof. Diana Hogan-Murphy MPSI – Chief 2 Pharmacist	
		Medication Safety, University Hospital Galway	
		Prof. Olivier Thomas - Head of School, Biological and Chemical	
		Sciences, College of Science and Engineering & Module Lead Year 1 & 2 Chemistry	
		Adj. Prof. David Jones – Professor of Pharmaceutical and	
		Biomaterial Engineering, Queens University Belfast	
		Prof. David Finn – Module Lead Year 1 Foundation Pharmacology	
		for Pharmacy	
		Dr Declan McKernan – Module Lead Year 2 Toxicology for	
		Pharmacy	
		Dr Maria Tuohy - Module Lead Year 1 Introduction to Molecular	
		and Cell Biology	
		Dr Zina Alfahl – Module Lead Year 2 Pharmaceutical Microbiology	
		Prof. Martin O'Donnell – Module Lead Year 2 Research Methods	
		and Applied Data Analysis	
		Dr Ailish Hynes – Lecturer in Physiology	
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3.	10.00 - 10.15	Private meeting of the Accreditation Team	
٥.	10.00 - 10.13	Trivate meeting of the Accieuitation feath	
4.	10:15 – 11.15	Meeting with the University of Galway representatives involved in	Standard 5
		the Curriculum: Teaching, Learning and Assessment	
		University of Galway attendees:	
		Dr. Joanna O'Dwygr MDSL Sonior Lacturer in Pharmacy and	
		Dr Joanne O'Dwyer MPSI – Senior Lecturer in Pharmacy and Pharmaceutics	
		Dr Leo Quinlan - Vice Dean for Teaching, Learning and	
		Assessment, CMNHS	
		Adj. Prof. David Jones – Professor of Pharmaceutical and	
		Biomaterial Engineering, Queens University Belfast & Adjunct	
		Professor, University of Galway	
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Prof. Olivier Thomas - Head of School, Biological and Chemical Sciences, College of Science and Engineering Adj. Prof. Diana Hogan-Murphy MPSI – Chief 2 Pharmacist Medication Safety, University Hospital Galway Prof. David Finn - Head of Discipline, Pharmacology and Therapeutics Dr Peter Carr, Chair of CMNHS Interprofessional Learning, Education and Simulation Committee, Senior Lecturer in Nursing Ms Katrina Joyce, Learning Technologist, CMNHS Dr Ian MacLabhrainn, Director of the Centre of Excellence in Learning and Teaching, University of Galway Dr Claire Feerick, Senior Technical Officer, Pharmacology and Therapeutics Ms Sally Connolly, Examinations Officer 5. 11:15 – 11:30 Private meeting of accreditation team 6. 11:30 – 12:30 Meeting with the University of Galway representatives involved in Quality Assurance and Enhancement University of Galway Attendees: Dr Joanne O'Dwyer MPSI – Senior Lecturer in Pharmacy and Pharmaceutics Ms Sinead O'Connor – Director of Quality Ms Celine Gordon – Accreditation Officer, School of Health Sciences Dr Rosemary Geoghegan – Director of Medical Programme Dr Leo Quinlan - Vice Dean for Teaching, Learning and Assessment, CMNHS Dr Martina Ni Chúlain - Director of Strategic Development and Process Improvement, CMNHS Ms Emma Hawkins – Programme Development Manager, CMNHS Dr Declan McKernan – Senior Lecturer in Pharmacology & Therapeutics		
6. 11:30 – 12.30 Meeting with the University of Galway representatives involved in Quality Assurance and Enhancement University of Galway Attendees: Dr Joanne O'Dwyer MPSI – Senior Lecturer in Pharmacy and Pharmaceutics Ms Sinead O'Connor – Director of Quality Ms Celine Gordon – Accreditation Officer, School of Health Sciences Dr Rosemary Geoghegan – Director of Medical Programme Dr Leo Quinlan - Vice Dean for Teaching, Learning and Assessment, CMNHS Dr Martina Ní Chúlain - Director of Strategic Development and Process Improvement, CMNHS Ms Emma Hawkins – Programme Development Manager, CMNHS Dr Declan McKernan – Senior Lecturer in Pharmacology & Therapeutics		Scien Adj. F Medi Prof. Thera Dr Pe Educa Ms Ka Dr Iai Learn Dr Cla
Quality Assurance and Enhancement University of Galway Attendees: Dr Joanne O'Dwyer MPSI – Senior Lecturer in Pharmacy and Pharmaceutics Ms Sinead O'Connor – Director of Quality Ms Celine Gordon – Accreditation Officer, School of Health Sciences Dr Rosemary Geoghegan – Director of Medical Programme Dr Leo Quinlan - Vice Dean for Teaching, Learning and Assessment, CMNHS Dr Martina Ní Chúlain - Director of Strategic Development and Process Improvement, CMNHS Ms Emma Hawkins – Programme Development Manager, CMNHS Dr Declan McKernan – Senior Lecturer in Pharmacology & Therapeutics		5. 11:15 – 11:30 Priva
7. 12:30 – 13:30 Lunch	indard 6	Quali Unive Dr Jo. Pharr Ms Si Ms Co. Scien Dr Ro Dr Le Asses Dr M. Proce Ms Ei Dr De
		7. 12:30 – 13:30 Lunch
8. 13:30 – 14:30 Meeting with the University of Galway representatives involved in Students University of Galway Attendees: Ms Annemarie Gilchrist – Student Support Advisor, CMNHS Mr John Hannon – Director of Student Services Dr Ailish Hynes – Chair of Student Affairs Committee Ms Imelda Byrne – Head of Access Centre Representative from Student Registry Office	indard 7	Ms A Mr Jo Dr Ail Ms In



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		Mr Stephen O'Dea/Mary Liddy – Admissions Officer	
		Prof. Ciara Meehan – Dean of Students	
		Dr Joanne O'Dwyer MPSI – Senior Lecturer in Pharmacy and	
		Pharmaceutics	
		Dr Leo Quinlan - Vice Dean for Teaching, Learning and	
		Assessment, CMNHS	
		Dr Martina Ní Chúlain - Director of Strategic Development and	
		Process Improvement, CMNHS	
		Ms Aileen Connolly, CMNHS Academic Affairs and College	
		Operations Manager	
		Ms Niamh Connolly, Head of Strategic Communications, Brand	
		Management and Student Recruitment	
9.	14:30 – 14:45	Private meeting of the accreditation team	
11.	14:45 – 15:45	Meeting with University of Galway representatives to get on	
		further clarifications (if required).	
		University of Galway Attendees: As required	
12.	15:45 – 16:15	Private meeting of the accreditation team	
13.	16:15 – 16:45	Meeting with University of Galway representatives to convey	
		recommendation of the accreditation team.	
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