

BoS 7 March 2023

Tuesday, 7th March 2023 3:15 pm

Teams | Faculty of Science Board of Studies

Attendees

Attended

Rachael Bedford

Florin Bisset

Zoe Burke

Duncan Craig (Chair)

Susan Crennell

Marguerite Hallett

Lyn Hanning

Amanda Harper

Sarah Paine

Philip Rogers

Michael Wright

Did Not Attend

Andrew Burrows

Charlotte Dodson

Nikoletta Fotaki

Elizabete Francmane

Matthew Jones

Julia Kildyushova

Matthew Lennox

Adele Murrell

Eamonn O'Neill

Fei Qin

Timothy Rogers

Tony Shardlow

Dushmanthi Shermer

Jeyabal Sivaloganathan

Dmitry Skryabin

Gunnar Traustason

Ventsislav Valev

Stephen Ward

Zidong Zhao

1.0 Welcome and Quorum

The Chair welcomed members and attendees and noted that 6 members were in attendance. The meeting is quorate if one-third of the membership is present (9 members). An additional 9 members, who had been unable to attend the meeting, had participated remotely in the vote for the single agenda item, thereby ensuring that decision-making was quorate.

2.0 Declarations of Interest

The Board noted that Professor Matthew Jones, Deputy Dean and member of the Board, had been a member of the MPharm at Plymouth Project Board.

3.0 MPharm (Hons) Pharmacy at University of Plymouth

Purpose - For Decision

Secretary's note: Registry is chasing signatures for the QA20 form and has assured that the relevant stakeholders have been consulted. Signatures will be in place for APC.

Ms Lyn Hanning explained that there is a chronic and intractable shortage of pharmacists in the South West. The Department of Life Sciences is one of 30 schools of pharmacy. The South West is the largest NHS region and is the only region containing only 1 school of pharmacy.

This has been a long-standing problem. The Department of Life Sciences is committed to helping the NHS work through the complexities of the pharmacy workforce. In January 2022 the Department was asked to consider delivering the MPharm degree elsewhere in the South West to increase the pipeline of pharmacists coming through.

The MPharm degree is currently top in NSS in terms of student satisfaction and the Department is one of the top ranking schools in terms of the 2 measures of graduate outcomes, i.e. success in getting a job afterwards and success in the registration assessment.

Most of last year was spent working on business appraisal options, including delivery at the University of Exeter and at the Penryn campus of Falmouth University.

Health Education England (HEE) agreed a split funding model involving a capital investment in the University of Plymouth to develop a bespoke pharmacy practice teaching facility, and payments to Bath for 2 years of setup and 5 years of delivery.

The new MPharm aligns with the new standards issued by the General Pharmaceutical Council (GPhC) last year. The new MPharm was accredited by the GPhC in December 2022 and will start in 2023/24 at Bath and in 2024/25 at Plymouth. The approval schedule is designed to enable UCAS deadlines to be met this Spring. Delivery of the MPharm at Plymouth went through Step 1 accreditation (an online presentation) on 24 February 2023. Step 2 accreditation will involve a full written submission and onsite visit at Plymouth. Once the proposal has been approved by APC on 13 March 2023 and then Senate, it can be advertised 'subject to full approval'.

The MPharm at Plymouth will be accredited separately but as a variant of the Bath MPharm degree.

Bath and HEE, and Plymouth and HEE, have signed a legal agreement. The terms of a joint legal agreement between Bath and Plymouth are being finalised currently.

As an addendum to this proposal, later on, the aim is to seek approval to offer a Year 0 'preparatory year' (not to be confused with a postgraduate Year 5 'foundation year') for the MPharm at Plymouth. Plymouth currently runs, successfully, a preparatory year for medicine, dentistry and biomedical science. There is a strong market for a preparatory year in Plymouth (being in a rural area and offering medicine and dentistry), e.g. for those pursuing a career change and/or lacking the required A levels (in terms of subject or grade). The preparatory year would serve as a feeder into the existing planned numbers. The preparatory year students would be Bath students from the outset and would take a set of core Plymouth-owned units (co-taught with Plymouth Year 0 students from other programmes) that would be assigned Bath unit codes, plus a bespoke unit on pharmacy and medicines designed to bring the students up to the right level of chemistry and understanding about the profession. The preparatory year entry requirements would be set by Bath but would be consistent with those of the existing Plymouth preparatory year.

The Board noted the votes and worked through the associated comments and questions. Ms Hanning confirmed that the MPharm at Plymouth would be a Bath award, with Bath admissions criteria and Bath employed staff, except for the technical staff (based in labs at Plymouth) who would be Plymouth employees. Ms Hanning confirmed that the entry grades to the Plymouth MPharm would be the same as for the Bath MPharm. Dr Rogers explained that the incentive to join the MPharm at Plymouth, being run there for the first time, over the established Bath MPharm, would be location, i.e. people wishing to live and study in Plymouth, as well as the brand new facilities.

Dr Rogers commented that, while setting up another school of pharmacy in the South West might pose a risk to Bath at some point in the future, if Bath did not collaborate with HEE in this way another university from outside the South West might be asked to offer a satellite programme instead, e.g. the University of Bolton has recently set up a nursing school in Devon. Dr Rogers reported that the MPharm at Bath had a small number of online examinations in Semester 1, but all examinations from Semester 2 onwards will be in-person. MPharm assessment and teaching modes and timings would be closely aligned between Bath and Plymouth. It was acknowledged that there may be challenges to parallel hosting of the same examinations, e.g. timetabling differences. While variation in assessment might be necessary, learning outcomes would remain identical. Content might also need to vary slightly to match differing expertise. However, the Bath MPharm is taught 90% in person and 10% online, so it

may be possible for Plymouth students to access Bath teaching online and vice versa, thereby reducing the need for content variation. The Chair suggested that the University of North Carolina model might be helpful to review.

Ms Hanning reported that 11 FTE (teaching only contracts, currently) staff would be employed to deliver the MPharm at Plymouth. Bath-based staff might be asked to make small contributions to the Plymouth MPharm degree online, and very occasionally at Plymouth, e.g. to run a particular practical.

The Board acknowledged that in Paper 176 on indicative responsibilities, in the section on 'student welfare and academic counselling' Plymouth should also (as well as Bath) have responsibility for ensuring that an appropriate policy is in place and is operated for the care of students under the age of 18 and for vulnerable adults. Plymouth should also (as well as Bath) have responsibility for support for international students.

Dr Rogers explained that Bath would be paying Plymouth a capitation to cover welfare issues. Academic misconduct and Fitness to Practise would be dealt with by Bath. Clarity was required in terms of how to deal with lower level disciplinary matters, especially where these involve both Bath and Plymouth students, e.g. to ensure parity and avoid students being put through parallel processes.

With regard to how Bath will monitor Plymouth meeting its contractual obligations, Ms Hanning explained that the GPhC has clear guidelines on monitoring, so the onus would be on the accredited delivery team to ensure appropriate monitoring. There is also an Oversight Board which meets monthly, and is chaired by the Regional Director of HEE, to assure that HEE funding is being spent appropriately and that both partners are collaborating and delivering on their parts of the contract. An Operational Board meets fortnightly and reports on a number of work streams, e.g. the capital build, and legal agreements. In addition, a Stakeholder Board will feed in from the ground up.

Ms Hanning reported that all Examination Boards would be held at Bath. There would also be academic staff, personal tutors and Directors of Studies in Plymouth with responsibilities that mirror those of their counterparts at Bath. The Board acknowledged that academic year alignment, i.e. different semester and assessment dates, between Bath and Plymouth, will need to be taken into account as part of operationalising the student experience, e.g. fitting in the placement weeks, Bath having an inter-semester break in place of an extra week of vacation at Easter.

With regard to a resource visit, Ms Hanning reported that a number of site visits had taken place at Plymouth to meet teams and review opportunities for capital investment and proposals for space. The student experience facilities have been visited, e.g. library, student welfare, clinical and nonclinical teaching facilities, and generic, lab, general teaching and simulation space. Pharmacy is the only health profession not currently offered by Plymouth. While Bath has its own bespoke teaching facilities, Plymouth has much shared clinical space that can be used. The new school of pharmacy will be based in the middle of the city centre campus, on the ground floor of the Nancy Astor building (some of the nursing is moving to a different facility), next to medicine and dentistry. The capital build has been funded to the tune of £2.4 million, which includes half a million for equipment. The working board is due to visit Swansea's new teaching facilities next month to start to scope out the new facility requirements.

Dr Rogers reported that the new staff recruited to deliver the MPharm at Plymouth would receive induction through both institutions. Ms Hanning acknowledged the need to ensure that the new staff understand how to deliver the Bath MPharm and what it looks like. The new staff might be offered the opportunity to come and see some of the teaching at Bath.

Dr Rogers reported that students at Plymouth would have access to both institutions' IT systems; if a student had a problem with a personal device they would be able to get walk-in IT support at Plymouth and they would have access to remote IT support at Bath.

With regard to timetabling, MPharm students at Plymouth would have access to a Plymouth timetable into which the MPharm teaching activities would be slotted.

All members present agreed to recommend to APC Stage 1 Initial Approval of the proposal to deliver the MPharm (Hons) Pharmacy degree at the University of Plymouth from 2024/25.

4.0 Any Other Business

There was no other business.