

Pharmacy Handbook 2025-2026

Description



PHARMACY UNDERGRADUATE PROGRAMME HANDBOOK

2025-2026

Division of Pharmacy and Optometry

School of Health Sciences

Faculty of Biology, Medicine and Health

WELCOME TO PHARMACY

Welcome to the Division of Pharmacy and Optometry at the University of Manchester. May we take this opportunity to offer our congratulations on your success in the recent examinations and wish you well during your time with us? We hope that your stay in Manchester will be rewarding, not only in the academic areas but also as a result of your participation in the extra-curricular activities associated with the University, the City, and the North West region.

The purpose of this handbook is to bring together information to help you to answer queries that you might have about the programme and to provide some general information about the Division. We have tried to answer all the questions which have been asked by students in previous years, but if you feel that any important information has been omitted, please let us know.

As with any publication of this type, all the information contained was correct at the time of compilation. Although not anticipated at this stage, it may be necessary to make changes as the year progresses. Where there is such a need, you will be informed.

Professor Kaye Williams â?? Head of Division



Dr Susan Cochran â?? Programme Director



Mrs Victoria Tavares â?? Deputy Programme Director



1. GENERAL INFORMATION

1.1 Staff List and contact details

ACADEMIC STAFF

Name	Email address
Professor Zeeshan Ahmad Reader in Pharmaceutical Science	zeeshan.ahmad@manchester.ac.uk
Professor Darren Ashcroft	darren.ashcroft@manchester.ac.uk
Professor Sam Butterworth	sam.butterworth@manchester.ac.uk
Professor Li-Chia Chen	Li-Chia.Chen@manchester.ac.uk
Professor Aleksandra Galetin	Aleksandra.Galetin@manchester.ac.uk
Professor Alison Gurney	Alison.gurney@manchester.ac.uk
Professor Jason Hall	Jason.Hall@manchester.ac.uk
Professor Mike Harte	Michael.Harte@manchester.ac.uk
Professor Jayne Lawrence	Jayne.Lawrence@manchester.ac.uk
Professor Andrew McBain	Andrew.Mcbain@manchester.ac.uk
Professor Jo Neill	Joanna.Neill@manchester.ac.uk
Professor Anna Nicolaou	anna.nicolaou@manchester.ac.uk
Professor Amin Rostami-Hochaghan	Amin.Rostami@manchester.ac.uk
Professor Alberto Saiani	A.Saiani@manchester.ac.uk
Professor Ellen Schafheutle	ellen.schafheutle@manchester.ac.uk
Professor Ian Stratford	Ian.Stratford@manchester.ac.uk
Professor Kaye Williams Head of Division	Kaye.Williams@manchester.ac.uk

Dr. Enas Al-Ani Lecturer	enas.al-ani@manchester.ac.uk
Dr. David Allison Reader	David.Allison@manchester.ac.uk
Dr. Harmesh Aojula Senior Lecturer	Harmesh.Aojula@manchester.ac.uk
Ms Neetu Bansal Lecturer	neetu.bansal@manchester.ac.uk
Caroline Barrett Senior Clinical Tutor	caroline.barrett-2@mft.nhs.uk
Dianne Bell Senior Lecturer	dianne.bell@manchester.ac.uk
Jonathan Berry Lecturer	jonathan.berry@manchester.ac.uk
Dr. Elena Bichenkova Reader	Elena.V.Bichenkova@manchester.ac.uk
Alan Bloomer Lecturer	alan.bloomer@manchester.ac.uk
Dr. Richard Bryce Reader	Richard.Bryce@manchester.ac.uk
Dr. Cyril Bussy Lecturer	cyrill.bussy@manchester.ac.uk
Dr. Richard Campbell Senior Lecturer	richard.campbell@manchester.ac.uk
Dr. Susan Cochran Senior Lecturer and Programme Director	susan.cochran@manchester.ac.uk
Dr. Costas Demonacos Senior Lecturer	Constantinos.Demonacos@manchester.ac.uk
Dr. Ben Dickie Senior Lecturer (Neuroimaging)	ben.dickie@manchester.ac.uk
Dr. Mohamed Elsayy Lecturer	mohamed.elsawy@manchester.ac.uk
Dr. Katie Finegan Senior Lecturer	K.G.Finegan@manchester.ac.uk
Dr. Sally Freeman Reader	Sally.Freeman@manchester.ac.uk
Miss Sarah Hafeez Lecturer in Pharmacy Practice	Sarah.hafeez@manchester.ac.uk
Dr. Ali Hindi Lecturer	ali.hindi@manchester.ac.uk

Miss Yun-Ting (Joyce) Huang Lecturer in Pharmacy Practice	joyce.huang-2@manchester.ac.uk
Mrs. Jenny Hughes Senior Lecturer	Jenny.k.hughes@manchester.ac.uk
Dr. Gavin Humphreys Senior Lecturer	gavin.humphreys@manchester.ac.uk
Dr. Ireny Iskandar Lecturer	ireny.iskandar@manchester.ac.uk
Dr. Sally Jacobs Lecturer	sally.r.jacobs@manchester.ac.uk
Dr. Akhil Jain Lecturer	akhil.jain@manchester.ac.uk
Dr. Shreena Joshi Pradhan Lecturer	Shreena.joshi@manchester.ac.uk
Dr. Richard Keers Senior Lecturer	richard.keers@manchester.ac.uk
Ms. Sarah Knighton Senior Clinical Lecturer	sarah.knighton@manchester.ac.uk
Dr. Ayse Latif Lecturer	ayse.latif@manchester.ac.uk
Dr. Ruth Ledder Senior Lecturer and Division Director of Education	ruth.ledder@manchester.ac.uk
Dr. Andrew Leach Senior Lecturer	andrew.leach@manchester.ac.uk
Dr. Penny Lewis Senior Lecturer	penny.lewis@manchester.ac.uk
Dr. Esnath Magola Senior Clinical Lecturer	esnath.magola@manchester.ac.uk
Andrew Mawdsley Senior Lecturer and School Director of Education	andrew.mawdsley@manchester.ac.uk
Diane Mitchell Senior Clinical Tutor	diane.mitchell@cmft.nhs.uk
Kate Oates Senior Clinical Tutor	kate.oates@cmft.nhs.uk
Dr. Kayode Ogungbenro Senior Lecturer	kayode.ogungbenro@manchester.ac.uk

Harsha Parmar Senior Lecturer	Harsha.Parmar@manchester.ac.uk
Dr. Jeff Penny Senior Lecturer	Jeff.Penny@manchester.ac.uk
Dr. Alain Pluen Senior Lecturer	Alain.Pluen@manchester.ac.uk
Dr. Hiran Prag Lecturer in Clinical Pharmaceutical Science	hiran.prag@manchester.ac.uk
Sadia Qayyum Lecturer	sadia.qayyum@manchester.ac.uk
Mrs Anuja Rajput Lecturer in Pharmacy Practice	Anuja.rajput@manchester.ac.uk
Mary Rhodes Senior Lecturer	Mary.Rhodes@manchester.ac.uk
Dr. Daniel Scotcher Lecturer	daniel.scotcher@manchester.ac.uk
Dr. Victoria Silkstone Reader	victoria.silkstone@manchester.ac.uk
Victoria Tavares Senior Lecturer and Deputy Programme Director	Victoria.tavares@manchester.ac.uk
Kirsty Worrall Teaching Practitioner	kirsty.worrall@manchester.ac.uk
Mrs Fatima Zulfiqar Lecturer	fatima.zulfiqar@manchester.ac.uk

PROFESSIONAL SERVICES STAFF

Grant Boyle Divisional Operations Manager	grant.boyle@manchester.ac.uk
Paula Lee Academic Group Administration Manager	paula.lee@manchester.ac.uk
Glenys Fry Academic Group Administrator	glenys.fry@manchester.ac.uk
Sarah Fairhurst Academic Group Administrator	sarah.fairhurst@manchester.ac.uk

Michelle Riddehough Academic Group Administrator	Michelle.riddehough@manchester.ac.uk
Alyssa Piasecki Academic Group Administrator	Alyssa.piasecki@manchester.ac.uk

TECHNICAL STAFF

Karen Purcell Senior Technician (Teaching) Pharmacy	Karen.purcell@manchester.ac.uk
---	--------------------------------

Ground floor

Sara Evans Technician (Teaching)	sara.evans@manchester.ac.uk
--	-----------------------------

Pharmacy
Ground floor

Mark Oldfield Technician (Teaching)	mark.oldfield@manchester.ac.uk
---	--------------------------------

Ground Floor G
SUGT PSS

Mr Anthony Steel Technical Manager	Anthony.steel@manchester.ac.uk
---	--------------------------------

1st Floor
1SUGT

Nicola Steel
Deputy
Technical
Manager
1st
Floor 1SUGT
Mrs Dawn
Rearden
Deputy
Technical
Manager
dawn.rearden@manchester.ac.uk
Ground
Floor G SUGT

[intense_snippet snippet_id=â?•12830â?³ snippet_title=â?•SHS TLSE inboxesâ?•]

1.2 Examination and Teaching Timetables

1.2.1 Examination Timetables

There are three examination periods each academic year:

- Semester 1 Examinations
- Semester 2 Examinations
- Resit Examinations

You must ensure that you are available during all examination periods, including the resit period. Exams can fall at any point within an examination period, so this should be taken into account when arranging holidays/jobs. Failure to present for resit examinations may prevent you from continuing on the course.

Information on the exact dates, times, and locations of your individual examinations is provided directly to students by the **University Examinations Office**. Your individual exam timetables, for centrally timetabled exams, can be accessed via the Student Portal:

[Exams | Exam Timetable | The University of Manchester](#)

You are responsible for checking your exam timetable, reporting any errors and ensuring that you attend the correct exams.

The Exam Timetables are produced using dedicated software for which the overarching factor is the production of a timetable with no, or as few as possible, student clashes. While attempts are made to ensure that students have a spread of examination dates throughout the examination period, in many cases this is not possible given the institutional constraints on the numbers of examination venues that are available, the number of examinations that are scheduled to take place and the options available to students on any particular programme of study. Therefore you should expect to have some exams on consecutive days and, potentially, have more than one examination within a single day.

1.2.2 Teaching Timetables

All students have access to a personalised timetable through the [Publish timetable app](#), which is also linked through your [My Manchester](#) account.

A brief guide on using Publish is available [here](#).

It is your responsibility to check your timetable on a regular basis to ensure you are accessing the most up to date information, as changes may occur due to unforeseen circumstances.

You will have classes in lots of different building across the campus so please familiarise yourself with the locations using our interactive [Campus Map](#).

The following lecture theatres, laboratories and tutorial rooms are located within the Stopford Building. Please note that you will need your student ID card to gain entry to the Stopford Building:

- Lecture Theatres 1, 2, 3, 4, 5, 6
- Interprofessional Education Suite (IPE Suite) (Room G.183)
- Peter Noyce Clinical Skills Suite (Room G.123)
- Teaching Labs: G SUGT Pharmaceutical Skills Suite (Room G.229/G.226)
- The Training Room (G.223)
- The Project Room (G.382)

1.3 Learning Resources

1.3.1 Libraries

[The University of Manchester Library](#) provides you with the resources and support you need throughout your degree programme. The Main Library will house all of the essential textbooks whilst the Alan Gilbert Learning Commons provide a 24/7 learning environment in addition to study skills workshops. The Library also has an extensive collection of eBooks, databases and journals available online.

The My Library tab in [My Manchester](#) has quick links to all of the Library's resources and services available to students.

The [My Learning Essentials](#) page of the Library website has links to all of the Library's online resources and services available to students.

Getting Started

Here is all the information you need to [get started with the Library - a guide to using the Library for students](#)

You will need your student card to access all library sites around campus. Many of our services and resources also require you to confirm that you are a registered student. This authentication can be your student card, the ID number on the card, your Library PIN, the central username and password you use to log on, or a combination of these.

The Library provides a search facility to [access resources](#), whether it is books, digitised readings, journal articles or websites.

Each course unit in Canvas includes an online reading list, so you can quickly check availability and directly access e-books, digitised chapters and e-journals, or articles.

The Main Library

[The Main Library](#) holds the principal collection of books and journals available.

The Main Library offers group study rooms, individual study space options and computer clusters. WiFi is available throughout the building and a cafe lounge can be found on the ground floor. The Library has long opening hours and extends these during exam periods. Please check [Locations and Opening Hours](#) for full details.

The Alan Gilbert Learning Commons

[The Alan Gilbert Learning Commons](#) is a state-of-the-art learning environment with 24/7 opening hours throughout term-time. The Learning Commons has flexible open learning spaces with multimedia facilities, computer clusters and 30 bookable group study rooms with whiteboards and media screens.

Please check [Locations and Opening Hours](#) for full details.

There is a series of training workshops covering a variety of academic and transferable skills hosted in the training room at the Learning Commons. These workshops include training on revision/study skills, note-taking and other topics and have been developed by Learning Commons staff in partnership with other teams across the University. Full details of training sessions are available in the [My Learning Essentials Calendar](#).

My Learning Essentials

[My Learning Essentials](#) is the Library's comprehensive programme of online resources, workshops and drop-ins designed to support you in your personal and professional development.

Workshops and drop-ins are held throughout the year and include special sessions during exams and the summer. The online resources are available at all times, providing flexible support for your development from undergraduate to postgraduate level and beyond.

Full details of workshops and online resources can be viewed on the [My Learning Essentials website](#).

The My Learning Essentials programme is run by The University of Manchester Library in collaboration with other services across campus.

Textbooks and other requirements

Included in most of the unit descriptions and on the Canvas sites for each unit are the textbook(s) recommended for the unit, and any other special requirements. You are advised not to purchase textbooks until the Unit Coordinator has had a chance to discuss these with you, and perhaps show you samples – sometimes there is a choice of recommended texts, depending on the other units that you are taking. Copies of all recommended texts are in The University of Manchester Library and multiple copies are available for overnight loan.

Where no recommended reading list has been provided in the unit description or on Canvas, it can be assumed that there are no set texts that cover the unit or that would be useful to read before the unit begins, and that reading material will be recommended once the course has started.

1.3.2 The Stopford Library

[The Stopford Library](#) is a smaller site library for Medicine, Dentistry, Pharmacy and Biological Sciences and holds multiple copies of all new editions of core and useful texts. Full details of what is available can be found using [library search](#) or asking a member of customer service staff. In addition to books, Stopford Library also has half skeletons and iPads available for loan.

The Stopford Library also has a computer suite, Wi-Fi and 6 group study rooms with a large table and 14 chairs, a 32 inch LCD monitor and a large –sqwiggle– board. Bookings can be made at the customer service desk in the Stopford Library.

Please check [Locations and Opening Hours](#) for full details on opening hours and facilities.

1.3.3 The Stopford Common Room

There is a shared Common Room in Stopford Building that is available to members of the Division of Pharmacy and Optometry, which provides a place where you can relax between classes. This is based on the first floor of the Stopford Building.

Pharmacy Student Space

On the ground floor of the Stopford Building there is a dedicated pharmacy student space where you can socialise, relax or study (Pharmily space). You can also access kitchen facilities here. This space is located next to the Clinical Skills Suite (CSS). There is also a Multifaith room available for student use within the Pharmily space.

1.3.4 Social Media

Please follow us on social media:

Twitter handle is @UoMMPharm

1.4 Brief History of Pharmacy at the University of Manchester

Although classes in Pharmaceutical Chemistry were being conducted in the Medical School at Manchester by John Dalton as early as 1824, and courses in pharmaceutical subjects were for a time available to Owens College around 1869, the present Pharmacy School of the University was not established until 1883^[1]. In that year a pharmacist, W. Elborne, was appointed Assistant Lecturer in Materia Medica and Pharmacy, working under D.J Leech, then Professor of Materia Medica and Therapeutics. The prospectus for 1884 offered full-time day courses extending over two academic years in addition to part-time evening courses in preparation for the examinations of the Pharmaceutical Society. In 1904, Pharmacy was added to the list of subjects which could be presented for both honours and ordinary degrees, and the July 2004 graduation celebrated 100 years of Pharmacy graduates from Manchester.

During the period from 1904 up to the Second World War, the number of students taking the degree was small, the majority registering for the shorter courses for the qualifying examinations of the Pharmaceutical Society. In 1928 the University purchased the Manchester College of Pharmacy, a very successful privately owned Division of Pharmacy and Optometry, and amalgamated it within the University. Mr. Harry Brindle, who had been the Principal of that private school, became in 1946 the first Professor of Pharmacy at Manchester. This appointment was co-incident with the recognition of an independent Department of Pharmacy.

The growth in the proportion of degree students increased, and by 1959 all undergraduates were reading for a Pharmacy Degree. In 1962, the Pharmacy Department transferred from the Faculty of Medicine to the Faculty of Science. In 1970, a thorough review of the undergraduate syllabus was undertaken, and a three-year honours BSc programme introduced with the cessation of the four-year programme. The first year group of students to take the new BSc programme graduated in 1974. New laboratories for Pharmaceutical Chemistry, Pharmacognosy, and some areas of Pharmaceutics were provided, together with seminar rooms, and a common room.

Further developments in the undergraduate curriculum and the refurbishment of lecture theatres and laboratories have taken place in the period since 1974. In 1997 the 4-year MPharm programme started with the first group graduating in July 2001. In 2000 the School transferred back to the Faculty of Medical and Human Sciences (formerly the Faculty of Medicine, Dentistry, Nursing & Pharmacy). In October 2004 the Victoria University of Manchester and UMIST merged to form The University of Manchester.

In 2006/07, the School moved into a refurbished part of the Stopford Building. Constant change is required if the School is to maintain its place as a leader in the field of undergraduate and postgraduate pharmaceutical education.

In August 2016 the Faculty of Medical and Human Sciences merged with the Faculty of Life Sciences to form the Faculty of Biology, Medicine and Health, which you are now a member of.

[1] 1. Robinson, B. *The History of Pharmaceutical Education in Manchester*, Robinson (1986)

1.5 Health and Safety in the Division of Pharmacy and Optometry

Policy

Health and Safety at the University of Manchester is subject to the provisions of the Health and Safety at Work Act. As a responsible body, the University actively promotes good practice in all areas relating to health and safety and it is a policy to do all that is reasonably practicable to ensure a safe and healthy working environment for staff, students and any other person who may visit. All schools in the University must conform to the University's arrangements to implement its health and safety policy which is approved by the University's Health, Safety and Wellbeing Committee. The policy and arrangements chapters are published on the Safety Services webpages (<https://www.healthandsafety.manchester.ac.uk/policy/arrangementschapters/>).

Many issues of health and safety are specific to a school or an area of the University. Responsibility for ensuring that proper procedures are in place to provide a safe and healthy working environment for staff and students is devolved to the Head of the Division who has appointed a Divisional Health and Safety Committee, and safety advisors to manage this responsibility and formulate local policy on all health and safety matters.

Your Obligation

By Law, it is the duty of every student whilst on University premises to:

- Take reasonable care for the health and safety of themselves and of all other people whose health and safety may be affected by their actions or omissions.
- Co-operate with members of staff who have responsibility for specific safety duties so the University can meet its obligation to comply with health and safety legislation and implement health and safety policies.
- Not interfere with or misuse, intentionally or recklessly, anything provided in the interest of health, safety and welfare.
- Use any protective equipment issued to you which will reduce the risk of an accident and promote a safer environment.

Division of Pharmacy and Optometry

It is the policy of the Division of Pharmacy and Optometry to promote awareness of health and safety issues **for all activities related your course and student experience**. Information relating to safety will be given to you in a lecture at the start of the semester. You will also be required to complete satisfactorily an online health and safety course and will receive a sheet titled 'Statement to all undergraduate students from the **Divisional Health and Safety Committee**'. This gives general guidelines on health and safety together with other related information. You will be asked to sign a return slip stating that you have read and understood this information, undertake to work within these

guidelines and comply with any safety instructions given to you. Some key safety points are given below for reference and to act as a reminder that health and safety issues must be given the highest priority at all times during the programme.

There is a need for continuous safety awareness and the importance of implementing health and safety measures (e.g. the wearing of safety glasses) must be stressed at all times. At the commencement of each undergraduate practical class, information about the particular hazards associated with the exercises will be made available to students together with the appropriate preventative measures. Some classes are exempted from the need to wear safety glasses and the class organiser will inform you of this fact.

Timetabled practical classes are arranged as part of the Pharmacy degree programme. To ensure that a safe working environment is maintained, undergraduate students are not allowed to work in laboratories outside timetabled class hours unless they have permission from the class organiser.

During their programme, undergraduate students may be expected to carry out project work in recognised research laboratories. This work will be supervised by a named member of staff who will discuss with the student all aspects of safety relating to the project. At the commencement of the project and at all stages of the work, the particular safety hazards and appropriate preventative measures must be the subject of discussion between the student and the supervisor.

During laboratory-based practical work students must ensure that they:

- Are aware of the known properties of material and /or equipment being used.
- Know what to do in case of an accident.
- Are compliant with safety rules and regulations.
- Provide clear information about the action to be taken if equipment is left in operation unattended.
- Have taken all possible precautions to reduce hazards to a minimum.

If you fail to comply with any health and safety instructions you will not be allowed to enter laboratories to continue with your laboratory work until you undertake to comply consistently with all health and safety requirements.

Points of Information

Students should be appropriately dressed to be in the laboratory (No shorts, open-toe shoes, baseball caps or low-necked tops) and laboratory coats **must be** worn at all times during practical classes. They should **NOT** be worn outside the laboratory or in the common room.

Outdoor coats, large bags etc. are not allowed in laboratories. They should be stored in a locker. In the interest of safety and security, any items left unattended will be removed.

Eating and drinking is strictly forbidden in all laboratory areas.

The use of mobile phones is not allowed during most classes – please turn them off before entering a class. In some sessions the lecturer may ask students to use their mobile device as part of the teaching and learning, on these occasions use to aid learning is permitted.

First Aid

Staff trained in First Aid are available and will respond in the case of an accident. On every occasion, an accident form must be filled in and sent to the University's Safety Services.

Fire Alarm

If the fire alarm sounds **YOU MUST** evacuate the building as quickly as possible. **DO NOT** re-enter the building until told to do so by a University Security or Fire Evacuation Marshall. **DO NOT** re-enter a practical class until told to do so by a class supervisor.

Fire alarm systems in the Stopford Building are tested every Tuesday at 8.30am. Fire alarm test times are different in other University buildings and information relating to these can be found on fire notices which are usually posted next to fire extinguishers. These notices also contain information about designated assembly points outside the building in the event of an alarm. You are advised to familiarise yourself with the escape route and assembly points for each building in which you attend lectures, tutorials and practical classes.

The purpose of these guidelines is to provide general information so that students work in as safe an environment as possible and the risk of an accident is reduced to a minimum. However, it should be stressed that no system is foolproof and students must assure themselves that they are aware of the likely risks involved in any practical work and gain the necessary proficiency to minimise the possibility of an accident. **There is no substitute for common sense, care and attention.**

Pregnancy and Maternity

If you become pregnant during your studies it is vital that you speak to your Academic Advisor **as soon as possible**. The purpose of the discussion is a) to provide you with appropriate support and guidance and b) consider any health & safety risk assessments. After your discussion with your Academic Advisor, they will approach the relevant person to arrange a risk assessment.

1.6 Dress Code for Pharmacy Students

All health and social care professionals are bound by the guidance and rules of conduct set out by the Department of Health and the relevant regulatory or representative body, e.g. the General Dental Council (GDC), General Medical Council (GMC), Nursing and Midwifery Council (NMC), General Pharmaceutical Council (GPhC), the Health and Care Professions Council (HCPC) and the British Psychological Society (BPS). These in turn define the standards for health and social care education in the UK in settings in which a student is interacting with patients, clients or service users.

The following is guidance on the standards of dress code deemed appropriate for all health and social care students while in a learning environment, and have been informed by guidance provided by a number of Trusts in the North West for health and social care professionals. Students should be aware that during placements, they will need to seek out and comply with the standards as defined by the respective Trusts where they are based.

Communication, both verbal and non-verbal, including dress code, is an important element in ensuring that professional standards are maintained.

Adjustments to the uniform for cultural / ethnic or religious reasons will be considered where possible but must be in line with national and local policies. In relation to the University supplied items of uniform, adjustments to sleeve length are not offered. Any student wishing to wear long sleeves for religious reasons will be required to purchase their own under garments.

What does being professional mean and why is this relevant to you?

Keeping professionalism at the heart of your practice is essential to ensure the trust of individuals and the wider society. Professionalism is often defined as a set of values and behaviours that influence what you do and how you do it, and relates specifically to awareness, attitude, and behaviours. Irrespective of the specific profession to which you will or do belong, behaving in a professional way means demonstrating the following values:

- honesty and integrity (trustworthiness)
- a sense of decency
- a sense of duty
- transparency.

This concept of professionalism seeks to underpin the trust that the public have in all professionals.

As a student within the UoM (FBMH) it is highly likely that you will be aligned to a professional regulatory body. Therefore, it is essential that you are able to develop a good understanding of what professionalism entails in order to ensure you are able to apply sufficient professional judgement, attitude and appropriate behaviour within a variety of contexts. You should be aware that professional regulators expect professional behaviour to be demonstrated from the beginning of your studies.

Throughout your studies here, you should acquire the necessary knowledge and understanding about what is considered acceptable professional behaviour (for example, related knowledge, attitude, and skills) to help you to develop your professional identity. You will be required to apply this knowledge and understanding in and around campus whilst at university, whilst on clinical placement and of course in your future professional careers. You must also be mindful of upholding the public trust beyond these environments including within various social settings.

Having an early and clear understanding of what professionalism entails and what may be considered as 'poor professional practice' can empower you to identify unprofessional behaviour and seek to address this before it becomes a cause for concern.

What is considered to be poor professional behaviour?

The following behaviours are examples of poor professional behaviour, likely to trigger professionalism concerns (GMC, 2016; GDC, 2020; GPhC, 2021; NMC, 2021; HCPC, 2021; SWE, 2021):

- lack of commitment (for example, uncommitted to work or engagement with training, programme of study or placement);
- lack of competence;
- neglect of administrative tasks;
- poor time management;
- non-attendance;

- poor communication skills;
- providing false or misleading information;
- dishonesty (for example, *lying, cheating or plagiarising in assessments)
- forgery (for example, signing peers into taught sessions from which they are absent);
- failure to accept and/or follow educational advice;
- unwillingness to learn from feedback given by others;
- being rude to patients, colleagues or others;
- unwillingness to learn from constructive feedback given by others;
- being disruptive in teaching sessions or other learning environments;
- challenging behaviour towards others or not accepting criticism;
- failing to answer or respond to communications; & failing to demonstrate good health care practice;
- misuse of social media, such as criticising placement providers, sharing (without permission) photographs taken in placement areas, bullying others, or sharing abusive or offensive materials;
- breaching patient, colleague, or organisational confidentiality.

*NB academic malpractice is a specific type of misconduct which is subject to University disciplinary processes. For more information see: <http://www.regulations.manchester.ac.uk/academic/academic-malpractice/>

Why are dress codes important?

There are general dress code expectations for learners undertaking programmes leading to a professional qualification. In any situation where you interact with patients, clients, or staff, as a student at UoM (for example, face-to-face situations, telephone consultations or communication via electronic devices) you are representing the University and should take care to ensure that your attire projects a professional image and inspires confidence. It has been shown that non-verbal communication is just as important as verbal communication, so how you appear to your patients, clients, service users, relatives or colleagues may communicate just as much as what is said or written. Extremes of dress can compromise communication channels with patients and healthcare colleagues, regardless of either party's gender, or cultural, or ethnic background. Subject to the overriding requirements of safety and public confidence, you should feel comfortable in your work wear. However, styles of dress or articles of clothing that introduce barriers to communication, or that compromise, or could potentially compromise hygiene must be avoided. The following additional guidance applies to all simulated clinical environments, laboratories and clinical placement areas since we consider this is one way to uphold professional and public confidence whilst also recognising and respecting inclusivity, equality and diversity. Individual Schools within the Faculty may also produce further guidance relating to specific programmes and settings. The infection prevention and uniform/dress code policies of our relevant partner organisations and placement providers have to be strictly adhered to whilst attending your placement or wearing your professional uniform.

Infection prevention

Healthcare often involves delivering care to vulnerable individuals in an environment where infection prevention is required to prevent transmission of disease. Therefore, you need to be aware of and comply with any infection prevention measures required.

Dress code requirements

Uniforms and provided work wear

If a uniform or other work wear is provided, then you must wear it. If you are working in a laboratory or in a clinical setting, there may be certain dress code and Personal Protective Equipment (PPE) requirements (for example, uniform, lab coats, protective goggles). Please follow any instructions provided for the specific session or placement you are attending. You should put on a clean uniform or work wear at the start of every shift and ensure it is washed appropriately.

Washing uniforms and work wear

Scientific observations and tests, literature reviews and expert opinion suggest that there is little effective difference between domestic and commercial laundering in terms of removing micro-organisms from uniforms and work wear (NHS England, 2020). Therefore, washing with detergents at 30°C will remove most Gram-positive microorganisms, including methicillin-resistant *Staphylococcus aureus* (MRSA). A ten-minute wash at 60°C is considered sufficient to remove almost all contaminating microorganisms

Other clothes

If uniform is not provided, you should not wear revealing clothing (for example exposing the midriff or underwear) or clothing that is at risk of becoming revealing when in certain positions such as bending over. Clothing should be clean, well maintained and practical. Very long, and/or floaty/dangling clothing should also be avoided for hygiene and safety issues. Items such as neck ties should be avoided due to infection control risk and safety risks to yourself or someone else potentially grabbing it. Clothes with offensive slogans, unprofessional images or logos are not considered acceptable in any setting.

Identification badges and lanyards

Where applicable, it is important that patients, relatives and colleagues can identify who you are therefore identification badges are important. However, you must ensure that lanyards do not come in to contact with patients if they are allowed within an organisation.

Hair/facial hair

Hair should be fastened back or tied up above the collar so that it does not interfere with or add risk to a clinical interaction. Beards and moustaches should be neat and tidy and not come into contact with patients or clients.

Footwear

Well fitted, closed around and over the foot shoes or trainers which are non-porous, clean, and cleanable and in a good state of repair should be worn. Heels that would impede you getting to and assisting in an emergency should not be worn. A soft non-slip soled shoe will be safer and cause less disturbance whilst on placement.

Jewellery

Jewellery if worn, should be discreet. Stud piercing(s) in the nose and ears are acceptable but large jewellery can detract from effective communication or be considered an injury or infection control risk. In

clinical or laboratory settings, all jewellery should be removed including wristwatches (exceptions are small studs, a single ring that is a smooth, plain metallic band and religious/cultural items as outlined below). Earrings are restricted to one pair of plain stud earrings (with no stones). If you have ear stretching or gauging (where someone may have a larger than average hole in the ear lobe), the tunnel or plug if worn must be as close to natural skin tone for the individual and will count as the equivalent of one pair of plain earrings. Recognised medi-alerts may be permitted providing staff have discussed this with their supervisor and occupational health.

Bare below the elbow policy

When attending laboratory, simulated clinical sessions or clinical placements you will be required in almost all circumstances to be bare below the elbow for handwashing and when providing direct care to patients and clients. Where, for religious reasons, you may wish to cover your forearms or wear a bracelet when not engaged in patient care, you will need to ensure that sleeves or bracelets can be pushed up the arm and secured in place for hand washing and direct patient care activity. Any full/three-quarter length sleeves and/or ties etc must not be loose or dangling; they must be able to be rolled-up or pulled back and kept securely in place during hand-washing and direct patient care activity.

Tattoos

Visible tattoos should not be offensive or derogatory to patients, visitors, colleagues or members of staff. Where they are deemed to be offensive (for example, containing explicit, discriminatory, religious, sexual, political or football related images or slogans) they should be appropriately covered using a covering considered suitable and appropriate to the area of work. Local departmental managers can make a judgement as to what is acceptable. New tattoos should be covered until they are healed so you should always consider the bare below the elbow requirement when planning a new tattoo.

Fingernails

Nails should be kept short (for example, should not extend beyond the fingertip) to avoid scratching others, clean and free from nail varnish and artificial nails.

Strong odours

Strong odours including natural body odour, strong perfume/aftershave should be avoided.

Cultural and religious considerations

The wearing of items of cultural and religious significance may be permitted, provided the health, safety and security of others is not compromised. However, you must always adhere to placement provider policies when attending placement.

Headwear

Headwear (for example, turbans, kippots, Christian or niqab veils and headscarves) should be permitted on religious grounds. However, if religious headwear is worn, it should be secured in place so that it does not dangle. If you choose to wear a face covering, you may be expected to remove this whilst in clinical or educational environments. When required for identity or communication purposes (for example, related to security, assessment or enhanced communication requirements), the removal

of the veil or face covering 13 | Page 24 7 2023 can be requested in private. Following the removal of headwear, you should be given the opportunity to use a mirror, and to be allowed privacy and time to put it back on.

Wearing of work wear out of work

It is not good practice to remain in work wear on leaving clinical placements. Please refrain from going to the shops and engaging in other activities out of work or the wearing work wear in social settings, for example at parties or at the pub. Additionally, you should not appear in work wear on social media unless in official campaigns.

Should you have any concerns about any aspect of the dress code, you are advised to speak to your academic or clinical adviser/supervisor. If you have a disability which could impact upon your own ability to meet professional dress code standards you can also contact the following for further advice:

- University Disability Advisory Support (<http://www.dso.manchester.ac.uk/contact-and-see-us/>);
- Occupational Health services (<http://www.occhealth.manchester.ac.uk/>).

1.7 Annual GPhC Standards and Criminal Record Declaration

Students are required to complete an annual declaration stating they are aware that they must meet the General Pharmaceutical Council's *Standards for pharmacy professionals* at all times. All students must complete this satisfactorily at the start of each year to commence placements. The declaration will be via an online survey on Canvas. Students MUST declare any ongoing investigations, reprimands, cautions or convictions (including any that will be filtered from the Police National Computer) to the Programme Team within ten working days. It is inappropriate to wait for the annual declaration to disclose these matters.

1.8 Additional costs

The Division works hard to ensure that this programme can be completed without significant additional study costs over and above the tuition fee for the programme. The two areas where additional costs can be incurred are travel and reading. In both of these situations the Division seek to ensure that additional costs are kept as low as possible. The University defines low cost as an annual cost which is no more than 1% of the annual home undergraduate fee.

Where possible the Division will attempt to make core readings accessible to students via the Library, either digitally or for loan. There are a limited number of core texts that may be required by students. The Division have attempted to keep this list to a minimum including only those texts which are used extensively in more than one unit or in more than one academic year and that are not available electronically. This list is reviewed annually by the Teaching Governance Committee.

A great strength of the Manchester programme is the number of placements that are provided and we believe this invaluable experience in community and hospital pharmacy will benefit students in the long term. Students will have to travel to placements in Greater Manchester and occasionally into Cheshire or Merseyside, as part of this programme and students will be responsible for meeting these travel costs.

Students experiencing financial hardship (in excess of that expected of a typical student, supported by evidence), may apply in confidence. A small level of financial support may be available towards placement travel costs (with receipts), on a case by case basis.

1.9 Whistle blowing

The Standards for Pharmacy Professionals directs students to “speak up where we have concerns or when things go wrong”. Whistle blowing involves informing others if you believe poor practice could impact on the safety or care of others. All health care professionals have a duty to take action if they believe the safety of others could be comprised as a result of poor practice. If you believe you have witnessed poor practice of a healthcare team or a student, which could impact on the safety of others then you should follow the flowchart below.

Have you witnessed bad or poor practice with the potential to lead to harm to a patient, a member of the public, a fellow student or a member of staff? If you have, you should present the information to the appropriate person depending on where it happened (see below).

- If it occurred in an acute trust? (e.g. Central Manchester University Hospitals NHS Foundation Trust, Salford Royal NHS Foundation Trust, University Hospital of South Manchester NHS Foundation Trust, Stockport NHS Foundation Trust or The Christie NHS Foundation Trust. You should report to the clinical tutor and the Division Clinical Placement Lead
- If it occurred in the University, a community pharmacy or another practice setting? You should report it to either the Head of Division, the Director of Undergraduate Teaching and Learning or the Practice Placement Lead

2. PROGRAMME OVERVIEW

2.1 Programme Aims and Objectives

Aims

The purpose of this programme is to produce pharmacy graduates committed to life-long learning who, having sufficient understanding of the principles and techniques of pharmaceutical sciences and after appropriate foundation training, are able to communicate and deliver pharmaceutical care in hospital

range of care settings and are also able to take professional responsibility for the manufacture and testing of medicinal products.

Objectives

The General Pharmaceutical Council (GPhC) accredits the MPharm degree. All years of the MPharm degree are accredited to the 2021 standards for the initial education and training of pharmacists. In this process they list a range of criteria that our degree has to fulfil. The requirements are detailed below, which have been taken directly from the GPhC website (<https://pharmacyregulation.org>) document titled, *Accreditation of Pharmacy Degrees*.

Processes

The studentâ?!

1. Is inculcated with a concern for a patient, normally above other considerations
2. Gains first-hand structured experience of practice, including contact with patients and practitioners of other healthcare professions
3. Is required to communicate with individuals and audiences
4. Is structured in the use of, and required to apply, library and other information resources
5. Is required to apply routinely, word-processing, spreadsheet, database, e-mail and information retrieval computer applications
6. Has brought to his/her attention the continuing professional development opportunities open to practising pharmacists
7. Is made aware of the advantages of, and encouraged to undertake, employment or attachment for vacation experience in pharmacy practice
8. Is encouraged both to be a participating member of the British Pharmaceutical Studentsâ?? Association (BPSA). Information on joining the BPSA will be available in Welcome Week.

The degree programmeâ?!

1. Is planned with reference to the GPhCâ??s learning outcomes and as an integrated programme. The inter-relationships of its component parts must be considered and made explicit
2. Seeks to develop studentsâ?? skills of self-management, team working and peer assessment
3. Has the features of positioning knowledge, understanding and skills in a pharmaceutical context and with reference to pharmacy practice
4. In the processes of curriculum development, benefits from the academic staff properly taking account of major advances and developments potentially impacting on pharmacy
5. Features a variety of approaches to achieving and assessing learning appropriate to its stated objectives, including lectures, practical classes, seminars, workshops, tutorials, computer-based/aided learning, clinical visits, problem-solving exercises, essays, projects, dissertations and other assignments and examinations
6. Includes significant staff-led or supervised time devoted to the topics of pharmacy law and professional requirements, and their applications in practice, this being in addition to the assimilation of legal and professional requirements into a substantial proportion of a dispensing practical course
7. Where appropriate and possible, has the student taught and learning alongside and together with students of other healthcare professions

8. Has pharmacy undergraduate teaching taking place alongside and with reference to research and other postgraduate activities

At the end of the MPharm degree, the GPhC expects the graduate to:

1. Take personal responsibility for his/her learning, developing a foundation for subsequent continuing professional development
2. Communicate effectively, orally and in writing, with his/her teachers and peers, as a sound basis for future interaction with patients, carers and other healthcare professionals
3. Have undertaken structured problem-solving
4. Recognise ethical dilemmas in healthcare and science, and understand ways in which these might be managed by healthcare professionals, whilst taking account of relevant law
5. Appreciate and have an understanding of main sources of drugs; ways in which drugs are purified, characterised and analysed; their physico-chemical properties; and properties drugs display as biologically active molecules in living systems
6. Have an understanding of the design, manufacture and performance of drug dosage forms, and be able to critically appreciate the inter-relationship between formulation, drug delivery and therapeutic effectiveness
7. Understand how medicines are developed, manufactured and brought to the market place
8. Have proven him/herself capable of performing pharmaceutical calculations accurately
9. Be able to interpret and evaluate, for safety, quality, efficacy and economy, prescriptions and other orders for medicines, and to advise patients and other healthcare professionals about medicines and their usage.
10. Be aware of and understand systems for the quality assurance of products and pharmaceutical services. This includes the management of risk
11. Be able to design, improve and operate within standard operating procedures, including Patient Group Directions
12. Be able to supply medicines in accordance with legal and professional requirements
13. Undertake critical appraisal of information or conjecture in all forms of presentation
14. Apply appropriate research approaches and methods to manage scientific and practice problems
15. Have a foundation of knowledge, understanding and skills for promoting good health, diagnosing disease, and prescribing medicines
16. Understand and explain concepts of medicines management and pharmaceutical care.

The Pharmacy course at Manchester is required to monitor student outcomes and provide evidence to the pharmacy regulator the General Pharmaceutical Council (GPhC) that students are meeting the GPhC Education Standards and the intended learning outcomes. As a student, I consent to anonymised data about my performance in assessments and anonymised quotes from my coursework being used by Pharmacy at Manchester to evaluate outcomes, and for these findings to be disseminated to a wider healthcare audience to share good practice.

2.2 Programme Specification

The MPharm programme specification can be found in the UG Pharmacy Community space on SharePoint. This is updated annually.

2.3 Programme Structure

The MPharm degree is organised on a modular basis in accordance with the principles for modular degree programmes approved by Senate. Each course unit has a credit rating and students are expected to study and pass 120 credits each year of the programme. The credit rating system and assessment procedure is detailed in **Section 4** of this document.

All students take the same units in each year of the programme.

2.4 Changes in Curriculum

In order to ensure that we are delivering an up-to-date curriculum that meets the requirements of the General Pharmaceutical Council and prepares students for current pharmacy practice, the Division occasionally has to make changes to the programme content and structure. These changes can be minor or major.

Students who interrupt their studies or are unable to progress from one academic year to the next within the same calendar year may face consequences if there have been curriculum changes. There may be occasions where students are required to complete units or parts of a unit in a different order to other students or to complete units or parts of a unit from an earlier academic year if teaching content has moved. The Division of Pharmacy and Optometry will deal with these situations on a case-by-case basis.

2.5 MPharm Course Units

Below is a list of the current course units for the MPharm programme. Course unit outlines will be available in the relevant course unit space in Canvas at the start of the academic year.

First Year

PHAR 10000 Health & Safety

PHAR11001 Foundations of Pharmacy

PHAR11002 Gastrointestinal system, liver and kidneys

Second Year

PHAR22001 Immunity, Infection and Respiratory system

PHAR22002 Cardiovascular system

Third Year

PHAR 33001 Endocrine & musculoskeletal

PHAR 33002 Brain and neurotransmission

Fourth Year

PHAR 44001 Advanced therapies 1 (Infection)

PHAR 44002 Advanced therapies 2 (Cancer)

PHAR 44200 Special patient groups

PHAR 40400 Integrated project

2.6 Continuing Professional Development (CPD)

What is CPD?

The aim of CPD at undergraduate level is to improve your capacity to understand what and how you are learning and to review, plan and take responsibility for your own learning. This will help you to:

- Become a more effective, independent and confident self-directed learner
- Understand how you are learning and relate your learning to a wider context
- Improve your general skills for study and career management
- Articulate your personal goals and evaluate progress towards their achievement
- Develop a positive attitude to lifelong learning

How will the CPD scheme operate?

At least one assessment per year throughout your 4-year programme will be devoted to your professional development where you will be able to receive feedback on your work. You will be prompted to reflect upon your own progress and development, identify your own strengths, pinpoint areas for improvement and decide upon a plan of action which can achieve those improvements. There are three professional development activities used on the MPharm; CPD records, reflective account of practice and peer discussion, which you will be able to discuss with your academic advisor. Over the period of your degree you will be building up a portfolio of your development which will be very useful in helping you develop your CV for job applications and for the interview itself. As it is a requirement of the GPhC that you make at least four CPD records, one reflective account and one peer discussion per year as a pharmacist, you need to be able to confidently record CPD during the MPharm programme.

For each CPD activity, you should follow the guidance on Canvas and record your learning using the GPhC's forms. Use the example CPD records provided and discuss with your academic advisor and your peers to help you become familiar with the process of recording your professional development.

2.7 Book Lists

The books required for each year of the programme are listed in the course unit outlines on Canvas.

Reading matter is classified as either *directed reading* and it is deemed essential that you read those texts to gain a full understanding of the subject, or *recommended texts* which contain additional information that you will find useful in your studies.

Directed reading material listed for each course unit is potentially examinable. Students should therefore endeavour to make sure that they read and familiarise themselves with the selected material. Recommended reading is for additional information only and will not be examined unless specifically stated.

We do not expect students to purchase all books listed in the directed reading lists. All of these books are available in the University Library and many of the books are available electronically via the library. We would advise students to consider purchasing those books not available electronically that are either used extensively in a single unit or are used in more than one unit.

The PASS Scheme holds a second-hand book sale in semester 1 although care should be taken to ensure that the edition being sold is appropriate.

2.8 Integrated Assessment

When pharmacists are practising it is vital that they can apply their knowledge and skills from the different units of their MPharm. The Division have introduced integrated examinations in Years 1-4 of the MPharm to promote the integration of material within the taught units. To support students mastering the integration of material the Division have introduced Enquiry Based Learning (EBL) into years 1-4. The EBL sessions provide students with the opportunity to work in teams to integrate and apply knowledge and skills and to receive feedback on their performance.

What is EBL?

EBL offers a number of advantages over traditional didactic teaching. There is evidence that they encourage greater student participation in learning at a much earlier stage in the process as well as encouraging the application of concepts.

EBL involves students learning together in small groups. They encourage students to prepare before the class and the learning activity focuses on the application rather than memorisation of facts.

The essential elements of EBL are:

1. Groups must be properly formed and managed
 - Students are organised into groups of 6-7 members. Group members are assigned rather than self-selected to help avoid cliques forming and to balance academic abilities within groups.
2. Accountability must be accountable for individual and group work
 - Accountability students must be accountable for their own work and also for their contribution to the group work. Group members must have the opportunity to provide feedback to their fellow group members on their contribution during the peer assessment.
3. Feedback must be frequent and timely
 - Students receive immediate feedback within EBL sessions.

2.9 Pharmaceutical Calculations

During each stage of the MPharm programme, you will be introduced to a variety of calculations that are regularly undertaken by pharmacists, linked to the units that you are studying at the time. The overall aim of calculations in the MPharm is that by the time you graduate you will be able to competently deal with calculations that you may come across in practice. Most of the calculations that you will come across in practice you will have seen similar examples of during the MPharm, however this may not always be the case. So it is important that you also develop your numeracy skills to be able to confidently deal with any new types of calculations that you may have to perform.

Although most students enrolled on the MPharm will already have very good mathematical skills we recognise that there will be quite a wide variation in ability. Therefore, your existing skills will be assessed at the beginning of the course and regularly throughout the programme. You will be provided with a pharmaceutical calculations self-study materials each year with an associated self-test on Canvas. This is in addition to all the unit-specific calculations you will be undertaking.

You will also undertake a calculations assessment each year, in which you will be required to achieve a minimum mark of 80%. There will be one opportunity to re-sit the calculations assessment each year; any subsequent attempts will be at the discretion of the Board of Examiners.

3. REGULATIONS FOR THE MPHARM DEGREE

3.1 Submission of Coursework and Deadlines

Coursework submission deadlines will be published to you through Canvas at the start of each semester. Please ensure that you make a note of these dates and times, as there are strict rules for the submission of all assessed coursework. The majority of coursework will be submitted electronically via the relevant course unit space on Canvas. Each course unit has an assessment link and instructions which will be available within each submission area.

Coursework may only be submitted once the annual academic malpractice online learning and declaration have been completed. The deadline for completion of the online learning is week 6, semester 1. All assessed work must be submitted by the deadline given. You should be aware that submission deadlines are in UK local time and it is your responsibility to ensure that you check relevant time zones. You are strongly advised not to leave submission until the last few minutes before the deadline in case uploading times are slowed. **Material submitted at 14.01 for a 14.00 deadline will be classed as late.**

Electronically submitted coursework must be prepared using either Microsoft (e.g. Word, PowerPoint, Excel) or Adobe software. Documents submitted using any other packages (including those created using Apple software) cannot be read once uploaded to Canvas. **Submitting work in an unreadable format will result in a mark of zero. Please see the list of acceptable file types and sizes [here](#)**

YOUR NAME MUST NOT APPEAR ANYWHERE on the coursework, unless you are told otherwise, as it will be marked anonymously. Your Student ID is the number that appears on the front of your library card. All pages should be numbered, starting from the title page.

For some units, you may be asked to submit hard copies of coursework assignments. In such instances, you will be notified of the procedures for this in advance via e-mail.

Please be aware that staff will not read drafts of assessed work. However, you will have opportunities to ask for guidance via dedicated Discussion Boards and/or Drop-In Sessions. You should also take the opportunity to raise any queries or concerns about specific assessments during teaching sessions.

If there is a problem which prevents you submitting the assessment on time you must bring this to the attention of the Assessment and Progression Administrator promptly and before the assessment submission date. Depending on the length of time you require to complete the assessment you will then need to apply for an extension of up to a maximum of one week for circumstances such as acute illness (see paragraph on Extensions for full details). If you are experiencing longer term problems you should follow the mitigating circumstances route.

Our Faculty eLearning team can help you with queries relating to eLearning applications such as Canvas, and provide support to enhance teaching and student learning. Also see their [Canvas Support website](#) for more information:

The below [Policy on Submission of Work](#) for Summative Assessment on Taught Programme sets out the main arrangements for students submitting assessment on taught programmes. It includes information about Disability Advisory and Support Services (DASS) automatic

extensions, late submission and plagiarism detection.

Please refer to the [SHS Handbook](#) for more information.

3.2 Attendance Monitoring & Student Ill Health

Students are expected to attend all scheduled teaching and learning sessions in every year of study, unless alternative arrangements or flexibility in attendance has been agreed for individual students, if unavoidable circumstances such as illness prevents you from attending, or if absence has been authorised. This includes both on-campus teaching as well as online/blended, distance, or remote learning modes of delivery.

If you are unable to attend a teaching session you should inform the lecturer/instructor in the first instance to catch up on missed learning and for support with teaching materials. For absences of 1-2 days, you do not need to tell the Student Support and Wellbeing Team.

If you expect to miss one or more full weeks of teaching, you must notify the Student Support and Wellbeing team on shs.attendance@manchester.ac.uk, as well as your Academic Advisor. Please provide a reason for this to help the team provide appropriate guidance and signposting as required. You may want to consider applying for [mitigating circumstances](#) if your absence impacts on any assessments, which the Student Support and Wellbeing team can support you with.

Attendance is monitored through the SEAtS system. You should have this downloaded to your phone or laptop to check in during teaching sessions, or make your session instructor know if you cannot check in. For further information about the system, please see the [SHS Student Information site for Attendance](#) on SharePoint.

The MPharm programme require a minimum overall attendance of 80% which is part of the accreditation documentation with the GPhC. Continued attendance below this level may lead to referral to the Concern Review Panel or Support to Study and the eligibility to resit assessments.

3.3 Professional Behaviour/Fitness to Practise/Standards for Pharmacy Professionals

The Standards for Pharmacy Professionals published by the General Pharmaceutical Council applies to pharmacists, pharmacy technicians and pharmacy students.

You should be aware that this code covers behaviour on the course and in your personal life. Your behaviour on and off the course could have an impact on your fitness to practise as a pharmacist. This means, for example, that you have a duty to report to the University any criminal convictions, cautions or penalty notices for disorder. Criminal offences, particularly those involving dishonesty, or the use of drugs or alcohol, are likely to raise questions about an individual's fitness to practise as a healthcare

professional.

You should note that the Standards cover not just behaviour, but also your own health. This means that you have a duty to seek and follow advice from a suitably qualified professional about your health, and you should not rely on your own or another student's assessment of the risk posed to patients (in particular, but also staff and fellow students) by your poor health. This is particularly important if you have, or suspect you have, a serious condition that could be passed on, or if you are receiving treatment that could affect your judgement or performance. Students should be willing to seek medical or occupational health advice, or both, and be referred for treatment and to engage in any recommended treatment programmes.

If you have any concerns about the Standards or your fitness to practise you should either discuss this with your academic advisor or access one of the support mechanisms listed in this handbook (see section 5).

The Standards are reproduced below. They are also available on the UG Pharmacy Community SharePoint Space and the General Pharmaceutical Council website:

https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017

General Pharmaceutical Council Standards for pharmacy professionals, May 2017

Introduction

1. Pharmacy professionals (pharmacists and pharmacy technicians) play a vital role in delivering care and helping people to maintain and improve their health, safety and wellbeing. The professionalism they demonstrate is central to maintaining trust and confidence in pharmacy.
2. Patients and the public have a right to expect safe and effective care from pharmacy professionals. We believe it is the attitudes and behaviours of pharmacy professionals in their day-to-day work which make the most significant contributions to the quality of care, of which safety is a vital part.
3. The standards for pharmacy professionals describe how safe and effective care is delivered through person-centred professionalism. The standards are a statement of what people expect from pharmacy professionals, and also reflect what pharmacy professionals have told us they expect of themselves and their colleagues.
4. At the heart of the standards is the principle that every person must be treated as an individual. Pharmacy professionals have an important role in involving, supporting and enabling people to make decisions about their health, safety and wellbeing. For example, what is important to one person managing their short or long-term condition may not be important to another.

The standards for pharmacy professionals

5. There are nine standards that every pharmacy professional is accountable for meeting. The standards apply to all pharmacists and pharmacy technicians. We know that pharmacy professionals practise in a number of sectors and settings and may use different ways to communicate

with the people they provide care to. The standards apply whatever their form of practice. And even when pharmacy professionals do not provide care directly to patients and the public, their practice can indirectly have an impact on the safe and effective care that patients and the public receive, and on the confidence of members of the public in pharmacy as a whole.

6. The standards need to be met at all times, not only during working hours. This is because the attitudes and behaviours of professionals outside of work can affect the trust and confidence of patients and the public in pharmacy professionals.

7. The meaning of each of the standards is explained, and there are examples of the types of attitudes and behaviours that pharmacy professionals should demonstrate. The examples may not apply in all situations.

8. The standards include the term ‘‘person-centred care’’ and refer to a ‘‘person’’ throughout. This means ‘‘the person receiving care’’. The term may also apply to carers or patients’ representatives depending on the situation.

The standards and pharmacy students and trainees

9. The standards for pharmacy professionals are relevant to all pharmacy students and trainees while they are on their journey towards registration and practice. The standards explain the knowledge, attitudes and behaviours that will be expected of students and trainees if they apply to join the register.

10. They should be interpreted in the context of education and training and used as a tool to prepare students and trainees for registration as a pharmacy professional.

11. Pharmacy students and trainees should consider the standards as they move closer to registration and professional practice, and should read them alongside other relevant documents that are provided by initial education and training providers.

The standards and registration

12. The standards are designed to reflect what it means to be a pharmacy professional. They are also at the heart of initial education and training, registration and renewal as a pharmacy professional, and continuing fitness to remain registered.

Applying the standards

13. Pharmacy professionals are personally accountable for meeting the standards and must be able to justify the decisions they make.

14. We expect pharmacy professionals to consider these standards, their legal duties and any relevant guidance when making decisions.

15. The standards and supporting explanations do not list the legal duties pharmacy professionals have, as all pharmacy professionals must keep to the relevant laws. Relevant guidance is published by a number of organisations, including professional leadership bodies, other regulators, the NHS, National Institute for Health and Care Excellence and Scottish Intercollegiate Guidelines Network, as well as by the GPhC.

16. There will be times when pharmacy professionals are faced with conflicting legal and professional responsibilities. Or they may be faced with complex situations that mean they have to balance competing priorities. The standards provide a framework to help them when making professional judgements. Pharmacy professionals must work in partnership with everyone involved, and make sure the person they are providing care to is their first priority.

Standards for pharmacy professionals

All pharmacy professionals contribute to delivering and improving the health, safety and wellbeing of patients and the public. Professionalism and safe and effective practice are central to that role.

Pharmacy professionals must:

- 1** provide person-centred care
- 2** work in partnership with others
- 3** communicate effectively
- 4** maintain, develop and use their professional knowledge and skills
- 5** use professional judgement
- 6** behave in a professional manner
- 7** respect and maintain the person's confidentiality and privacy
- 8** speak up when they have concerns or when things go wrong
- 9** demonstrate leadership

1 Provide person-centred care

Applying the standard

- Every person is an individual with their own values, needs and concerns. Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority. All pharmacy professionals can demonstrate – person-centredness, whether or not they provide care directly, by thinking about the impact their decisions have on people. There are a number of ways to meet this standard, and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- obtain consent to provide care and pharmacy services
- involve, support and enable every person when making decisions about their health, care and wellbeing

- listen to the person and understand their needs and what matters to them
- give the person all relevant information in a way they can understand, so they can make informed decisions and choices
- consider the impact of their practice whether or not they provide care directly
- respect and safeguard the person's dignity
- recognise and value diversity, and respect cultural differences – making sure that every person is treated fairly whatever their values and beliefs
- recognise their own values and beliefs but do not impose them on other people
- take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs
- make the best use of the resources available

2 Work in partnership with others

Applying the standard

- A person's health, safety and wellbeing are dependent on pharmacy professionals working in partnership with others, where everyone is contributing towards providing the person with the care they need. This includes the person and will also include other healthcare professionals and teams. It may also include carers, relatives and professionals in other settings – such as social workers and public health officials. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- work with the person receiving care
- identify and work with the individuals and teams who are involved in the person's care
- contact, involve and work with the relevant local and national organisations
- demonstrate effective team working
- adapt their communication to bring about effective partnership working
- take action to safeguard people, particularly children and vulnerable adults
- make and use records of the care provided
- work with others to make sure there is continuity of care for the person concerned

3 Communicate effectively

Applying the standard

- Communication can take many forms and happens in different ways. Effective communication is essential to the delivery of person-centred care and to working in partnership with others. It helps people to be involved in decisions about their health, safety and wellbeing. Communication is more than giving a person information, asking questions and listening. It is the exchange of information between people. Body language, tone of voice and the words pharmacy professionals use all contribute to effective communication. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- adapt their communication to meet the needs of the person they are communicating with
- overcome barriers to communication
- ask questions and listen carefully to the responses, to understand the person's needs and come to a shared decision about the care they provide
- listen actively and respond to the information they receive in a timely manner
- check the person has understood the information they have been given
- communicate effectively with others involved in the care of the person

4 Maintain, develop and use their professional knowledge and skills

Applying the standard

- People receive safe and effective care when pharmacy professionals reflect on the application of their knowledge and skills and keep them up-to-date, including using evidence in their decision making. A pharmacy professional's knowledge and skills must develop over the course of their career to reflect the changing nature of healthcare, the population they provide care to and the roles they carry out. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- recognise and work within the limits of their knowledge and skills, and refer to others when needed
- use their skills and knowledge, including up-to-date evidence, to deliver care and improve the quality of care they provide
- carry out a range of continuing professional development (CPD) activities relevant to their practice
- record their development activities to demonstrate that their knowledge and skills are up to date
- use a variety of methods to regularly monitor and reflect on their practice, skills and knowledge

5 Use professional judgement

Applying the standard

- People expect pharmacy professionals to use their professional judgement so that they deliver safe and effective care. Professional judgement may include balancing the needs of individuals with the needs of society as a whole. It can also include managing complex legal and professional responsibilities and working with the person to understand and decide together what the right thing is for them – particularly if those responsibilities appear to conflict. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- make the care of the person their first concern and act in their best interests
- use their judgement to make clinical and professional decisions with the person or others
- have the information they need to provide appropriate care
- declare any personal or professional interests and manage these professionally
- practise only when fit to do so
- recognise the limits of their competence

- consider and manage appropriately any personal or organisational goals, incentives or targets and make sure the care they provide reflects the needs of the person

6 Behave in a professional manner

Applying the standard

- People expect pharmacy professionals to behave professionally. This is essential to maintaining trust and confidence in pharmacy. Behaving professionally is not limited to the working day, or face-to-face interactions. The privilege of being a pharmacist or pharmacy technician, and the importance of maintaining confidence in the professions, call for appropriate behaviour at all times. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- are polite and considerate
- are trustworthy and act with honesty and integrity
- show empathy and compassion
- treat people with respect and safeguard their dignity
- maintain appropriate personal and professional boundaries with the people they provide care to and with others

7 Respect and maintain the person's confidentiality and privacy

Applying the standard

- People trust that their confidentiality and privacy will be maintained by pharmacy professionals, whether in a healthcare setting such as a hospital, primary care or community pharmacy setting in person, or online. Maintaining confidentiality is a vital part of the relationship between a pharmacy professional and the person seeking care. People may be reluctant to ask for care if they believe their information may not be kept confidential. The principles of confidentiality still apply after a person's death. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- understand the importance of managing information responsibly and securely, and apply this to their practice
- reflect on their environment and take steps to maintain the person's privacy and confidentiality
- do not discuss information that can identify the person when the discussions can be overheard or seen by others not involved in their care
- ensure that everyone in the team understands the need to maintain a person's privacy and confidentiality
- work in partnership with the person when considering whether to share their information, except where this would not be appropriate

8 Speak up when they have concerns or when things go wrong

Applying the standard

- The quality of care that people receive is improved when pharmacy professionals learn from feedback and incidents, and challenge poor practice and behaviours. This includes speaking up when they have concerns. At the heart of this standard is the requirement to be candid with the person concerned and with colleagues and employers. This is usually called the ‘duty of candour’ which means being honest when things go wrong. There are a number of ways to meet this standard and below are examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- promote and encourage a culture of learning and improvement
- challenge poor practice and behaviours
- raise a concern, even when it is not easy to do so
- promptly tell their employer and all relevant authorities (including the GPhC) about concerns they may have
- support people who raise concerns and provide feedback
- are open and honest when things go wrong
- say sorry, provide an explanation and put things right when things go wrong
- reflect on feedback or concerns, taking action as appropriate and thinking about what can be done to prevent the same thing happening again
- improve the quality of care and pharmacy practice by learning from feedback and when things go wrong

9 Demonstrate leadership

Applying the standard

- Every pharmacy professional can demonstrate leadership, whatever their role. Leadership includes taking responsibility for their actions and leading by example. Wherever a pharmacy professional practises, they must provide leadership to the people they work with and to others. There are a number of ways to meet this standard and below are some examples of the attitudes and behaviours expected.

People receive safe and effective care when pharmacy professionals:

- take responsibility for their practice and demonstrate leadership to the people they work with
- assess the risks in the care they provide and do everything they can to keep these risks as low as possible
- contribute to the education, training and development of the team or of others
- delegate tasks only to people who are competent and appropriately trained or are in training, and exercise proper oversight
- do not abuse their position or set out to influence others to abuse theirs
- lead by example, in particular to those who are working towards registration as a pharmacy professional

Useful contacts and further reading

General Pharmaceutical Council (GPhC)

General Pharmaceutical Council

25 Canada Square

London

E14 5LQ

0203 713 8000

info@pharmacyregulation.org

www.pharmacyregulation.org

British Pharmaceutical Students' Association (BPSA), <http://www.bpsa.co.uk/>

Council of University Heads of Pharmacy (CUHOP), <http://www.cuhop.ac.uk/>

MPharm Student Code of Conduct: a Literature Review (Schafheutle et al on behalf of the Royal Pharmaceutical Society of Great Britain, 2009)

Office of the Independent Adjudicator for Higher Education (OIAHE), <http://www.oiahe.org.uk/>
(Higher Education complaints in England and Wales)

Pharmaceutical Society of Northern Ireland (PSNI), <http://www.psni.org.uk/>

Royal Pharmaceutical Society (RPharmS) <http://www.rpharms.com>

Scottish Public Services Ombudsman, <http://www.spsso.org.uk/> (Higher Education complaints in Scotland)

Standards of conduct, ethics and performance (General Pharmaceutical Council, 2010)

Student Fitness to Practise Procedures in Schools of Pharmacy (General Pharmaceutical Council, 2010)

Further information on fitness to practise can be found:

David T, Schafheutle E, Hall J. What 'fitness to practise' means for schools and students' behaviour? *Pharmaceutical Journal* 2009; 282: 623-624

<http://www.pjonline.com/>

3.4 Registration as a Pharmacist

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises. To work as a pharmacist and to call yourself a pharmacist, you must register with the GPhC. Part of the registration requirements of the GPhC are education requirements and the GPhC has agreed that there should be completion time limits for anyone entering foundation training from 2011 onwards. This applies to anyone studying currently for an accredited MPharm. The reason for the time limit is to ensure the link between your course and foundation training is preserved and that your knowledge and skills are current when you apply to register.

The normal maximum time period for you to apply to register as a pharmacist is eight calendar years from the day you first enrolled on your MPharm.

In the eight years you must do the following:

1. Pass your MPharm; and
2. Pass your foundation training; and
3. Pass the Registration Assessment (previously known as the Registration Examination); and
4. Apply to register as a pharmacist.

The maximum number of attempts at the Registration Assessment is three.

The GPhC may consider extending the eight year maximum time period but only if there are documented extenuating circumstances. Extenuating circumstances can include:

1. Extended periods of illness;
2. Compassionate leave;
3. Maternity/paternity leave;
4. Part time study;
5. Reasonable adjustments to accommodate a disability but only if the reasonable adjustment is agreed in advance;
6. Operational tours with the Territorial Army.

This list is not exhaustive.

Extenuating circumstances does not include:

1. Repeating courses/modules/academic years due to academic failure;
2. Travel such as gap years or other periods of non-compulsory absence;
3. Periods of imprisonment.

Before being registered, you will have to comply with other requirements including fitness to practise and health requirements. Full details will be sent to you when you apply to register. (In addition you will have to comply with health and fitness to practise requirements as a student and as a Foundation Year trainee.)

Education Standards

As part of the education standards for registration as a pharmacist, the GPhC has identified outcomes that all pharmacy graduates must achieve. These outcomes are assessed throughout the MPharm and will continue to be important in your pre-registration year and when you become a pharmacist. They are

assessed at four increasingly challenging competence levels, starting at 'knows', where students need to demonstrate their underpinning knowledge. They then progress through 'knows how' and 'shows how' to 'does', where students need to repeatedly demonstrate they can perform a skill in practice.

The GPhC published new Standards for the Initial Education and Training of Pharmacists in January 2021. From September 2023 students in years 1-3 of the MPharm curriculum will be studying on a revised programme which meets both the 2011 standards and the new standards.

The new 2021 standards for the initial education and training of pharmacists are:

1. Demonstrate empathy and keep the person at the centre of their approach to care at all times
Does
2. Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing
Shows how
3. Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person
Does
4. Understand the variety of settings and adapt their communication accordingly
Shows how
5. Proactively support people to make safe and effective use of their medicines and devices
Shows how
6. Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences
Does
7. Obtain informed consent before providing care and pharmacy Services
Does
8. Assess and respond to the person's particular health risks, taking account of individual's protected characteristics and background
Shows how
9. Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care
Does
10. Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action
Does
11. Take into consideration factors that affect people's behaviours in relation to health and wellbeing
Shows how
12. Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations
Shows how
13. Recognise the psychological, physiological and physical impact of prescribing decisions on people
Shows how
14. Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care
Shows how
15. Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times
Does
16. Apply professional judgement in all circumstances, taking legal and ethical reasoning into account
-Does
17. Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to
-Does
18. Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate
-Does
19. Take responsibility for all aspects of health and safety and take actions when necessary
Does

20. Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so â?? Does
21. Apply the science behind pharmacy in all activities- Does
22. Demonstrate how the science behind pharmacy is applied in the discovery, design, development and safety testing of medicines and devices -Shows how
23. Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents -Shows how
24. Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles â?? Shows how
25. Apply pharmaceutical principles to the safe and effective formulation, preparation, packaging and disposal of medicines and products â?? Knows how
26. Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and prescribing them â?? Knows how
27. Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices â?? Shows how
28. Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person â?? Shows how
29. Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice â?? Shows how
30. Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person â?? Shows how
31. Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services â?? Shows how
32. Accurately perform calculations -Does
33. Effectively promote healthy lifestyles using evidence-based techniques â?? Shows how
34. Apply the principles of effective monitoring and management to improve health outcomes â?? Shows how
35. Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance â?? Does
36. Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing â?? Shows how
37. Prescribe effectively within the relevant systems and frameworks for medicines use â?? Shows how
38. Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people â?? Shows how
39. Take responsibility for peopleâ??s health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data â?? Shows how
40. Understand and implement relevant safeguarding procedures, including local and national guidance in relation to each person â?? Shows how
41. Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities â?? Shows how
42. Proactively participate in the promotion and protection of public health in their practice â?? Shows how

43. Identify misuse of medicines and implement effective strategies to deal with this â?? Shows how
44. Respond appropriately to medical emergencies, including the provision of first aid â?? Knows how
45. Demonstrate effective leadership and management skills as part of the multi-disciplinary team â?? Shows how
46. Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities â?? Shows how
47. Develop, lead and apply effective strategies to improve the quality of care and safe use of medicines â?? Knows how
48. Actively take part in the management of risks and consider the impacts on people â?? Shows how
49. Use tools and techniques to avoid medication errors associated with prescribing, supply and administration â?? Shows how
50. Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again â?? Shows how
51. Recognise when and how their performance or that of others could put people at risk and take appropriate actions â?? Shows how
52. Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change â?? Shows how
53. Reflect upon, identify, and proactively address their learning needs- Does
54. Support the learning and development of others, including through mentoring- Shows how
55. Take part in research activities, audit, service evaluation and quality improvement, and demonstrate how these are used to improve care and services- Shows how

Further details on the new standards can be found at:

https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-initial-education-and-training-of-pharmacists-january-2021_1.pdf

Should you require further information on the GPhCâ??s education and training requirements for initial registration please contact the GPhC. Contact details can be found on the GPhCâ??s website:

www.pharmacyregulation.org

3.5 Reporting bullying, harassment, discrimination

The University believes that bullying, harassment, sexual harassment, and discrimination are never ok. All staff, students, and visitors to our campus can report something anonymously or get support from an advisor. Full details can be found at: <https://www.reportandsupport.manchester.ac.uk/>

4. ASSESSMENT

4.1 Regulations

The University Undergraduate Taught Degree Regulations ([Sept 2012](#)) will apply unless otherwise stated. Examples of deviations from University Regulations include compensation; carry forward of fails, resit rules and units considered to be “special regulation”. A summary of the regulations that apply are as follows:

4.1.1 Assessment and Progression

Years 1 and 2

Students can only progress to the subsequent year of the MPharm upon successful completion of all course units taken during the current academic year and the accumulation of 120 credits.

To pass a course unit, a student must:

- Reach the course unit pass mark, and
- Pass all course unit components, and
- Obtain a pass in any special regulation assessments

The pass mark for most assessments, including resits is **40%**. The passmark for special regulation assessments may vary depending on the assessment and be communicated in advance to students. See course unit specifications for full details.

Students must pass a sufficient number of assessments that are reported to the Examination Board at first attempt to be eligible for resits, as outlined below.

In order to be allowed resits, students must meet any one of the three following permitted scenarios:

1. Pass both case-based integrated examinations at the first attempt OR
2. Pass one case-based integrated examination and three of four coursework assessments at the first attempt OR
3. Pass one case-based integrated examination, two of four coursework assessments and four of the pass / fail components.

Some assessments may be Pass/Fail but these still have credits associated to them. Please check the course unit specifications for further details. Students who do not pass sufficient credits at the first attempt will fail the year.

Year 3

Students can only progress to the 4th year of the MPharm programme upon successful completion of all course units taken during the current academic year **and** must obtain a minimum overall weighted average of 50%. The weighted average is calculated as an average of the numerical marks awarded for each unit in a year weighted by the credits for that unit (units graded pass or fail are excluded from the calculation). The mark achieved at the first attempt will be used in the calculation. This is known as the overall weighted average or year mark.

To pass a course unit, a student must:

- Reach the course unit pass mark, and
- Pass all course unit components, and
- Obtain a pass in any special regulation assessments

The pass mark for most assessments, including resits is **40%**. The passmark for special regulation assessments may vary depending on the assessment and be communicated in advance to students. See course unit specifications for full details.

In order to be allowed resits, students must meet any one of the three following permitted scenarios:

1. Pass both case-based integrated examinations at the first attempt OR
2. Pass one case-based integrated examination and three of four coursework assessments at the first attempt OR
3. Pass one case-based integrated examination, two of four coursework assessments and four of the pass / fail components.

Some assessments may be Pass/Fail but these still have credits associated to them. Please check the course unit specifications for further details. Students who do not pass sufficient credits at the first attempt will fail the year.

Year 4

Students are only eligible for the award of the MPharm degree upon successful completion of all course units taken during the current academic year; obtain a minimum overall weighted average of 50% and accumulation of 480 credits. The weighted average is calculated as an average of the numerical marks awarded for each unit in a year weighted by the credits for that unit (units graded pass or fail are excluded from the calculation). The mark achieved at the first attempt will be used in the calculation. This is known as the overall weighted average or year mark.

To pass a course unit, a student must:

- Reach the course unit pass mark, and
- Pass all course unit components, and
- Obtain a pass in any special regulation assessments

The pass mark for most assessments, including resits is **40%**. The passmark for special regulation assessments may vary depending on the assessment and be communicated in advance to students. See course unit specifications for full details.

4.1.2 Compensation

As per the requirements of the General Pharmaceutical Council compensation cannot be applied during the MPharm programme. Therefore University compensation rules do not apply to students on the MPharm programme.

4.1.3 The Pharmacy Preparation for Practice Exam

In Years 1 to 4 of the MPharm there will also be a compulsory timetabled Preparation for Practice Exam at the end of semester 1 (which replaces the Progress Test). This test is formative in years 1 of the MPharm but must be passed in year 2, 3 and 4. All years of the MPharm sit papers which are aligned to the GPhC's registration examination, containing pharmacy law, common conditions and clinical pharmacy, with content appropriate to your year of study and previous years of study. The pass mark for the Preparation for Practice Exam will be set using standard setting (Angoff method), Please see course unit specifications for further details.

4.1.4 Special regulation examinations/assessments

Some assessments are designated as special requirement assessments. The areas covered by these assessments are professional areas specified by the pharmacy regulator. Examples of these assessments include pharmaceutical calculations, preparation for practice exam and CCAs. The pass mark in these assessments can be increased above 40% and may vary depending on the assessment and standard setting (commonly between 60% to 80%).

4.1.5 Resits

When a student fails to pass a unit or a component reported to the Examination Board, reassessment may be taken. See below for the different rules for each year.

Years 1 and 2

Students will normally be allowed one attempt at resit (i.e. two attempts in total) in up to the equivalent of 60 credits. This principle does not apply to students who have approved and verified mitigating circumstances.

The weighting of each assessment will be used to determine the number of credits passed at the first sitting. Some assessments may be Pass/Fail but still have credits associated with them. Please check the course unit specifications for further details. **Students who fail more than the equivalent of 60 credits will not be permitted to resit and will fail the year.**

Year 3

Resits are not normally permitted for the final 240 credits of an Undergraduate Masters Programme. However, one resit opportunity may be provided to a student when automatic compensation (according to university regulations) would normally apply.

A resit opportunity may be provided if the conditions below have been met at the first attempt:-

- the candidate has obtained a mark of between 30%-39% in the course units which have been failed, and

- the failed course units do not exceed a total credit rating of **40 credits**; and
- the candidate has obtained an overall weighted mean of 50% or higher

Students that do not achieve an overall mark of 50% in the 3rd year at the June Exam Board will not normally be allowed a resit opportunity. Year 3 students who are not eligible for a resit opportunity will be considered for the **exit award** of the BSc (Hons) in Pharmaceutical Science degree.

Year 4

Resits are not normally permitted in the final year of an Undergraduate Masters Programme. Final year MPharm students that do not pass all the assessment components reported to the Examination Board will not normally be allowed a resit opportunity. The only exceptions are the professional assessments where the university criteria do not apply. A resit exam may be offered in the May/June or Aug examination period for the following **special regulation assessments**:

- PHAR44200 Case-based Complex Patient Presentation
- PHAR44200 CCA (Clinical Competency Assessment)
- PHAR44200 Preparation for Practice Exam
- PHAR44001 Calculation Assessment (pass/fail)

In all other final year assessments, resit and resubmission opportunities are not normally available.

It is the student's responsibility to ascertain the timing and location of any resit examinations they are required to take and also to ascertain the submission date and guidelines from appropriate staff for resubmission of coursework. Failure to attend resits or to submit resit coursework without prior permission can lead to exclusion.

If an Examination Board has documented evidence that, (a) a student's work or attendance or both have been unsatisfactory, and (b) the student has been formally warned but has not shown significant improvement acceptable to the Board, then the Board has the right to refuse a resit opportunity.

Resit opportunities for placements and portfolio activities

Students are expected to attend all activities in their timetabled session during semester, however if an assessment is subject to special regulations or a student has accepted mitigating circumstances and/or has followed appropriate student absence procedures then further attempts can be given within an academic year. Opportunities to complete activities are capped in the following way:

Placements – 3 attempts only. Attempt one in allocated placement week, attempt two during the week after the semester 2 exam period in June, please ensure you are in Manchester if this applies to you. Attempt three in the August resit period.

Supervised Learning Events – 3 attempts only. Attempt one in timetabled session, attempt 2 during January or May exam period after missed session, attempt three in the August resit period.

Calculations – 3 attempts only. January exam period. May/June exam period. August resit period.

Prescription Processing â?? 3 attempts only. Attempt one in semester, attempt two in semester, attempt three in the August resit period

Preparation for Practice exam â?? 3 attempts only. January exam period. May/June exam period. August resit period.

Practical Laboratories â?? 2 attempts only. Attempt one in timetabled session. Attempt 2 in relevant semester exam period (January for semester 1 practicals and May/June for semester 2 practicals).

Reflective activities and personal development planning â?? 2 attempts only. Attempt one during semester. Attempt two during August resit period.

4.1.6 Resit Marks

Where a student fails a course unit and is permitted to resit, the resit mark will be capped in line with [University Undergraduate Taught Degree Regulations \(Oct 2022\)](#).

Where a student has reached the pass mark for a course unit but has to resit a failed component, the resit is for credit only. The first attempt marks will be used for that component.

4.1.7 Carry Forward Marks

The overall mark for each year of the MPharm programme will be calculated as an average of the numerical marks awarded for each unit in that year weighted by the credits for that unit. Assessments graded pass or fail are excluded from the calculation.

The marks achieved by students in all four years are used to calculate the degree classification to reflect and reward the effort put in by the students over the entire programme. First attempt marks will be used, unless a student passes by resit, in which case the capped resit marks will be used.

The weighting for each year of the MPharm is as follows:

- 1st year â?? 6%
- 2nd year â?? 19%
- 3rd year â?? 37.5%
- 4th year â?? 37.5%

4.1.8 Degree Classification

The following boundaries inform classification when the weighted total average falls below a classification threshold.

Integrated Masters classification-based on 120 credits	Classification thresholds: weighted average (0 to 100 mark range)	Boundary zone weighted average
First class	70.0%	68.0 to 69.9%
Upper Second class	60.0%	58.0 to 59.9%
Lower Second class	50.0%	48.0 to 49.9%
Fail	Below 49.9%	

Consideration of Integrated Masters students within the boundary zone by mark distribution

After allowances have been made for mitigating circumstances, a student whose weighted average at the first assessment is within the boundary zone specified above, must be awarded the higher degree classification as long as the following are satisfied:-

- 90 credits out of 120 in the final year (level 7) are equal to/or higher than the final award (for example if the student is in the boundary between a 2.1 and a first, 90 out of 120 credits must be at 70% or higher to fulfil this criteria and award the student a first class degree).

4.1.9 Exit Awards

- A First year MPharm student, who fails after reassessment to achieve 120 credits and to pass all compulsory professional components will not be able to progress to the second year of the MPharm programme and will be excluded.
- A second year MPharm student who fails after reassessment to achieve 120 credits and pass all compulsory professional components will not be able to progress to the third year of the MPharm programme and will be excluded and awarded an appropriate exit award.
- A third year student who fails after reassessment (if permitted) to progress to the final year of the MPharm programme will be excluded from the MPharm programme and awarded an appropriate exit award.
- A final year student who fails to pass all final year examinations and accumulate 480 credits will be awarded an appropriate exit award.
- Exit awards will be considered in line with University Undergraduate Degree Regulations ([Sept 2012](#)).

4.2 External Examiners

External Examiners are individuals from another institution or organisation who monitor the assessment processes of the University to ensure fairness and academic standards. They ensure that assessment and examination procedures have been fairly and properly implemented and that decisions have been made after appropriate deliberation. They also ensure that standards of awards and levels of student performance are at least comparable with those in equivalent higher education institutions.

External Examiners's reports relating to this programme will be shared with student representatives at the *Student Voice Meetings*, where details of any actions carried out by the programme team/School in response to the External Examiners's comments will be discussed. Students should contact their student representatives if they require any further information about External Examiners's reports or the process for considering them.

The Subject External Examiners for this programme are:

- To be confirmed

Please note that it is inappropriate for students to make direct contact with External Examiners under any circumstances, in particular with regards to a student's individual performance in assessments. Other appropriate mechanisms are available for students, including the University's appeals or complaints procedures and the UMSU Advice Centre. In cases where a student does contact an External Examiner directly, External Examiners have been requested not to respond to direct queries. Instead, External Examiners should report the matter to their School contact who will then contact the student to remind them of the other methods available for students. If students have any queries concerning this, they should contact their Programme Office (or equivalent).

5. ARRANGEMENTS FOR STUDENT FEEDBACK AND REPRESENTATION

5.1 Student representatives on Division/university committees

Please refer to the [SHS handbook](#) for information.

5.2 Student Surveys

Please refer to the [SHS handbook](#) for information.

5.3 MUPS/BPSA

Membership of the Manchester University Pharmaceutical Society (MUPS) will give you the opportunity to meet pharmacy students from all four years of the programme. The varied activities of the society will be explained to you during registration week.

On a national basis, pharmacy students are represented by the British Pharmaceutical Students Association (BPSA). **All students are strongly encouraged to become members.** In addition to organising inter-college sporting events, this group can put forward the student viewpoint to the General Pharmaceutical Council (GPhC), the governing body of the Pharmacy profession.