

Russell Group response to the HEFCE-HEE consultation on: Ensuring a sustainable supply of pharmacy graduates

1. Introduction

- 1.1 We welcome this opportunity to contribute to the joint HEFCE-HEE consultation on the future supply of pharmacy graduates.
- 1.2 The purpose of The Russell Group is to provide strategic direction, policy development and communications for 24 major research-intensive universities in the UK; we aim to ensure that policy development in a wide range of issues relating to higher education is underpinned by a robust evidence base and a commitment to civic responsibility, improving life chances, raising aspirations and contributing to economic prosperity and innovation.
- 1.3 We recognise that the supply / demand ratio of trained pharmacists has shifted over recent years: in 2010 pharmacy was identified as a shortage occupation for the UK by the Migration Advisory Committee, but recent modelling carried out by the Centre for Workforce Intelligence to inform the current consultation now predicts the potential for substantial over-supply within England over the next twenty years or so¹. That such a dramatic apparent shift can take place so quickly suggests we should be cautious about the accuracy of long-term modelling. We also note that the current model does not look at flows between England and the Devolved Administrations and that it may also underestimate the potential for international flows.
- 1.4 In addition, it appears that the modelling only considers the value of pharmacy graduates to the pharmacy workforce. While we would anticipate that many trained pharmacists will wish to work in this field (in pharmacies, industry, academia etc), pharmacy can be a useful entry point to other careers requiring scientific thinking and skills. An over-supply against likely recruitment needs in the NHS is therefore not necessarily a 'bad' outcome, but clearly prospective students will wish to understand more about their potential employment opportunities so that they can make informed decisions on what and where to study.
- 1.5 Whichever model is adopted to ensure a sustainable supply of pharmacy graduates in future, protecting the quality of the education and training experience should be paramount. **Pharmacy students need to be trained in an environment underpinned by excellent research and characterised by strong relationships with clinical practice.**
- 1.6 As qualified healthcare professionals, pharmacists are already offering services such as new medicines advice, advice on effective medicines usage and, typically, a form of 'triage' service in the community for minor ailments. In particular, they perform a key

¹ <http://www.cfwi.org.uk/publications/a-strategic-review-of-the-future-pharmacist-workforce>

role in helping people to care for themselves more effectively and this could increase as a means to reduce pressure on other parts of the health service. For example, the recent report by the Royal Pharmaceutical Society – *Now or never: shaping pharmacy for the future* (November 2013)², noted that:

The ready availability of a highly trained pharmacy workforce could be seen as an opportunity to take some of the pressure off general practice by integrating pharmacists more effectively into primary care teams, and redirecting some patient demand.

- 1.7 Instead of seeing pharmacy as an NHS cost centre problem this new future for pharmacy could realise both overall cost control and better patient outcomes.

2. Preferred model

- 2.1 Our preferred solution to the supply of pharmacy graduates would be to continue allowing the market to determine outcomes. In other words, for universities to be able to recruit according to student demand, which will increasingly be informed by the Key Information Sets (KIS) that universities are now required to collect and publish, and other sources of information on the quality of courses and providers.
- 2.2 As noted in the HEFCE-HEE consultation document, this market-oriented solution allows for the greatest flexibility. It also removes the need for accurate modelling and intake controls at a time when the pharmacy profession is developing rapidly and where it is likely that pharmacists will become an even more important part of the UK's healthcare service.
- 2.3 Given that employment within the pharmacy profession itself is dominated by a small number of large employers (the NHS directly and businesses operating pharmacy chains on the high street) it should be possible to provide additional information on likely pre-registration training and pharmacy employment opportunities, at least over short time horizons, alongside the KIS.
- 2.4 We wish to stress again the importance of quality teaching that is research-led and linked to clinical practice. A properly functioning market with feedback loops from employers to pharmacy schools and prospective students should be able to reinforce this: driving up quality with time, ensuring there are suitable pre-registration training places available for students and ultimately bringing supply into a better balance with demand. However, if these market mechanisms aren't in place or aren't functioning effectively then it may be necessary to consider a control on UK/EU student intakes, with intake limits determined on the basis of quality of provision.
- 2.5 If controls are to be considered then these should **not** cover other international students.
- 2.6 The UK has a world-class reputation in pharmacy education³, which is enhanced by international students who make a vital contribution to the success of our universities,

² <http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf>

³ For example, five Russell Group universities are in the QS world top ten for Pharmacy and Pharmacology in the 2013 QS world university rankings by subject.

both academically and financially, and are often highly motivated and entrepreneurial. If we are to maintain our place as a global leader in higher education then the UK must continue to attract the very best students from around the world. Globally there is no over supply problem in qualified pharmacists and the UK has a real opportunity to take advantage of this: providing high quality professionals for the world's health services, which in turn can create strong links for future training and research links. The UK economy also benefits from the tuition fees and other spending by these international students which contributes to the Government's export and growth agendas.

3. Other options

- 3.1 The other option considered in the consultation is to create a break point within the degree, before progression for a smaller number to the full MPharm qualification and pre-registration training. However it is not clear how this could easily be introduced with the current 4 year MPharm degree structure.
- 3.2 Any break point would have to provide a valid qualification in its own right so that students ultimately taking this route are not perceived by employers as having 'failed' in their undergraduate studies.
- 3.3 In future, it is possible that a break point could be introduced as part of the reforms of pharmacy education and training that are still under consideration, but this would need to be developed with close involvement from universities and potential employers. The change required is non-trivial and we would caution against this option being introduced in the short-term.

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