CUHOP Response to the Higher Education White Paper – Students at the Heart of the System

September 2011

The Council of University Heads of Pharmacy Schools (CUHOP) comprises the heads of UK schools of pharmacy which enrol students to read for a Master of Pharmacy (MPharm) degree with the expectation of registering as a pharmacist in the UK.

We welcome the opportunity to comment on the Higher Education White Paper, please see our comments in relation to each chapter.

CUHOP Comments on Sustainable and Fair Funding

Stability and predictability of funding for universities (even if it has to be reduced) is required to enable institutions to plan appropriately. It is currently unclear what protection for price groups A and B means in the longer term and we would caution that the change in funding and the potential for volatility may mean that some universities rapidly reassess their course offerings and departments. It is important that subjects of strategic importance, which are seen as costly and more challenging to deliver, are adequately supported.

Pharmacy is one such subject of strategic importance; pharmacists are a national (UK) resource and are required for improving the quality and safety of primary and secondary healthcare, delivering the self-care and public health agendas, and secondary care specialisations. Pharmacists also participate in clinical and related scientific academia, which is of vital importance to UK plc. Any changes that might impact on the UK's ability to produce the number of pharmacists required pose a potential threat to healthcare delivery and productivity, and to the pharmaceutical industry sector of the economy.

The proposed changes in student finances are major, and we are uncertain as to the effect on student applications to higher education, and pharmacy courses in particular. Some factors are:

- If student applicants view that the new regime is going to saddle them with a large debt on graduation, then the four-year MPharm degree may not be seen as attractive: indeed if the students have to pay an additional year's fees as part of the *Modernising Pharmacy Careers* proposed five-year integrated programme then this could act as a further disincentive to applicants.
- Students may be deterred by the new fees and choose to study elsewhere in Europe. This is true for UK and other European students.

- It is possible that paying off the student debt could be viewed as being more readily achieved with the salary and career prospects available within the profession of pharmacy.
- It is also possible that applicants may not be overly concerned by the new levels of debt given the proposed repayment requirements and these may therefore have limited effect on their study choice.

The overall level of uncertainty about these factors makes planning difficult at all levels in higher education, and schools of pharmacy have to consider all possibilities.

Under the current funding arrangements, pharmacy is a higher cost subject (band B), on account of its laboratory base, however the HEFCE consultation on teaching funding and student number controls indicated that not all subjects in groups A and B will receive high cost funding supplements in the future. We are concerned that the unit of resource for teaching pharmacy in 2012-13 could be (further) reduced for reasons beyond the control of schools of pharmacy or indeed of individual universities, to the detriment of quality of teaching and learning, and eventually adversely impact on the quality of healthcare and pharmaceutical services.

TRAC-T data indicates that the sector mean costs for band B subjects like Pharmacy range from approximately £8,000 to £9,500 compared with band D subjects where the costs range from approximately £5,600 to £6,000. Before high-cost allocations, and after deductions for access and outreach, universities charging £9,000 will typically be receiving **£8,100** per band B student, and universities charging £7,500 will receive **£7,050** per band B student. The £1,500 proposed as an illustrative figure for the allocation awarded to band B subjects would mean that generally subjects like pharmacy would maintain funding levels for teaching, which would cover the anticipated costs of delivery, as described by TRAC-T data. However, the new funding regime means that the potential rewards for institutions are much higher for delivering lower cost subjects, which could in time impact on the provision of relatively higher cost subjects.

Pharmacy programmes will also be affected by the 72% cuts in HEFCE teaching capital funding, the 58% cuts in HEFCE research capital funding and the 58% cut in Research Council capital funding. With the cuts in capital funding, Universities will need to create greater annual surpluses to ensure that they have sufficient funds to invest in capital projects to sustain and improve the student experience, including equipment and laboratory costs.

Furthermore, it should be noted that pharmacy is anticipating change; as part of the *Modernising Pharmacy Careers* initiative, under the aegis of Medical Education England, proposals are currently being considered to move to 'integrated' five-year Pharmacy degree programmes which will include the clinical experience currently

delivered after graduation and before registration. If implemented this change will see the postgraduate year changed from one of graduate employment to an extra years as a HE student. Obviously, these proposals have implications for the costs for Universities of delivering pharmacy degree programmes.

CUHOP Comments on well informed students driving teaching excellence:
We welcome the proposals in this chapter which should improve the quality and availability of information for prospective students on higher education institutions, courses and the system as a whole. However we would expect that inevitably the information provided will be carefully managed by institutions so as not to disadvantage themselves, so may be of limited value in the long-term.

CUHOP comments on a better student experience and better qualified graduates:
Where proposals to improve the student experience relate to regulation in HE, it is important that professional regulators are involved in and informed of any potential changes, please see our comments on 'a new fit for purpose regulatory framework'. We note that due to the nature of pharmacy, schools of pharmacy already have good relationships with 'industry', both in respect of the NHS and community pharmacy as well as the pharmaceutical industry. Therefore, there is potential for the wider university sector to learn from schools of pharmacy about engaging with 'industry' in the widest sense – i.e. employers. Furthermore, proposals (as part of the *Modernising Pharmacy Careers* initiative, under the aegis of Medical Education England), are being considered that would mean clinical experience currently delivered after graduation would be incorporated into the pharmacy degree programme. A move of this kind would lead to even stronger relationships with employers in the NHS, community pharmacy and the pharmaceutical industry, and students would benefit from greater exposure to the full range of clinical work-experience.

With regard to a risk-based quality regime that gives power to students to hold universities to account; although not disagreeing with this in principle, there is a danger that expensive and time-consuming quality audits could be trigged by a relatively few disgruntled students (e.g. those who have failed to progress on their courses or are subject to fitness to practise procedures), and this will need to be managed carefully.

CUHOP comments on a diverse and responsive sector:
We are concerned about a number of potential unintended consequences of removing number controls for AAB+ students and the accompanying reductions in student number controls. As students achieving AAB+ are disproportionately from more advantaged backgrounds, the introduction of this policy would need to be balanced with a policy to ensure that the applicants from under-represented groups

are not disadvantaged. All institutions should continue to be encouraged and supported to offer places to bright and committed students with lower qualifications on the basis of contextual information. We do not want to see a system which promotes the greatest amount of choice for those from more advantaged backgrounds. There is also a related concern that this policy will lead to an increased polarisation within the system, in terms of the balance of student populations at different institutions. For schools of pharmacy within 'middle-ranking' universities, this could result in them losing AAB+ students to expansionist top-ranked universities; to the detriment of quality in the system as a whole.

Generally subject areas that attract large numbers of AAB+ applicants are likely to grow as universities vie to attract these applications, and under the current number-capping arrangements this is likely to be at the cost of other subject areas (such as many STEM subjects). We also note that students enter university with a wide range of UK and EU qualifications other than the traditional 'A' Level, and a full list of AAB+ equivalent qualifications needs to be made available that does not disadvantage or deter such applicants.

In pharmacy and health in general, new 'lower cost' providers are unlikely to emerge given the regulatory requirements and associated costs and so the Government's aim to make it easier for a wider range of providers to offer places is not applicable. The aim to encourage diversity in provision through making a margin of places available only to institutions charging up to an average of £7,500 also causes some concern if applied to pharmacy education. Whilst some diversity across pharmacy provision is positive, changes that would effectively create a two-tier funding system for the education of pharmacists could adversely impact on patient care and public service in the longer term, with applicants to pharmacy with lower qualifications going on to be educated at universities with a lower funding base. Furthermore, the distribution of schools of pharmacy with different levels of funding could have implications at a regional level for the quality of pharmaceutical and health care provision in the longer term.

In terms of the criteria for allocating these numbers, we would like to see HEFCE and the panel overseeing bids demonstrate how these allocations will support subjects of strategic importance, sustain the quality of the system and promote opportunities for under-represented groups.

With regard to 'opening up' higher education and degree awarding powers to new providers, this will almost certainly devalue the UK HE 'brand' and diminish its attractiveness to international students and academic and industrial collaborators from overseas.

CUHOP comments on improved social mobility through fairer access

We wish to point out that pharmacy has an excellent record of encouraging and accommodating a diverse student population within previous systems for the funding of teaching in universities. Under 'A diverse and responsive sector' we have remarked on the risk to widening access posed by removing number controls for AAB+ students (which has the potential to disadvantage state educated applicants in general), and we note that HEFCE's impact assessment has identified possible risks to black and minority ethnic (BME) students, students with disabilities and students from neighbourhoods where participation in HE has traditionally been low. We expect the impact on these groups to be closely monitored.

Almost all pharmacy students will go on to join the pharmacy register and work as pharmacists. In relation to the possible move to a Post-Qualification Application system it should be noted that subjects leading to membership of a regulated profession, like pharmacy, require a range of personal and professional attributes. These attributes are difficult to assess through written applications alone and so the additional time afforded by the current Pre-Qualification Application process allows for the option to interview applicants, a useful tool in assessing the broader range of attributes required to be a good pharmacist.

CUHOP comments on a new fit for purpose regulatory framework

One of CUHOP's roles is to promote UK pharmacy education and research, and it has therefore encouraged collaboration between schools of pharmacy in the sharing of good practice. The *Modernising Pharmacy Careers* proposals also require collaboration between the employers, universities and government. In 'promoting competition where appropriate in the higher education sector' it is important that the opportunities offered by collaboration are not lost.

Whilst we welcome efforts to simplify the regulatory landscape to the benefit of institutions and students it should be noted that the General Pharmaceutical Council (GPhC), as the regulator for pharmacy, will continue to play a central role in quality assurance pharmacy education for the benefit of patients. Therefore any changes to the way HE is regulated that impact on the regulation and delivery of pharmacy education should be determined in consultation with the GPhC.