Council of University Heads of Pharmacy Schools (CUHOP) response
HEFCE Student Number Controls and Teaching Funding Arrangements for 2013-14 and beyond
May 2012

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. CUHOP represents the collective interests and views of the Schools of Pharmacy looks to develop and articulate a vision for pharmacy education in the UK.

Part 1: Student number control and teaching funding: policy, priorities and principles

1. We have proposed a set of principles (listed in paragraph 94) to inform our approach. Do you agree with the principles we have outlined?

We generally agree that the set of principles listed in paragraph 94 are appropriate for informing HEFCE's approach to student number controls and teaching funding. There are however areas where we believe these principles should be interpreted differently. In particular we are concerned about how the following principles are likely to be reflected in practice:

- 'reflect our duty to promote competition, and consider the need to take competition into account in allocating funding', and
- 'make funding interventions only where there is a strong case that competition will not produce outcomes that are either to the public's benefit, or in the collective student interest.'

In practice, competition between universities can be inefficient, and lead to unnecessary and costly duplication. We believe that some strategic planning of student numbers in specific subjects like pharmacy that lead to professional registration would optimise the effectiveness of funding, meet the needs of society and enhance graduate employment opportunities. Such arrangements already exist for medicine and dentistry, and we are keen to explore a similar arrangement and exemption from HEFCE student number controls for MPharm courses with HEFCE, BIS, the Department of Health and Health Education England once operational.

2. Do you have any comments on the impacts, positive or negative, that the proposals in this consultation might have on equality and diversity?

As noted in previous responses to HEFCE, schools of pharmacy 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 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 at the expense of those from less 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.

There appears to be nothing in this consultation that seeks to address these concerns and so we await with interest HEFCEs initial assessment of the impact of this measure.

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Part 2: Student number controls

3. Do you agree with our proposal to continue from 2013-14 to control the numbers of students starting HEFCE-fundable full-time undergraduate and PGCE study at each provider? If you disagree with this proposal, what alternative approach would you suggest?

We agree that if costs are to be controlled some regulation of student numbers is required and that the promotion of student choice should be the main driver behind policy in this area. However we have concerns about the approach for 2013-14, as noted in our answers to previous questions and responses to previous consultations.

Firstly, we are concerned that the way the numbers control is implemented will restrict access to higher education for many students, particularly those who are socially disadvantaged, and reverse the trend of increased participation.

Secondly, notwithstanding the need to promote student choice we also believe that in order to focus resources in times of financial constraint; a strategic view should be taken on minimum and maximum student numbers in certain key subjects, notably in STEM subjects and courses leading to the health professions.

4. Do you have any views on steps we might take to exclude from the controlled population students topping up to honours degrees from Level 5 qualifications such as foundation degrees, HNDs and DipHEs, but in ways which do not create a significant risk of unplanned student support costs?

Although this does not currently apply to pharmacy, we are supportive of the ability for students to top up to honours degrees as an effective way to allow access to students from poorly represented groups into the HE sector. It would seem reasonable that students who have completed a foundation degree that was subject to HEFCE number controls should then be able to go on to do one or two years to top up to a full degree without needing to be included for in a second round of controls. Outside of student number controls, maximum numbers could be set for top up students to help limit the associated financial risk of excluding this group of students from student number controls.

5. Do you agree that we should consider making adjustments to providers' number controls, where necessary, to take account of changes in their average course duration?

We would welcome any measure that encourages sustainability in the HE sector. We would advise caution in implementing these adjustments, noting that course duration is just one of many factors that could impact the government's relative liability for student support costs and we would not support adjustments solely based on average course length. Any considerations should take account of all factors impacting on the government's liability should be considered rather than a single strand, and any adjustments should seek to avoid any negative impact on the funding system's ability to adhere to the key principles outlined in paragraph 94 of this consultation, in particular to:

- 'promote and protect the collective student interest'
- 'support government funding priorities (high-cost subjects, vulnerable subjects, widening participation, specialist institutions and postgraduate provision)' and
- 'be fair across the higher education system, transparent in our methods and accountable for our funding'.

6. Do you agree with the proposed criteria for determining equivalent entry qualification and grade combinations?

Proposed criteria appear to be reasonable, it should be noted that the proposed criteria overlap with recent proposals from UCAS.

Part 3: Proposals for funding teaching from 2013-14 onwards
High-cost subjects

7. Do you have any comments about our proposed approach to supporting high-cost subjects?

We are supportive of the overall approach to supporting high-cost subjects which acknowledges that science subjects are relatively costly to teach, supported by TRAC data that indicate that the average differential in teaching cost between laboratory-based sciences and class-room based subjects, is currently of the order of £3000- £3500.

It should be noted that under the current funding arrangements, pharmacy is a higher cost subject, on account of its laboratory base. In order to educate the high quality practitioners needed to meet the future healthcare needs of the future, pharmacy needs to continue to be funded as a high cost subject. It should also be noted that the Modernising Pharmacy Careers report to Medical Education England[1] identified the need for an additional one year's clinical funding (band A equivalent) in pharmacy education, to bring this into line with other healthcare professional education in terms of professional and patient contact.

We also agree that it will be important to maintain consistency during transition from the old to the new regime to avoid exacerbating funding issues for institutions.

8. Do you agree that we should provide funding support for postgraduate provision including for price group C, as a transitional approach together with further development of the evidence base for future investment?

We agree that there is a clear need for a significant amount of work to be undertaken by HEFCE, the sector and government in respect of the costs of postgraduate provision, and the potential impact on society and the economy the numbers of postgraduate students reduce. Without such support, provision of postgraduate programmes in pharmacy and elsewhere that are aimed at enhancing professional practice may be greatly reduced as a result of the high costs falling on employers or employees. We therefore welcome the proposal to undertake research in this area, as well as the proposal to provide interim funding to support postgraduate study.

9. Do you have any comments about our proposal to use an approach based on TRAC(T) – with modifications – to inform our development of the future funding method for high-cost subjects?

We are aware of problems with relying solely on TRAC(T) data to assess costs. For example the cost base of expanding subjects tend to appear lower than those for subjects that are contracting (having difficulty in recruiting). This is because there is usually a significant time lag before the staff and equipment base for contracting subjects is reduced to match the student numbers, and conversely there is often a similar time lag in recruiting staff and providing equipment for expanding subjects. Therefore, in addition to TRAC(T) we believe that costs for high-cost subjects should be considered in relation to the desired outcomes of such courses, rather than relying on historic costs.

[1] Modernising Pharmacy Careers Programme, Review of pharmacist undergraduate education and pre-registration training, and proposals for reform, Report to Medical Education England Board for undergraduate education, April 2011

Flexible learning: part-time and alternative modes of study

10. Do you have any comments on our proposal to provide an allocation for part-time undergraduate provision from 2013-14 which for new-regime students will only apply if they are in high-cost subjects?

Agree, given that part-time students may now be charged the same rates (pro-rata) as full-time students, this approach appears reasonable.

11. Are there other innovative types of flexible provision that might warrant funding to widen the choices students have as to where, when and how they study, given the overall limited resource and the many priorities competing for it?

No comment.

Allocation to recognise costs of London providers

12. Do you agree with our proposed approach to contribute to the additional costs of operating for London-based providers?

We agree with the proposed approach to contribute to the additional costs of operating for London based providers. However we note that paragraph 263 states that: *"Providers would in general be eligible for this allocation only where students are attending campuses within the London boundaries".* Many non-London based institutions now have campuses or other operations within the area so that under a literal interpretation of the above, students studying at these campuses would be defined as eligible for London weighting. However, at the consultation events delegates were told this was only the case where the main campus was based in London. We would therefore suggest that how the London weighting is to be applied should be made more explicit.

We would also be interested in any evidence to determine/ monitor whether there is an additional cost associated with operating in other areas of England apart from London.

Student Opportunity

13. Do you have any comments on our proposal that the role of HEFCE funding for student opportunity should be to enable providers to underpin their continued commitment to widening participation and student retention and success and to contribute to further national progress on social mobility?

We are generally supportive of the proposals in relation to widening participation and student retention. We strongly support any funding aimed at support institutions to widening participation and student retention in HE. We also agree that there is a real risk that institutions may not be able easily to provide the evidence that will be required to be recognised for this additional funding stream. We therefore suggest that HEFCE should look to support institutions to collect, manage and analyze the data and information required to demonstrate the impact and benefits of widening access initiatives.

14. Do you agree with our funding method for the Student Opportunity allocations? If not, do you have alternative suggestions that would provide relative stability and support for the infrastructure for widening participation and retention, bearing in mind burden and complexity?

No comment.

Institution-specific allocation

15. Do you agree that the criteria for the institution-specific allocation review are appropriate and demonstrable? Are there any other criteria you believe we should include in the review?

We are wary of an allocation that would result in an institution or student receiving extra funding relative to equivalents elsewhere and so welcome the description as 'funding of last resort' and the intention to award it only where a very strong case has been made. Also, the criteria of distinctiveness and demonstrable public benefit, as described in the consultation document, seem appropriate criteria against which to consider any application.

16. Do you have any comments on the method, timing and levels of external involvement proposed for the institution-specific allocation review ?

No comment.

Strategically important and vulnerable subjects

17. We have been asked by Government to consider a new approach to strategically important and vulnerable subjects and whether any subjects may require support to avoid undesirable reductions in the scale of provision. Do you have any comments on our proposed new approach to supporting this area through recurrent funding?

Overall we are supportive of the proposed new approach to supporting strategically important and vulnerable subjects. However the fact that there is no intention to provide a specific list of SIVS is unhelpful. Whilst we acknowledge that the list of SIVS is likely to change over time it is unlikely that this will take place within a single year. Therefore, we would propose that there should be a list of those subject areas that are currently considered to be SIVS and that this should be readily accessible from the HEFCE website or potentially included in the annual grant letter attachments.

Pharmacy is 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.

Furthermore, pharmacy education and training in England is anticipating change; as part of the *Modernising Pharmacy Careers*[2] initiative; proposals are currently being considered to move to 'integrated' 5 year Pharmacy degree programmes which will include the clinical experience currently delivered after graduation and before registration. This is a model that already exists on a small scale and may be adopted in Scotland, Wales and Northern Ireland as well as throughout England. A move to integrated pre-registration pharmacy education and training has implications for the way this education and training is funded and the costs for Universities delivering pharmacy degree programmes.

[2] Modernising Pharmacy Careers Programme, Review of pharmacist undergraduate education and pre-registration training, and proposals for reform, Report to Medical Education England Board for undergraduate education, April 2011

Minimising administrative burden

18. Do you have any comments on the approach to data reporting and monitoring outlined in this document?

No comment.