Pharmacy Schools Council (PhSC): Response to Health Education England (HEE)
Strategic Intent Document

Foreword:

The Pharmacy Schools Council (PhSC) represents the collective interests of all 26 UK schools of pharmacy by providing a source of expert opinion and advice on matters concerning pharmacy education from the perspective of UK schools. We welcome the opportunity to respond to the Health Education England (HEE) strategic intent document and appreciate the contribution that these priorities will make in creating and maintaining a health workforce capable of responding to the future demands placed on it. It is important to note that the pharmacist is often the first point of call for patients and is seen to be integral to saving resources within primary care through providing accessible healthcare at a time of increasing demand created by an aging population and increasing co-morbidities.[1] Promoting and expanding the role of pharmacy in a clinical setting shall therefore undoubtedly help to address many of the efficiency challenges facing the NHS. We therefore strongly feel as though there is the opportunity for further acknowledgement to be placed on the role of pharmacy in ensuring the health service is able to respond to future demands. There is an even greater imperative considering the series of distinctive developments which are affecting pharmacy education which could potentially be explored further within the strategic intent document.

The PhSC consequently looks forward to engaging with HEE in the future and are keen that the voice of pharmacy and, in particular, schools of pharmacy is heard on the national board, within Local Education and Training Boards (LETBs), alongside and with equal weighting to, other healthcare professions.



Professor John Smart, Chair of the Pharmacy Schools Council

[1] General Pharmaceutical Council (2011) *Future pharmacist: Standards for the initial education and training of pharmacists*, London.

Introduction: The role of pharmacy

The role of HEE in overseeing the education and development of the health workforce is clearly described within the strategic intent document. The establishment of HEE allows a holistic and strategic overview of health education and workforce planning and also offers the opportunity to bring together a range of funding streams for health education into one body.

However, as previously emphasised, it is noticeable that there is little acknowledgement within the strategic intent document of the contribution that pharmacy makes to healthcare provision and we suggest there is an opportunity for future HEE documents to further consider this. This is particularly important as pharmacy differs from many other healthcare professions as, although providing NHS services, a large proportion are not employed directly by the NHS. As a result, it is imperative that this group is not omitted from future HEE engagement to ensure the pharmacists of the future are able to respond to the growing demands placed on the profession.

This is especially true when the document's focus on co-operation amongst clinicians is considered, something particularly relevant if care is to be truly patient-focused.[2] Pharmacists are particularly well placed and well qualified to be the 'glue' which ensures holistic care, for example, the cardiology team will primarily focus on the cardiovascular system, however the patient could have several other co-morbidities and the pharmacist can advise on optimisation and safe usage of all medicines. There is, in addition, the opportunity to further involve pharmacists within GP surgeries to support the work of the traditional primary care team. Pharmacists offer an accessible service as a first port of call for medical advice and so help to reduce the resource burden placed on primary care.

Pharmacists are also well placed to work at the transitions of care between hospital and community settings, with pharmacists playing a crucial role in providing access to care after discharge and supporting medicines optimisation and helping the clinical team in reducing readmission due to medication errors.

The reforms suggested by the Modernising Pharmacy Careers (MPC) Work Stream 1 Programme Board, are concerned with reforming the MPharm degree so that pharmacists of the future are equipped to respond to the increased role of the profession. In January 2011, the MPC Board proposed the introduction of a single five-year period of teaching, learning

[2] NHS Health Education England *Introducing Health Education England: Our strategic Intent NHS Health Education England* (2012), p. 16.

and assessment leading to graduation and registration.[3] This is in contrast to the current structure which consists of a four year MPharm degree and one year pre-registration period. The PhSC believes the introduction of a 5 year MPharm degree with an integrated pre-registration year and additional clinical funding will support the further development and refinement of clinical and professional skills and will help support the progression of pharmacy education to ensure future pharmacists are enabled to demonstrate the right skills and behaviours.[4]

Proposed Priorities

The PhSC agrees with the values and principles outlined in the strategic intent document; and welcomes the five objectives that flow directly from these values and principles. As a newly established body, we believe it is practical for HEE to maintain a small number of strategic priorities to direct its activities and to use these domains to guide feedback. The PhSC's response to the individual domains is outlined below:

A workforce with the right numbers, skills and behaviours

The strategic intent document rightly states that an effective healthcare workforce must ensure supply is able to respond to demand. This is particularly pertinent to pharmacy due to the recent announcement that student numbers on an MPharm degree in England should be restricted in future with the intention to maintain a match with the provision of the NHS-funded pre-registration year required in order to register as a pharmacist.[5] The PhSC also acknowledges the need to carefully select students in terms of their ability to exhibit the necessary behaviours that demonstrate their suitability for a career in healthcare. Following the Francis Report, it is vital that the quality of student intake is considered as part of workforce planning and balancing demand and supply. To ensure that schools of pharmacy train people with the right values, there is the opportunity to consider the entry criteria into the profession, as well as the quality of staff working with student and junior colleagues who act as role models, demonstrating the behaviours that embody the profession.
Consequently, HEE should interact with regulators to help ensure that accredited courses are fit for the future as professional and statutory bodies must keep their standards up to date and reflect the national health agenda.

[3] Modernising Pharmacy Careers Programme Board, *Review of pharmacist undergraduate education and preregistration training and proposals for reform, discussion paper MEE*, January 2011.
[4] Ibid.
[5] Health Education England, Pharmacist student numbers and reform of undergraduate education and pre-registration training in England, https://www.wp.dh.gov.uk/healtheducationengland/files/2012/10/Post-Board-Statement-for-HEE-website-v2.pdf (date last accessed 04/03/2013).

Currently the mechanisms for deciding the appropriate numbers of MPharm students in England are still being decided, nevertheless, there are a number of considerations the PhSC believe should be raised to avoid unintended consequences that could potentially affect the quality of pharmacy education. The introduction of number controls should, still encourage schools to continue to innovate in the provision of pharmacy education, ensure equitable access, and improve the quality of training whilst maintaining a focus on the government's overall objective of managing costs.

The PhSC also fully supports HEE's commitment to Continuing Professional Development (CPD) to help pharmacy professionals further develop and maintain their skills levels. It is right to acknowledge that the education of health professionals is a continuous process which must be maintained so professionals keep up with technological developments. The PhSC believes there is the opportunity for schools of pharmacy to embed multidisciplinary education and training from the very start of a pharmacist's education.

Excellent Education

It should be noted that for the purposes of structuring the responses around the strategic priorities within the HEE document that 'excellent education' and 'flexible workforce receptive to research and innovation' shall be addressed separately. However, it is PhSC's belief that the links between these domains are not mutually exclusive and HEE should be mindful of this when devising its strategy.

As highlighted, demands placed on a pharmacist are growing. Indeed, pharmacy has moved beyond the simple packaging and distribution of drugs into key roles in medicines optimisation and public health, so has an important role to play in a number of areas, including:

- advising patients about medicines, including how to take them, what reactions may occur and answering questions
- supervising the medicines supply chain and ensuring that systems are fit for purpose
- supervising the production and preparation of medicines and assessments of quality before they are supplied to patients from pharmaceutical manufacturers
- providing services such as smoking cessation, blood pressure measurement and cholesterol management.[6]

We therefore welcome the focus of HEE to promote excellent education throughout the career of a health professional. Nevertheless, it is important to consider how 'excellent

[6] General Pharmaceutical Council, Home, About Us, What we do, Role of Regulation, http://pharmacyregulation.org/about-us/what-we-do/role-regulation/who-we-regulate (date last accessed 25/01/2013).

education' will be quantified and measured; the PhSC strongly suggests there is a real need to ensure that indicators on quality or excellence should be supported by an appropriate evidence base. We would also suggest the PhSC (along with the professional regulator) should be involved in the development of these measures to ensure they can be applied adequately to pharmacy schools. For instance, while the quality of staff could potentially be established through considering their research output or through their engagement with practice and other measures of innovation through secondary, community or primary care settings, there is also an opportunity to consider how the student experience and investment in student facilities feeds into measures of quality.

Widening Participation (WP)

Widening participation is an important issue for pharmacy schools and so the PhSC welcomes the commitment to ensure that healthcare is a career of choice and increase the opportunity for talented students to study pharmacy.

Given the increased cost of going to university and the on-going question currently surrounding the management pre-registration student numbers, the PhSC welcomes the WP agenda being placed at the forefront of HEE's strategy.

Evidence suggests that the majority of pharmacy courses operate at the top of the £9,000 threshold.[7] In contrast to last year (2012/13), application data for the 2013/14 January 15 deadlines suggest that the number of applications to Pharmacology, Toxicology and Pharmacy has decreased by -1.8%.[8] While this measure does not isolate the MPharm, it is perhaps indicative of a reduction in the level of interest in entering the wider pharmacy field. Although no causal effects can be attributed to this, the PhSC are currently working with the Department of Health (DH) to ensure that, in future, and acknowledging a new system of number controls, that students from WP backgrounds would not be disadvantaged and will have access to appropriate support, advice and guidance regarding employment opportunities. Furthermore, the PhSC hopes to support the HEE WP agenda by setting up expert working group designed to address the issue of admissions and widening participation in pharmacy. It is anticipated that this group will report back to the DH and HEE as appropriate.

Values and Behaviours

[7] British Pharmaceutical Students' Association *The imbalance between pre-registration training and undergraduate pharmacy student numbers* A BPSA discussion paper (2012).
[8] UCAS http://www.ucas.ac.uk/about_us/media_enquiries/media_releases/ (Universities UK analysis of UCAS figures).

The education provided by our members plays a vital role in ensuring that the appropriate values and behaviours are developed to equip future pharmacists to effectively carry out the increased responsibilities being ascribed to them.

The proposals encompassed within the Modernising Pharmacy Careers agenda supports this section of the HEE strategy through the recommendation that students have greater access to work-based learning and contact with patients at an earlier stage within their MPharm degree.

The PhSC wishes to emphasise, however, that currently the MPharm is funded as a science degree and does not receive any clinical funding. It is important that the reformed MPharm degree with an increased focus on clinical skills receives additional clinical funding.

Flexible staff receptive to research and innovation

Pharmacy in UK universities continues to produce some of the very best international science. All submissions to the pharmacy sub-panel of the Research Assessment Exercise of 2008 included world-leading outputs and a high proportion of internationally-excellent research. Over 50% of pharmacy research reviewed was assessed as being internationally excellent or above and translational research was a major component of the overall research activity. Interaction with industry was similarly a noted strength, particularly in terms of knowledge transfer.[9] It is therefore vital that pharmacy is able to build on its previous successes in the new HEE landscape and the PhSC welcomes the domain focusing on transferring research from education into the workforce.

The PhSC believes that the delivery of this priority will also be enhanced by the role of Academic Health Science Networks (AHSNs) and LETBs. This relationship will be vital to support and enable the translation of research into practice and this relationship also needs to address how education can reflect the latest, fast-paced technological developments to ensure a workforce able to respond to progress in their field. The PhSC in the near future will be working with a number of other key partners to establish the extent of higher education representation in relation to LETBs and AHSNs. This will serve to enhance knowledge exchange between higher education institutions, and will also inform debate with interested parties about higher education's positions and interests.

For further information, please contact Emily Burn, Policy Officer, Pharmacy Schools Council at admin@pharmacyschoolscouncil.ac.uk

[9] RAE 2008, Publications, 2009, RAE Subject Overviews http://www.rae.ac.uk/pubs/2009/ov/ (date last accessed 5/3/2013).