September 2013/19
Policy development
Consultation

Responses should be made by e-mail by **1700 on Friday 15 November 2013**

This consultation seeks views about how we should respond to a potential oversupply of MPharm graduates emerging from higher education in England. It is published jointly by the Higher Education Funding Council for England and Health Education England.

Ensuring a sustainable supply of pharmacy graduates

Proposals for consultation (first stage)

Ensuring a sustainable supply of pharmacy graduates: Proposals for consultation (first stage)

To	Universities, employers, students and patients interested in the supply of pharmacy graduates
Of interest to those responsible for:	Providers of higher education, particularly MPharm pharmacy courses Providers of pharmacy pre-registration training placements Employers of registered pharmacists Regulators, professional associations and other bodies in pharmacy, medicine, dentistry and healthcare areas Students and their advisors Health Education England Local Education and Training Boards NHS commissioning organisations Patient representative groups Devolved administrations
Reference	2013/**19**
Publication date	September 2013
Enquiries and responses to	pharmacy@hefce.ac.uk HEE: Christian Fenn, tel 020 8433 6902 HEFCE: Victoria Holbrook, tel 0117 931 7254

Executive summary

Purpose

1. This consultation seeks views about how we should respond to a potential oversupply of MPharm graduates emerging from higher education in England. It is published jointly by the Higher Education Funding Council for England (HEFCE) and Health Education England (HEE).

2. The Minister for Universities and Science, David Willetts, has raised concerns about the long-term impact of producing more pharmacy graduates than are needed to deliver safe and effective services and care for patients and the public. These relate most immediately to an oversupply of graduates compared with the availability of NHS-funded training posts.

3. These concerns were raised by the Minister for Universities and Science and the Parliamentary Under Secretary of State for Quality, Earl Howe, during discussions of the reform of pharmacists' undergraduate and pre-registration education and training. David Willetts wrote on 23 April 2013 to ask HEFCE to work with HEE to address these concerns and to secure the student interest, including considering options for the implementation of student intake controls.

4. This consultation exercise is the first part of a two-stage process intended to inform decisions at HEFCE and HEE so that we can respond to the concerns raised by the Ministers.

> **The first stage** (contained within this document) invites responses to three main options, so that we can establish clear aims following full engagement with stakeholders. It is deliberately broad-ranging and high-level in content so that a sustainable approach can be developed.

The second stage will follow early in 2014 and will provide an opportunity for further discussion of the option or options favoured in the first stage. The aim will be to build consensus on implementing a new approach from 2015-16.

5. We (HEFCE and HEE) aim to implement any changes as early as possible within a timeframe that enables students, employers and universities to deal with them effectively. The earliest we believe this can be is for the 2015-16 academic year. This consultation's proposals apply to England only, though their implementation could affect Scotland, Wales and Northern Ireland.

6. This consultation will be of interest to:

- providers of higher and further education and their representative bodies
- other sector bodies, professional groups and regulatory bodies in the fields of pharmacy, medicine, dentistry and other healthcare professions
- employers of pharmacists who deliver services to NHS patients (such as NHS Trusts and community pharmacy employers) and in the private sector (such as private hospitals and the pharmaceutical industry)
- commissioners of NHS services
- patient representative groups
- students, parents and advisors.

Key points

7. As the population ages there is a clear need to ensure that we have the right number of pharmacists with the right knowledge, skills, attitudes and values to work with patients to optimise the prescription and use of medicines. Delivering the pharmacist workforce within a safe, responsive system that ensures the best use of medicines is essential to providing the best possible outcomes for patients.

8. Longer-term issues include tackling error rates in the use of medicines, reducing admission rates for preventable adverse drug reactions, and ensuring that the NHS secures the best value it can from the £13 billion it spends annually on medicines.

9. Of the 37,900 registered pharmacists practising in England, the majority are delivering services and care for NHS patients. All those who trained in England completed their registration in training posts funded by the NHS.

10. Accredited MPharm degree programmes meet EU directives (on overall course length, amount of time in patient-facing practice, core knowledge and professional activities), the legal framework set out in the Pharmacy Order 2010, and the requirements of the General Pharmaceutical Council's Standards for the Initial Education and Training of Pharmacists (which include learning outcomes focused on professionalism, patient care, science and innovation). At present 21 English universities are accredited to provide the MPharm course, compared with 12 in 2002. Two more are seeking full accreditation in the next two years.

11. There are no controls on the numbers of students that universities can recruit on to MPharm programmes across England. Student numbers studying pharmacy are therefore determined by the higher education market and demand from prospective students for places.

This is the case for most other higher education courses, and annual student intakes in this area have grown from 1,390 in 1998 to 3,100 in 2012.

12. Since receiving the Minister's letter, HEFCE and HEE have been drawing up broad proposals for consultation that recognise the interests of students, universities, patients and the NHS. We are seeking views on the following three broad options.

a. Allowing the current market-driven policy to continue and determine the final level of student recruitment and numbers of MPharm programmes offered.

b. Introducing student intake controls for each MPharm programme.

c. Creating a break-point during the MPharm degree programmes, so that a proportion of students leave with a degree qualification that does not lead to registration as a pharmacist.

Action required

13. The closing date for responses is **1700 on Friday 15 November 2013**. Responses should be made using the template form at Annex B and e-mailed to pharmacy@hefce.ac.uk.

Next steps

14. The HEE and HEFCE Boards will consider a summary of the responses to this first-stage consultation, and agree a joint approach to respond to the concerns raised by the Ministers, in early 2014. We will publish the initial outcomes and next steps together with a summary of our analysis of the responses, as soon as possible after the Board decisions in early 2014.

15. We will then publish a second-stage consultation, with details of how the preferred approach established in the first stage could be implemented. We aim to conclude part two as swiftly as possible to allow as much time as possible to prepare for implementation. We believe that the earliest point at which changes could take effect is the 2015-16 academic year.

Context

16. The Higher Education Funding Council for England (HEFCE) was established in 1992 and is a non-departmental public body, accountable to the Department for Business, Innovation and Skills. HEFCE is responsible for promoting and funding high-quality, cost-effective teaching and research in universities and colleges in England[1].

17. Health Education England (HEE) is a Special Health Authority established in April 2013, with responsibility for the education, training and professional development of more than one million people who work in the NHS, performing over 300 different types of jobs[2]. HEE works with organisations delivering health and healthcare services to provide the education, training and lifelong development of their workforce. Through value-based recruitment from our schools and into higher education, HEE aims to provide the right workforce, with the right skills and values, in the right place at the right time, to better meet the needs and wants of patients.

18. This consultation, published jointly by HEFCE and HEE, seeks views on how we should respond to concerns about the long-term impact of producing more Master of Pharmacy (MPharm) graduates than are needed to deliver safe and effective services and care for patients and the public. Immediate concerns relate specifically to the oversupply of graduates compared with the availability of NHS-funded training posts. These concerns were raised by the Minister for Universities and Science, David Willetts and the Parliamentary Under Secretary of State for Quality, Earl Howe, during discussions of the possible reform of undergraduate and pre-registration education and training for pharmacists.

19. On 23 April 2013, David Willetts wrote to HEFCE to work with HEE to address these concerns and to secure the student interest, including considering options for implementing of student intake controls. The letter is at Annex A.

20. We (HEFCE and HEE) aim to implement any changes as early as reasonably possible, within a timeframe which enables students, employers and universities to deal with them effectively. The earliest we believe this can be is for the 2015-16 academic year. The proposals in this consultation apply to England only, though their implementation could affect Scotland, Wales and Northern Ireland.

21. As the population ages and the proportion of older, frail people, and those with multiple long-term conditions including dementia, continues to grow, we need to ensure that the right number of pharmacists with the right knowledge, skills, attitudes and values are able to work with patients to optimise the prescription and use of medicines. Delivering the pharmacist workforce within a safe, responsive system that ensures the best use of medicines is essential to providing the best possible outcomes for patients. Longer-term issues include tackling the error rates in the use of medicines, reducing admission rates arising from preventable adverse drug reactions, and ensuring that the NHS secures the best value it can from the £13 billion it spends on medicines annually.

22. This consultation is therefore deliberately broad ranging in its response to the Ministers' concerns, so that a sustainable outcome can be developed for the longer term. The outcome of

[1] See www.hefce.ac.uk/about/ for more details.

[2] See http://hee.nhs.uk/ for more details.

this consultation needs to balance the need of patients to access a safe, effective and flexible pharmacist workforce, with the needs of students and universities.

23. This consultation exercise is the first part of a two-stage process intended to inform decisions at HEFCE and HEE so that we can respond to the concerns raised by the Ministers.

> **The first stage** (contained within this document) invites responses to three main options, so that we can establish clear aims following full engagement with stakeholders. It is deliberately broad ranging and high level in content so that a sustainable approach can be developed.
>
> **The second stage** will follow early in 2014 and will provide an opportunity for further discussion of the option or options favoured in the first stage. The aim will be to build consensus on implementing a new approach for the 2015-16 academic year.

Current provision of education and training for pharmacists

24. There are currently 37,900 pharmacists registered with the General Pharmaceutical Council (GPhC) and practising in England[3]. More than 70 per cent practise in community pharmacy and a further 21 per cent in hospitals[4]. Thus the majority are delivering services and care for NHS patients, and all those who trained in England completed their registration in training posts funded by the NHS.

25. MPharm degree programmes have to meet the requirements of the EU Directive on Recognition of Professional Qualifications, Directive 2005/36/EC, in terms of overall course length, amount of time in patient-facing practice, core knowledge content and the professional activities of pharmacists. All MPharm programmes run in universities in England are accredited by the GPhC, in line with the legal framework set out in the Pharmacy Order 2010. All accredited programmes have to meet the requirements of the GPhC's Standards for the Initial Education and Training of Pharmacists, which include learning outcomes focused on professionalism and patient care as well as science and innovation.

26. There are 21 universities in England accredited by the GPhC to provide MPharm degree programmes. Two more universities have provisional accreditation and will be recruiting students in 2013 and 2014[5]. Based on data from the GPhC, in 2009-10 there were around 2,481 home and EU first-year students studying pharmacy in England, and a further 488 (20 per cent) international fee-paying students. The smallest intake to an established MPharm programme was 107 and the largest 248[6]. In 2012-13 there were 3,104 home and EU students and 643 (21 per cent) international fee paying students in the first year of MPharm programmes in England.

27. In addition, there are two MPharm programmes in Scotland and one in Wales accredited by the GPhC, and two in Northern Ireland accredited by the Pharmaceutical Society of Northern Ireland. Across the UK, there were an estimated 3,200 students in the 2011 student intake. Many of the schools of pharmacy across the UK make significant contributions to the research and innovation agenda, as well as delivering teaching and learning for students At the moment

[3] GPhC register analysis, Centre for Pharmacy Workforce Studies, 2012.

[4] 2008 Workforce Census, Royal Pharmaceutical Society of Great Britain, 2009.

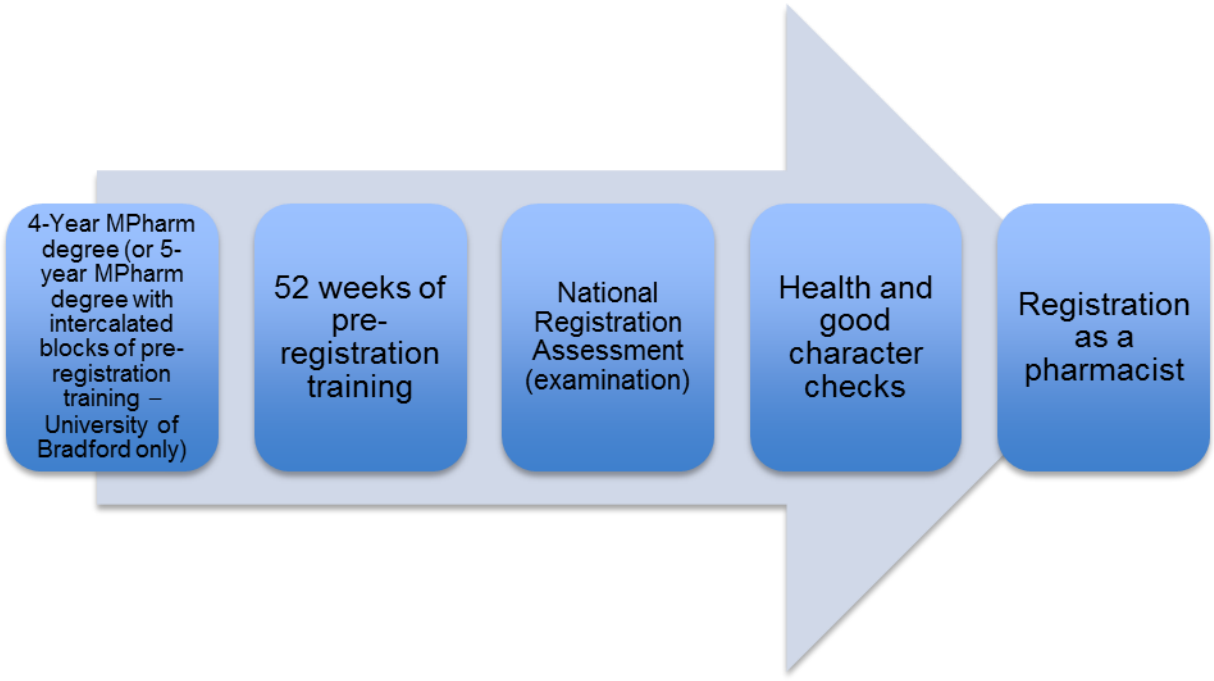
[5] http://pharmacyregulation.org/education/pharmacist/accredited-mpharm-degrees accessed 13 August 2013.

[6] General Pharmaceutical Council, collated data for first-year student totals by school of pharmacy, 2009-10.

(September 2013), there are no restrictions on the number of students who universities can admit to MPharm programmes. Student numbers studying pharmacy are therefore determined by the higher education market and demand from prospective students for places. This is the case for most other higher education courses[7]. Employability statistics for the MPharm programme graduates are strong, and there is high demand from students for these courses. Universities generally have no problems filling the places available.

28. In order to register with the GPhC and practise as a pharmacist, MPharm graduates must successfully complete a one-year pre-registration training post, where they are employed either by a community or hospital pharmacy and have their performance assessed against GPhC pre-registration performance standards by a recognised tutor. If they then successfully pass the GPhC's national registration exam, they can apply for registration with the GPhC. Once registered, they can practise anywhere in the UK and EU. One university currently offers a five-year sandwich MPharm programme, where students complete their pre-registration year in two six-month sandwich placements. This process is shown in Figure 1.

Figure 1. Process leading to registration as a pharmacist



29. In 2009-10, there were 2,500 pre-registration training posts: two-thirds were provided in community pharmacy and one-third in hospitals. Almost half of the community pharmacy training posts were in two large multiple-pharmacy employers. All pre-registration posts are funded by the NHS: those in hospital by HEE, and those in community pharmacy by NHS England.

[7] See www.hefce.ac.uk/whatwedo/lt/howfund/studentgrades/ for how the Government's student numbers and high-grades policy works in higher education. Medical and dental students are excluded as these intakes are subject to different targets.

The pharmacy labour market

30. In 2009, pharmacy was recognised as a shortage occupation by the Migration Advisory Committee[8]. In the same year the NHS Pay Review Body considered introducing a national Recruitment and Retention Premium to combat very high vacancy levels at NHS bands 6 and 7, the junior pharmacist grades[9]. In part, this resulted from three factors:

- an expansion in the labour market arising from changes to the regulations governing the opening of new community pharmacies
- an expansion in senior clinical and medicines management posts in commissioning organisations and general practice
- the 'fallow year' in 2000, when the MPharm degrees moved to a four-year degree from a three-year degree and, as a result, did not produce graduates.

31. Under these circumstances, employers were keen to provide pre-registration training posts to ensure a sustainable supply of junior pharmacists and, as a result, the number of available training posts kept pace with number of new graduates. The locum market thrived while employers struggled to maintain cover for holiday, sickness and unfilled vacancies.

32. In recent years, while the numbers of graduates and student intakes have continued to rise significantly, the expansion in the job market has slowed considerably. Employers are not experiencing the same level of difficulty in retaining staff, and most report no problems in recruitment. As a result, pharmacy was removed from the shortage occupation list in 2011, and the NHS Pay Review Body ceased to consider a national Recruitment and Retention Premium in 2012[10,11]. Locums are reporting significant reductions in hourly rates, and newly qualified pharmacists are reporting difficulties in finding posts on registration. However, it has also been suggested that despite the emerging picture of oversupply in the pharmacist labour market, there are still local recruitment and retention issues in some parts of England.

33. There are early indications that, to match their recruitment needs, the major providers of pre-registration training posts are intending to reduce the number of places offered. In the current fiscal climate, the NHS will need to look carefully at the number of training posts it is able to fund. The NHS in Scotland already limits the number of posts it funds at a level below the number of graduates, and Northern Ireland has consulted on a range of options to reduce the cost of providing pre-registration posts.

34. The Centre for Workforce Intelligence has recently completed and published a strategic review of the future pharmacist workforce. This report presents a forecast of demand for and supply of qualified pharmacists between 2012 and 2040, and was commissioned by the Department of Health to inform thinking and decisions about pharmacy student numbers and other proposed reforms (see paragraphs 36 to 39). The report is available from the Centre for Workforce Intelligence web-site at www.cfwi.org.uk/workforce-planning-news-and-

[8] 'Skilled, Shortage, Sensible: third review of the recommended shortage lists for the UK and Scotland – Spring 2010 Migration Advisory Committee', March 2010.

[9] NHS Pay Review Body 24th Report, 2009.

[10] 'Full review of the recommended shortage occupation lists for the UK and Scotland', Migration Advisory Committee, September 2011.

[11] NHS Pay Review Body 26th Report, 2012.

review/publications/a-strategic-review-of-the-future-pharmacist-workforce. The modelling contained within the report suggests that there is, and will continue to be, a significant oversupply of qualified pharmacists compared with the current needs of the NHS. To deal with this, the report recommends that intake controls are introduced. We are asking for views on introducing such controls as part of this consultation.

MPharm degree and pre-registration training posts – reform proposals to date

35. In 2011, officials from the Department of Health and the Department of Business, Innovation and Skills were asked by Ministers to work with HEFCE to explore the cost-effectiveness, sustainability and affordability (where 'affordable' is defined as 'cost-neutral across Government') of a set of proposals to reform the pre-registration education and training of pharmacists. The proposals were designed to ensure that all pharmacists were able to deliver high-level clinical services in community and hospital practice, and to contribute to the delivery of public health strategy.

36. Details of the proposals for reform of pharmacists' pre-registration education and training can be found in reports from the Modernising Pharmacy Careers Programme Board (an advisory body to the Secretary of State for Health, now the Modernising Pharmacy Careers Professional Board at HEE[12]), available on the HEE web-site at http://hee.nhs.uk/work-programmes/pharmacy/pharmacist-education-and-training. The core proposals were to establish a single five-year curriculum that would:

- be owned, planned and delivered by universities and employers
- integrate work-based learning and assessments with university-based teaching and learning to :
  - allow performance to be assessed more formally
  - allow better access to patients earlier in the programmes
  - include in the university-based component:
    - the involvement of patients
    - additional small-group clinical skills training
    - assessment of professional judgement and clinical decision-making.

37. Taken together, the proposed reforms were intended to develop professional skills and clinical decision-making, but more importantly to embed the attitudes and values described in the NHS constitution and set out in the GPhC standards of conduct ethics and performance.

38. Implementing the reforms would require student numbers to be aligned with placement provision, and for student intake controls to be introduced by HEFCE. At present, the specification for the revised five-year curriculum has not been fully developed, and how and at what level the reforms could be funded has also not been resolved. However, some kind of curriculum reform is likely to be an important element of any solution to an oversupply of graduates. We invite views on potential changes to the curriculum as part of this consultation.

[12] To be replaced by the Pharmacy Health Education England Advisory Group later in 2013.

The devolved administrations

39. We recognise that the pharmacy workforce is mobile across national and international borders. While higher education and NHS workforce policies are devolved matters, the Chief Pharmaceutical Officers in each country are exploring the impacts of the expansion in student numbers on the provision of pre-registration training posts and the delivery of national health polices and employment opportunities across the UK. They are particularly concerned that as much flexibility should be maintained as possible for the workforce, as the four countries adopt their own, potentially different, approaches.

40. Two universities in Scotland offer degrees in pharmacy. The Scottish Funding Council does not set limits on the number of students the universities can admit to these courses. Since 2006, NHS Education for Scotland Pharmacy has managed the overall centralisation of the pre-registration education and training year for trainees in hospital and community pharmacy settings across Scotland. The Pre-Registration Pharmacist Scheme has three main components: a centralised national recruitment stage, education and training programme activities, and the quality management of approved training placements and of the appraisal of Pre-Registration Pharmacist Scheme tutors.

41. The situation is different in Wales, reflecting the new tuition fees regime there. The Higher Education Funding Council for Wales no longer controls numbers at a student level, and instead operates a Maximum Fee Grant arrangement which allows flexibility in student recruitment while operating within the funding available. Although the Higher Education Funding Council for Wales still has monitored quotas for initial teacher training and for medicine and dentistry, it is unaware of any similar proposals for pharmacy.

42. The Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland has recently completed a Review of Pharmacy Education and Training. Factors that prompted this review exercise included the Modernising Pharmacy Careers proposal in England to move to a five year integrated course and its implications for Devolved Administrations; the pressure on pharmacy pre-registration training places and the funding available to support this provision; and concern that there is, or will be, an oversupply of pharmacy graduates and the need to better balance supply and demand. Northern Ireland has recently moved to cap the funding available and therefore apportion the grant payable/student placement depending on the number of students. This has meant a reduction in the grant payable but has preserved the opportunity for students to complete the pre-reg year and obtain pharmacist registration. It has also undertaken a review of the management of the pre-registration year and carried out a consultation of the recommendations arising from the review. .The overall preferred option is to cap the number of funded places albeit to maintain provision for those already in training. However, the timing of the introduction of any cap and at what level needs to be considered in the context of a possible move to a five year integrated degree course.

Proposals for consultation

43. To respond to the Ministers' concerns about a potential oversupply of pharmacy graduates in England, HEFCE and HEE are inviting responses to the following three main options.

a. Allowing the current market driven policy to continue and determine the final level of student recruitment and numbers of MPharm programmes offered.

b. Introducing student intake controls for each MPharm programme.

c. Creating a break-point during the MPharm degree programmes, so that a proportion of students leave with a degree qualification that does not lead to registration as a pharmacist.

44. Current and future developments in pharmacy practice mean that these proposals are deliberately wide-ranging and high-level, so that we can ensure we develop a sustainable approach to the supply of pharmacy graduates in the longer term. We are asking respondents to advise us of the potential impact of each option upon patients, students, employers, universities and other stakeholders, so that we can fully understand the advantages and disadvantages of each approach from many different perspectives.

45. We will be happy to discuss these consultation proposals with stakeholders, and we already have opportunities to do so through meetings of the Modernising Pharmacy Careers Professional Board at HEE, the UK Healthcare Education Advisory Committee, the Health Education National Strategic Exchange, the General Pharmaceutical Council and the Royal Pharmaceutical Society, and contact with the Pharmacy Schools Council. If you would like to discuss these proposals with us, please e-mail pharmacy@hefce.ac.uk.

Allowing the market to determine outcomes

46. This option would allow market conditions to persist, and entry to MPharm programmes to remain unrestricted. No intake controls would be implemented, so universities could continue to recruit as many students as they like. This option would recognise that it might be acceptable, or even desirable, for there to be more pharmacy graduates than pre-registration training posts. It would also remove the need to forecast future demand for pharmacists in a changing national and international healthcare environment.

47. To support this approach, it is recognised that high-quality, reliable information about the potential outcomes, in terms of registering and practising as a pharmacist as well as graduating, would need to be provided for prospective students considering applying for MPharm programmes. It is in the interests of students to be properly informed when selecting a vocational degree.

Question 1: What would be the impact of this approach upon patients, students, employers, universities and other stakeholders? Please address each in turn.

Question 2: What additional information could be provided to prospective students about the opportunities for completing registration as a pharmacist, and how could current information channels be improved?

Introducing an intake control at each institution for entrants to pharmacy programmes

48. To control the supply of graduates, it would be possible to implement a student intake control for pharmacy along similar lines to those for medicine and dentistry. This would mean that an annual limit on the numbers of students who could be recruited to accredited MPharm programmes would be issued to each university with such a programme, and there would be consequences for the universities for recruiting above this level (such as retrieving the associated funding from the university, or reducing its future limit so that it does not benefit from over-recruiting while the rest of the sector bears the cost).

49. It should be noted that intake controls for medicine and dentistry courses are already reviewed regularly and implemented yearly for each university – universities are advised in January of their target intakes for medicine and dentistry courses for the coming academic year[13]. The student target intakes include up to 7.5 per cent of international fee-paying students for medical degrees and 5 per cent for dental programmes.

50. If this option were implemented, consideration would need to be given to how regional variations in health might affect the demand for NHS services and supply of registered pharmacists.

Question 3: What would be the impact of this approach upon patients, students, employers, universities and other stakeholders? Please address each in turn.

Question 4: Who should set the intake control limits, overall and for individual universities, and what criteria should they use?

Question 5: Should international students be included in the intake control?

Creating a break-point during study to restrict the numbers of students going on to qualify as registered pharmacists

51. Rather than restricting the pool of potential pharmacists through an intake control for the number of places on MPharm courses, this option would allow for a further break-point during study, such as after three or four years, when students could choose either to complete their studies with a science degree, or to progress to complete the full MPharm qualification with a further one or two years' study.

52. If this is not a sufficient way of controlling supply, it may be possible to introduce a formal mechanism, such as some kind of test or exam, to provide a more stringent way of permitting progression onto the later stages of the course.

Question 6: What would be the impact of this approach upon patients, students, employers, universities and other stakeholders? Please address each in turn.

Question 7: At what point in the current curriculum would it be possible to make such a break?

Question 8: Is a formal progression control mechanism (such as a test or exam) required, and, if so, what form should this take?

Overarching questions

53. After you have considered each of the three main options, there are a number of over-arching issues upon which we are seeking your views.

Question 9: What contributions could curriculum reform make to managing a sustainable supply of graduates?

Question 10: What approaches could be taken to accommodating international fee-paying students in each of the options above, which could be delivered by the available capacity to train within the NHS?

[13] See www.hefce.ac.uk/whatwedo/crosscutting/healthcare/hefcerole/

Question 11: What impact will each of the options outlined above have on ensuring that local health inequalities and labour market conditions are addressed as well as the national picture?

Question 12: How feasible is it to introduce any one or a combination of the options for 2015-16? What other timescales could we work towards?

Question 13: Which of the three proposed options, or what combination of them, would you prefer, and why?

Question 14: Are there other options that could be implemented?

Question 15: Are there any other points relating to this consultation that you would like to raise?

Freedom of Information Act 2000

54. Information provided in response to a request, invitation or consultation from HEFCE or HEE may be made public, under the terms of the Freedom of Information Act or of an appropriate licence, or through another arrangement. Such information includes text, data and datasets. The Freedom of information Act gives a public right of access to any information held by a public authority defined within the act, in this case HEFCE or HEE. It applies to information provided by individuals and organisations, for example universities and colleges. HEFCE or HEE can refuse to make such information available only in exceptional circumstances. This means that data and information are unlikely to be treated as confidential except in very particular circumstances. Further information about the Act is available at www.ico.org.uk.

Analysis of responses

55. HEFCE and HEE will commit to read, record and analyse the views of every response to this consultation in a consistent manner. For reasons of practicality, usually a fair and balanced summary of responses rather than the individual responses themselves will inform any decision made. In most cases, the merit of arguments made is likely to be given more weight than the number of times the same point is made. Responses from organisations or representative bodies which have high relevance or interest in the area under consultation, or are likely to be affected most by the proposals, are likely to carry more weight than those with little or none.

56. We will publish an analysis of the consultation responses and an explanation of how they were considered in our subsequent decision. Where we have not been able to respond to a significant and material issue raised, we will usually explain the reasons for this.

Action required

57. The closing date for responses is **1700 on Friday 15 November 2013**. Responses should be made using the template form at Annex B and e-mailed to HEFCE at pharmacy@hefce.ac.uk.

Next steps

58. The HEFCE and HEE Boards will consider a summary of the responses to this first-stage consultation, and agree a joint approach to responding to the concerns raised by the Ministers, in early 2014. We will publish the initial outcomes and next steps together with a summary of our analysis of the responses, as soon as possible after the Board decisions in early 2014.

59. We will then publish a second-stage consultation with details of how the preferred approach established in the first stage could be implemented. We aim to conclude part two as

swiftly as is reasonably possible, so that we allow as much time as possible to prepare for implementation. We believe that the earliest point at which changes could take effect is the 2015-16 academic year.

Annex A: Letter from the Minister for Universities and Science

Department
for Business
Innovation & Skills

The Rt Hon David Willetts MP
Minister for Universities and Science

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Sir Alan Langlands
CEO
Higher Education Funding Council for England
Northavon House
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BRISTOL
BS16 1QD

23 April 2013

Dear Sir Alan,

REFORMS TO PHARMACY PROGRAMMES IN HE

I met with Earl Howe on 15 November 2012 to consider proposals for the reform of the current arrangements for undergraduate MPharm programmes and NHS funded pre-registration training placements in England. This discussion covered options for the reform of pharmacy education and the need to maintain a sustainable supply of high quality new pharmacy graduates and registered pharmacists, in order to assure sustainable delivery of safe and effective patient services. As part of this discussion, we considered the numbers of MPharm student places; the future availability and costs of NHS funded pre-registration placements and the risks of a significant over supply of graduates compared with demand for registered pharmacists and the consequent availability of pre-registration placements in the NHS. Earl Howe and I agreed that there is in principle, a case for actively managing the number of students entering MPharm programmes in England, to line-up better with future workforce needs.

I would be grateful if the Higher Education Funding Council for England would work with Health Education England to address these concerns and secure the student interest. This should include considering options for the implementation of intake controls. I am copying this letter to Ian Cumming of Health Education UK and to Earl Howe.

I am copying this letter to Ian Cumming

David Willetts

THE RT HON DAVID WILLETTS MP