October 2014/22
Policy development
Consultation outcomes

This document is for information

This document outlines the conclusions and next steps following a joint consultation about ensuring a sustainable supply of pharmacy graduates. The consultation was conducted jointly by HEFCE and Health Education England.

Ensuring a sustainable supply of pharmacy graduates

Analysis of first-stage consultation

Ensuring a sustainable supply of pharmacy graduates: Analysis of first-stage consultation

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 Planning, Finance 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
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Executive summary

Purpose

1. This document summarises the analysis of responses to a joint consultation about ensuring a sustainable supply of pharmacy graduates. The consultation was conducted jointly by the Higher Education Funding Council for England (HEFCE) and Health Education England (HEE) in 2013.

Key points

2. Key points emerging from the consultation are as follows.

   a. The balance of arguments presented by respondents supported the introduction of some form of student intake control.

   b. A minority of respondents were in favour of allowing the market to continue to determine MPharm student numbers.

   c. The balance of arguments presented by respondents was not in favour of creating a formal break-point during study.

   d. A large number of respondents suggested that implementation of recent work by the Modernising Pharmacy Careers Programme Board to develop a five-year integrated curriculum for pharmacy should be linked to delivering a more sustainable supply of graduates.

e. The availability of good-quality, timely information for prospective pharmacy students, their parents and their advisors was considered critical.

f. Quality was cited as a primary driver across all three proposed options.

Action required

3. This publication is for information.

Why did HEFCE and HEE consult?

4. HEFCE was asked by the Minister of State for Universities and Science to work with HEE to address concerns about a significant oversupply of graduates in pharmacy, compared with demand and with the availability of pre-registration placements in the NHS. The letter can be found at Annex A of 'Ensuring a sustainable supply of pharmacy graduates: Proposals for consultation (first stage)' (HEFCE 2013/19). HEE's 2013 mandate also requested that it work with HEFCE to develop a process for determining the number and distribution of undergraduate places.

What were the options?

5. The consultation included three main proposals.

   a. To allow the market to continue to determine outcomes.

   b. To introduce an intake control for students studying towards the MPharm at universities in England.

   c. To create a formal break-point during study.

When did HEFCE and HEE consult?

6. The joint consultation ran from 2 September to 15 November 2013. 183 responses were received; the total numbers of respondents by type are set out in Table 1.

Table 1: Numbers of respondents by type

Commissioning body	4
Community pharmacy employer	8
Devolved administration	5
Pharmacy related education and training provider	2
Government	1
Healthcare services provider	1
Higher education institution (HEI)	7
HEI (accredited for MPharm)	24
Individuals (higher education)	2
Individuals (health)	67
Local Education and Training Board	17
National representative body	10
NHS employer	24
Regulator	1
Student	10

7. Outcomes from analysis of the 183 responses were discussed by both HEFCE's and HEE's Boards. HEFCE provided advice to its Minister, David Willetts, while HEE provided similar advice to Earl Howe, Parliamentary Under Secretary of State (Department of Health).

Analysis method and main points

8. HEFCE and HEE each analysed all of the responses to this consultation. Analysis covered the qualitative and quantitative detail of the responses, as well as weighting the strength of the evidence submitted in support of the options and assessments of the impact on different stakeholders. Firstly, each organisation looked at the responses from the perspective of its own remit and responsibilities, with HEFCE focusing on the impacts upon the HE sector and students, and HEE focusing on patients, the NHS and the delivery of high-quality services and care. Secondly, we brought together our individual analyses to identify and discuss the main overall outcomes. Based on this process, this document provides an agreed joint analysis of the responses to the consultation.

Option a: to allow the market to continue to determine outcomes

9. A minority of respondents (particularly research-intensive universities) were in favour of allowing the market to continue to determine outcomes.

Option b: to introduce an intake control for students studying towards the MPharm at universities in England

10. Overall, the balance of arguments presented by respondents supported the introduction of some form of intake control, in order to manage a sustainable supply of pharmacy graduates.

11. Respondents suggested a range of arguments in support of this option, including:

- supporting the best interests of students, patients, employers, NHS service commissioners and the public
- calling for a phased and flexible approach to implementation from 2015-16
- allowing for a small degree of over-supply
- that international students could be excluded from the control if they are not seeking pre-registration training placements
- that 'quality' could play a role in determining the level of the intake control set for each university.

12. The majority of respondents wished to see implementation by the academic year 2015-16.

13. Many respondents (particularly from the pharmacy sector) argued for action to be taken to prevent more MPharm programmes being accredited by the regulator, the General Pharmaceutical Council (GPhC).

Option c: to create a formal break-point during study

14. The balance of arguments presented by respondents was not in favour of this option. Concerns were raised by every stakeholder group, with suggestions that this option:

- would offer no sustainable, long-term solution to the issues set out in the consultation paper

- would offer little or no benefit for students, and might be detrimental to the patient experience
- would not reflect a fully integrated pathway of academic, professional and clinical training
- was unsupported by any existing evidence in favour of a '3+2' model
- was inconsistent with HEE's and the Modernising Pharmacy Careers Programme Board's work over the last five years to establish an integrated five-year programme
- was not compatible with the need for accreditation of four-year degree programmes by the GPhC.

15. If there were to be a break-point, many respondents preferred this to be at the end of year three (meaning a potential BSc award for those not continuing towards the MPharm).

16. A large number of respondents suggested that recent work to develop a five-year integrated curriculum for pharmacy (negating the need for separate pre-registration placements) should be prioritised as a way of delivering a curriculum that better prepared pharmacists for current and future practice requiring a more sustainable supply of graduates. It was considered that implementation of the reforms would provide a more effective context for universities and employers to jointly to plan and deliver an integrated curriculum of university and work-based teaching, learning and assessment. Alongside this, many respondents noted the importance of curriculum reform keeping pace with knowledge, skills and behaviour requirements for pharmacists, which requires enhanced communication between employers and pharmacy schools.

17. In terms of progression to the next stage of the course, if a break-point were introduced, the majority of respondents recommended that a formal control mechanism would be required, which should include a combination of exam results and an overall assessment of the student's suitability, values, patient skills and behaviour. However, it was unclear how the pass mark could be legitimately linked to workforce numbers required.

18. Some respondents suggested using more stringent progression and pass-rate controls to reduce the number of graduates and at the same time supply better-quality graduates. It was suggested that entry grade requirements for pharmacy students could be increased (perhaps to AAA or AAB) and that students should be trained to be ready to practice from the start of their professional careers. Appropriate values, behaviour and professionalism standards of practice should be built into the curriculum from an early stage.

Themes from the consultation analysis

19. Several broad themes emerged from our joint analysis of the responses. These are:

- information provision
- quality
- securing the collective student interest
- international fee-paying students
- employer needs
- sustainability and stability of the higher education sector
- competition

- value for money
- workforce planning
- impact on devolved administrations
- local health inequalities
- timescale for reform.

Information provision

20. The availability of good-quality, timely information for prospective pharmacy students, their parents and their advisors was considered critical by most respondents (including the body representing pharmacy students and trainees), whether or not they agreed with a market-led approach to the supply of graduates. Respondents felt this would enable prospective students to better understand the MPharm degree and requirements for registration to practise and work as a pharmacist, and also to make informed choices about where to study pharmacy. Respondents also argued strongly that better information was needed about employment outcomes for students, in terms of the proportion of students who secure a pre-registration training post as well as the number who eventually secure employment as registered pharmacists.

21. Proponents of all three options suggested the following information should be made available:

- annual intakes of students (by HEI)
- exam success rates (by HEI)
- entry grades (by HEI)
- progression rates (by HEI)
- percentage of intake registering with GPhC
- employment prospects by sector or region, and in what areas of the profession
- pre-registration training provision (percentage placement and pass rate)
- pre-registration training destinations
- student satisfaction
- clear information on career pathways in pharmacy
- alternative career pathways for registered pharmacists
- transferable modules within pharmacy courses
- employability of graduates in non-pharmacy roles
- pharmacy labour market forecasts.

22. Many respondents were also keen to see more information about alternative health-related careers for MPharm graduates, given the likelihood that a significant number of graduates over the next few years may not secure pre-registration training posts, register and practise as pharmacists.

23. In addition, many respondents highlighted other options, including moratoriums on the opening of new schools of pharmacy and the further expansion of student intakes in existing schools.

Quality

24. Quality was the key theme raised by all stakeholder groups, and cited as a primary driver across all three proposed options. Quality was considered the key factor in delivering a sustainable supply of pharmacy graduates and newly registered pharmacists.

25. Proponents of all three options stated that 'increased quality' would be the result of implementing their preferred choice. The quality aspect was raised in reference to a broad range of areas, including:

- quality of applicants to MPharm programmes
- quality of students selected to study pharmacy
- quality of services and care delivered to patients (by pharmacists in the future)
- quality of teaching, learning and assessments delivered in the curriculum
- quality of staff and infrastructure in the universities.

26. Proponents of allowing the market to continue to determine outcomes suggested that competition and market forces would ultimately drive up the quality of A-level applicants and of teaching, learning and assessments. Opponents of this option believed that unacceptable levels of quality in particular schools of pharmacy might have a negative impact on the quality of students applying to study pharmacy elsewhere, due to reputational damage to the profession.

27. Proponents of introducing an intake control suggested that institutions would be able to plan their investment more effectively, and to introduce selection processes at point of entry to assess attitudes, values, and aptitude for and commitment to practising as a pharmacist and caring for NHS patients. This would enable a balanced, sustainable workforce, within an efficient, economically viable and sustainable system of education and training provision.

28. Proponents of creating a formal break-point during study suggested that quality parameters within the course would allow progression of only the most focused, highest-calibre undergraduates, and would enable an economically viable and sustainable system of education and training provision.

<u>Quality of pharmacists</u>

29. There was broad consensus that an agreed definition of 'quality' should be applied to students, graduates and registrants, particularly in assessment criteria.

30. All three proposed options included, in essence, a point of assessment that would ultimately control the numbers of pharmacists entering the register; whether at the start or end of the programme, during the programme or during the pre-registration training year. It was felt that the aligning recruitment, selection, and competence assessments to the clinical and professional, as well as the scientific and technical, responsibilities of practising pharmacists would be essential to the future of pharmacy.

31. Respondents suggested that quality would be a key factor in the recruitment and progression of undergraduates, and that any process should ensure that:

- the definition of ‘success’ is not limited to exam results
- the ‘potential to become a good pharmacist’ is identified and encouraged
- the ‘right values and behaviours’ are recognised and sought.

32. It was suggested that for the schools of pharmacy, any method of applying intake controls to individual universities should be based on assessment criteria including:

- teaching and training infrastructure and staffing resource
- research and innovation
- provision of adequate information for students.

Quality of patient care

33. Proponents of allowing the market to continue to determine outcomes suggested that there would be little impact on patient care, provided the quality of graduates was maintained.

34. Proponents of introducing an intake control suggested there would be either a negligible or a slightly beneficial impact on patients, because a higher-calibre professional requirement would give more confidence in the profession, thus leading to more enthusiastic and better motivated graduates and newly qualified pharmacists.

35. Proponents of creating a formal break-point during study suggested there was potential to improve patient care, as only the best students would qualify as pharmacists. This assumes that any break-point would take account of the need for professionalism and other values, in addition to academic ability.

36. A number of respondents noted that HEE made a commitment following the release of the Francis Report in February 2013 to ensuring that correct behaviour was instilled in all healthcare professionals. They felt that a break-point would not allow students to fully develop the interpersonal skills required in the profession. Some respondents also noted that a break-point would be incompatible with the educationally based recommendations set out in the Modernising Pharmacy Careers proposal for a fully-integrated MPharm[1], and ran the risk of creating a pool of graduates with non-registered pharmacy-related qualifications for whom there was no obvious current or future role.

Securing the collective student interest

37. It was suggested that in a market-driven economy there would be a loss of morale if students faced the prospect of not finding placements and failing to register in their chosen career. Over time, it was felt this would lead to a reduction in the quantity and quality of applicants to MPharm courses.

38. Proponents of an intake control suggested that this approach would secure the student interest, as students would most likely be able to obtain a pre-registration place and stronger employment prospects. It was noted that intake controls should inspire students to maintain focus throughout the course, although it was also suggested that students might become complacent if there was less incentive to compete and strive to be the best in their field.

[1] See www.mee.nhs.uk/programme_boards/modernising_pharmacy_careers_p.aspx

39. The balance of respondents felt that creating a formal break-point during study would not be in the student interest, suggesting that uncertainty in the study and resultant career pathways might adversely affect the popularity of and levels of applications to MPharm courses. Many respondents queried the usefulness of a separate qualification, particularly if the lower-level break-point qualification was perceived as a 'failed pharmacist'.

International fee-paying students

40. Respondents suggested a variety of approaches to accommodate international fee-paying students within the three proposed options. Key issues raised included:

- the potential burden on employer pre-registration training capacity
- acknowledging the needs of home and EU graduates while also attracting the highest-calibre international students
- understanding and reacting to regional and national NHS workforce requirements as a priority.

41. Many respondents suggested that international students should be factored separately, with their pre-registration placements separately resourced and fully funded, so as not to qualify at the expense of UK students. Some respondents suggested that parallel courses could be developed and run specifically for international students who do not intend to register and work in the UK. Others suggested that there should be a cap on the number of international fee-paying students seeking to enter the English market, to ensure that universities did not accept a disproportionate number of international students onto MPharm courses.

42. Many respondents felt that any move towards an integrated degree would require international students to be incorporated into the overall calculations of student and placement numbers. Some respondents suggested that it was important for international students to compete alongside home and EU students, to ensure the best pharmacists were trained and registered.

Employer needs

43. Proponents of allowing the market to continue to determine outcomes suggested that employers might, in the short term, welcome this option as an opportunity to reduce rates of pay. This view was not held by the employers who noted that reduced pay could make pharmacy a less attractive career choice, which would ultimately harm the quality of the future employee base. Respondents also noted that a larger, more competitive market would allow more flexibility, but would place more demand on employers during shortlisting. Many respondents expressed concern that there might not be the capacity to deliver learning opportunities, if the undergraduate population was unrestricted while employers' capacity to offer work-based training was under pressure. It was recognised that this would impact on employers' ability to offer other work-based learning opportunities, like work-shadowing and vacation programmes.

44. Proponents of an intake control suggested that this option would enable employers to receive stronger applicants at a steady rate, provided workforce planning was accurate enough to ensure that employers had sufficient high-quality candidates. They suggested that such workforce planning would need to be strategic, with an horizon of five to ten years, and that this would ensure that discussions between employers and universities regarding student intake would take into account the commissioners' plans for the transformation of services.

45. In terms of creating a formal break-point during study, many respondents were concerned that employers would be asked to provide practice-based training to undergraduates unlikely to register as pharmacists. They questioned an approach which risked exposing patients to students who might not register as pharmacists. It was also considered an inappropriate use of resources and training capacity.

46. Many respondents stressed it was important not to undermine the role of pharmacy technicians, and claimed that an unintended pressure on pharmacy technician registration could result from introducing a formal break-point during study.

Sustainability and stability of the higher education sector

47. Many respondents suggested that universities would benefit in the short term from allowing the market to determine outcomes, as they would be able to recruit as many students as they saw fit; although in the longer term this could lead to a 'boom and bust' situation, particularly if the pharmacy career were seen as devalued by an over-supply of graduates. It was also noted that reputational issues in relation to schools of pharmacy could influence growth, and that growth in provision could increase pressure on academic staff and lead to a shortage of qualified teaching staff in universities.

48. Many respondents outside the higher education sector suggested universities would not welcome the introduction of student intake controls which might impact their current and future income streams. Respondents felt that in addition to reductions in student numbers, intake controls could significantly affect the management, planning and resourcing of pharmacy schools, which in turn could lead to a decrease in the number or quality of courses. In the longer term, some respondents felt that the stability of provision would better allow universities to make long-term investments to improve the quality and wider educational outcomes of MPharm courses and the quality of the student experience.

49. Universities which responded to the consultation (both with and without accredited MPharm provision) held mixed views about introducing an intake control. Most considered they could not wholly support any control without understanding in detail how it would be implemented. Some were concerned that the limits of any student intake control should not be set too high or too low, with several calling for a degree of flexibility to be built into any system. Several respondents were concerned about the wider impacts of an intake control, including a need to make up numbers and income through recruiting international students.

50. Many respondents suggested that introducing a break-point would create a strong commercial disincentive for institutions due to the need for course restructuring, staffing changes and other administration and legal costs. It was also noted that there could be a drop in recruitment due to uncertainty of the course outcome for students, and potential reputational effects at universities if the break-point proved unpopular.

Competition

51. Proponents of all three options agreed that competition could be a positive catalyst for students, universities and employers.

52. Proponents of allowing the market to determine outcomes believed that 'open-market' competition would enable the most successful schools of pharmacy to sustain the required investment in teaching infrastructure and innovation, and would foster greater ambition and

dedication among students, which would ultimately lead to a high-calibre pharmacy cohort. Conversely, it was argued that unchecked recruitment would place unsustainable demand on pre-registration training providers, and result in an oversupply of pharmacy graduates applying for pre-registration training places. In the longer term, this would leave many undergraduates unable to progress to pre-registration training or registration. Opponents felt that employment prospects and salaries for registered pharmacists would diminish, and the profession would become less attractive to high-calibre students.

53. Proponents of an intake control believed that competition for a limited, set number of places would ensure that only the highest-calibre, most dedicated applicants would be accepted onto MPharm programmes, while schools of pharmacy could focus on sustainable investment and innovation. In the longer term it was felt that a graduate output matched to training placement provision and workforce requirements would allow more accurate workforce planning, and help to maintain salaries and the attraction of pharmacy as a profession. Conversely, it was argued that providing the security of all-but-guaranteed pre-registration training placements would cause undergraduates to become less engaged and competitive, and deter high-calibre students from entering the profession. It was also argued that any method of implementing intake controls might be detrimental to some schools of pharmacy.

Value for money

54. Respondents generally suggested that allowing the market to continue to determine outcomes would not present good value for UK taxpayers. Considerable investment would need to be made in student loans and other aspects of education and training, which would be less likely to be repaid should pharmacy graduates be unable to find employment. It was suggested a managed system of student numbers would be more appropriate to mitigate this risk.

Workforce planning

55. Workforce planning was considered central to all three proposed options. Proponents of each option recognised the importance and challenges of understanding and accurately forecasting national and regional workforce requirements in the context of shifting policy and service delivery. A number of respondents cited the work undertaken by the Centre for Workforce Intelligence as a potential basis for future planning, as well as highlighting the needs for phased implementation of any student intake control and for a small workforce oversupply. Regional workforce planning would be a key factor in any future implementation method, and universities and employers would need to work closely together to ensure that the supply of registered pharmacists and placements matched workforce needs.

Impact on devolved administrations

56. While the consultation was concerned with the supply of pharmacy undergraduates in England, respondents noted that the outcomes would almost certainly impact on the devolved administrations. It was felt that any actions considered as a result of this consultation would need to take into account the long-term impact of migration, particularly students moving to England to takeup pre-registration training. It was felt that the potential impact on the devolved administrations should be recognised, in terms of their ability to maintain education and training at current numbers and of the implications for long-term workforce planning. However, respondents provided little detail of these potential cross-border impacts.

Local health inequalities

57. The majority of respondents recognised the importance of taking geographical inequalities into account when considering any student intake control policy. Most suggested that introducing an intake control might help address these, provided there were links between hospitals, community pharmacies and universities, and that Local Education and Training Boards were engaged with any workforce planning. It was acknowledged that some local shortages might remain in rural or less affluent areas of the country, and that unless trainees were allocated to locations, it would remain difficult to fill vacancies with high-quality staff.

58. Many respondents felt that either allowing the market to continue to determine outcomes or creating a formal break-point during study would have little effect on inequalities in the distribution of schools of pharmacy and employment opportunities.

Timescale for reform

59. Respondents expressed mixed views as to the possibility of implementing an intake control or creating a formal break-point during study for the 2015-16 academic year. Some respondents suggested it could be done using a phased or staged approach, but some thought it too challenging and suggested that the 2016-17 academic year would be more realistic.

60. Some respondents suggested that there was no benefit in rushing through reforms until there was a full understanding that changes were needed both for the pharmacy profession and the patients served. Others suggested that more robust workforce planning would be needed before implementing any changes, and that while reforms were being planned there should be more immediate controls to contain present numbers and stop new courses being accredited.

Implementation and considerations for a stage two consultation

61. The main focus of a second-stage consultation process would be the implementation of the Government's preferred approach. Several respondents raised concerns regarding the lack of detail in the stage one consultation, in particular of any intake control. A consensus of key points emerging across all three proposed options included the following:

Intake control

a. The feeling that a phased implementation (such as that suggested in the Centre for Workforce Intelligence's review 'A strategic review of the future pharmacist workforce') might be the best approach[2].

b. The need for an agreed set of quality metrics to be used to inform implementation of an intake control both nationally and in individual institutions.

Value for money

c. The need to ensure 'value for money' for the taxpayer in terms of delivering the right number of pharmacists with the right skills, knowledge, attitudes and values.

Public information

[2] See www.cfwi.org.uk/publications/a-strategic-review-of-the-future-pharmacist-workforce

d. The need for appropriate information to be made available to potential students, undergraduates and graduates to ensure that informed choices can be made about whether and where to study pharmacy.

Supply and demand

e. Agreement that national and regional workforce planning is essential.

f. Acknowledgement that even low levels of undersupply in the workforce are not conducive to creating high-quality, flexible and innovative workforce needs.

g. Agreement that planning for a small oversupply would be helpful.

h. Recognition that universities and employers need to work more closely to maintain a long-term, balanced supply and demand relationship.

Curriculum reform

i. A feeling that implementation of the integrated five-year programmes should be pursued (as described in the Modernising Pharmacy Careers proposals).

j. Alternative career options need to be promoted or developed for graduates who may not qualify as pharmacists in the short term.

Higher education sector

k. A recognition that some schools of pharmacy may be disadvantaged depending on both the level at which any intake is set, and the agreed mechanism through which numbers are distributed to institutions.

l. Integration of new providers of pharmacy programmes into a new system of number control.

Summary

62. The balance of arguments presented by respondents illustrated a clear preference for some form of student intake control, as proposed in option b, to manage a sustainable supply of high-quality graduates with the necessary knowledge, skills, attitudes and values to be effective pharmacists in the future. This was also supported by a balance of arguments in relation to other factors such as value for money. The majority of respondents were not convinced that patient care or the student interest would be best served by either allowing the market to continue to determine outcomes, or by creating a break-point during study.