

# ***Gateways to the professions: a consultation response from the Royal Pharmaceutical Society of Great Britain***

## **Section D 1 Modernisation of the professions**

*1a) What, are the statutory, cultural, historical or other barriers to entering your profession and remodelling the workforce in your professional area? What can be done to remove these barriers?*

One significant barrier to entry to pharmacy education is the EU regulatory framework in which the profession operates. This restricts pharmacy education to being five years' long and full time. Further it makes the assumption that pharmacy education is undergraduate. We cannot, therefore, explore other models such as the accelerated graduate entry route used successfully by medics. Schools of pharmacy have approached the RPSGB about the possibility of doing so but currently we are bound by EU Council Directive 85/432/EEC and Directive *Regulated professions (qualifications)* XV/E/8341/5/93-EN.

In relation to other health professions, such as medicine, the student profile is healthily diverse, as HESA statistics confirm.

*1b) How can professional bodies and employers develop effective links with universities and other higher education institutions to modernise educational provision in ways that prepare graduates who are 'fit for purpose'?*

The RPSGB does this in a number of ways. Its special interest groups, for community, industry, academic and veterinary pharmacists, feed issues into the Society and out into the sub-professions. In addition, accreditation panels for MPharm degrees (the qualification all UK pharmacy students must hold to enter professional pre-registration training as a pharmacist) include members from at least three of the sub-professions routinely. This ensures that academic syllabi are tested against the demands of the profession on a regular basis.

*1c) How can the professions draw on and address the needs of the growing pool of non-traditional learners eg mature students, women returners, career changers?*

The needs of mature entrants and career changers would be met by an accelerated entry route, as discussed in 1a. Evidence from medicine is that students are well motivated, well balanced and better than average. Given the opportunity pharmacy would like to do the same.

*1d) There are a number of flexible delivery models available in higher education eg distance learning, e-learning and work based learning. What measures have been considered within your profession to address the needs of learners and employers?*

Schools of pharmacy use e-learning in the form of managed/virtual learning environments and pharmacy-specific CAL packages. The Society's new CPD initiative is web-based (as well as paper-based for pharmacists who are less technologically advanced). There are a number of diplomas and certificates which are delivered at a distance but the basic undergraduate training is, necessarily, lab-based, with an emphasis on science and practice which could not be delivered effectively in any other way than face-to-face.

All schools of pharmacy employ work-based learning through placement visits of varying lengths, as well as encouraging summer work in pharmacies. A challenge for all schools is maintaining the quality and quantity of its placements

## **Section D 2 Key themes and issues**

*2a) How can professions improve planning to identify gaps in recruitment and retention?*

Insofar as Pharmacy is concerned this is done through the Pharmacy Workforce Planning and Policy Advisory Group. Its membership is drawn from the Royal Pharmaceutical Society and the departments of health in Scotland, Wales and England. It is building a computer model to predict supply and demand over a 10-year period and will include research into career anchors and drivers. The missing link currently – although we know this work needs to be done – is to find a mechanism to link funding streams to over- and under-supply.

*2b) How is your profession affected by any shortages in the supporting academic infrastructure? How does this affect the availability and quality of courses and the quality of graduates from these courses?*

In order to join the Register of Pharmaceutical Chemists and practise as a pharmacist students must first pass an accredited MPharm degree then spend one year as a pre-registration trainee. As an undergraduate students undertake placement work and as a pre-registration trainee they are supervised in a pharmacy. The missing piece of infrastructure is adequately-funded clinical and community placements in the pre-registration year. The Society has written to Sir Nigel Crisp, Chief Executive of the NHS, about clinical placements and his initial response was encouraging. Nevertheless, there is a long way to go before this component of education and training is as secure as the Society would wish. We will continue to work with universities and the NHS to move this agenda forward.

*2c) What examples do you have of recruitment problems in specific disciplines as a result of financial factors relating either to the costs of higher education, poor starting salaries or limited opportunities for career progression?*

We have anecdotal evidence that there is a disparity between starting salaries in community and hospital pharmacies. Scales for starting salaries in hospitals are lower, which has led to recruitment problems and consequent salary drift. If salaries are inequitable across the sector this instability will remain structural and endemic.

There is a problem in academic pharmacy too in that salaries are below those in community pharmacy. Other than funding for research there is no incentive for pharmacists, particularly practitioners, to enter academia.

We are encouraged by the introduction of the New Community Pharmacy Contract, which gives more opportunities for pharmacists to develop through advanced and specialist practice. The Society is considering how best to recognise new forms of practice and the consequences of this for our Register.

*2d) What examples do you have of financial or other measures to attract and retain a professional workforce?*

Increasingly schools of pharmacy are funding teacher-practitioner posts jointly with commercial pharmacists and NHS trusts. The benefit to students is direct contact with practitioners while studying.

*2e) How can the public sector sustain and improve recruitment opportunities for graduates?*

The ethos of the public sector and the temperament of its pharmacy workforce seem to be dominant factors in attracting and retaining pharmacists in the NHS. We have identified a salary issue in 2c above. Also, career progression could be developed and signposted more clearly.

### **Section D 3 Careers choice**

*3a & b) How can professional bodies and employers best work with schools and other 14-19 providers to promote a better understanding of different professions?*

*How well does the advice and guidance given in schools meet the needs of your profession? What could be done to improve this?*

Pharmacy has felt it should be proactive in providing positive information accessible to students. The Society's Public Relations unit is producing careers leaflets and a website aimed at 14-17-year-olds. The Society's Branch and Regional Network will have a link role with schools and colleges in the future and will form part of the Society's wider outreach strategy.

*3c) How do you collect evidence of client/patient/student perceptions of your profession?*

Thus far we have focused on student and patient perception. The Research and Development Division has funded a study of the perception of community pharmacists among patients and is currently following a cohort of students (due to graduate in 2006) through their undergraduate career, monitoring their perceptions of education and career aspirations. Another study, at the University of Aston, is exploring the perceptions of pharmacy among sixth-form students.

*3d) Do you have any specific initiatives to promote a positive image of your profession?*

The Public Relations unit has a comprehensive programme to promote the profession, including:

- i. Regular public and media awareness-raising campaigns promoting the role and expertise of pharmacists. Recent examples include 'Men's health', 'Know your medicines' and 'Ask about antibiotics'.
- ii. An association with the Independent newspaper to promote the profession through careers supplements. The last of these was very recent: 3 March 2005.
- iii. Regular lobbying to promote the Society's views on the safe use of medicines, smoking cessation, internet pharmacy, herbal medicines, travel health advice and drugs in sport.

- iv. Achieving media coverage during the week of the annual British Pharmaceutical Conference to promote developments in both pharmacy practice and science.

*3e) How can professional bodies best help students understand the progression routes within their professions?*

This is achieved in a number of ways. First, close links between the Society and schools of pharmacy ensure that the schools have up-to-date information on post-graduation requirements. Second, students are sent regular bulletins on the pre-registration year and there is additional communication through the British Pharmaceutical Students Association.

#### **Section D 4 Widening participation**

*4a) How can we ensure that there is a socially diverse professional workforce which represents the wider community?*

Data would suggest that pharmacy is a more diverse profession than others in cognate fields such as medicine. Diversity has been mentioned above but it is worth reiterating the point that entry to the profession is affected by the current restrictions placed on patterns of education.

*4b) How can the professions maintain the progress that has been made in this area in the variable fees environment?*

The post-top-up fees higher education environment is very difficult to predict. We, and the schools of pharmacy, are waiting to see how the HE sector is affected by this policy. We will reconsider our position when the picture is clearer.

*4c) Have you any examples of good practice in this area you could share with other professions?*

No.

#### **Section D 5 Any other issues**

*5) Are there any other issues relating to the challenge of providing clear, accessible gateways to the professions which need to be examined in the context of introducing variable fees in universities in England from 2006?*

Until top-up fees become a reality and we have had an opportunity to assess the impact they have on pharmacy education we cannot comment.

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