



**FROM THE EDITOR**

The last few months have been busy with meetings and conferences, either organised by or involving the APG Committee or of interest to pharmacy academics, and much of this issue is taken up with reports of those. Some are quite long, but I have resisted the temptation to edit them down too much as I feel that they are of great interest and relevance to the academic community, and I want to provide as much of their detail and flavour as possible for Group members who could not attend the meetings.

By the time you receive this issue the hard slog of teaching should be more or less over for this session and, once the exam period is out of the way, in the slightly less pressured summer months you may perhaps find some time to contribute something for the next issue of the newsletter. More or less anything is welcome – news items, comments on current issues, perhaps even tips on how to control the load of administrative and governance paperwork. Please send them to me at:

[alannathan@kcl.ac.uk](mailto:alannathan@kcl.ac.uk)  
or  
[alannathan@onetel.com](mailto:alannathan@onetel.com)

My thanks, as ever, to all contributors and to Zoe Whittington who ensured the flow of copy for the issue, to Florita Sanz for the technical production and to Beth Allen for administrative help.

**NEWS FROM PHARMACY ACADEMIA**

**UPDATES ON NATIONAL PHARMACY EDUCATION PROJECTS**

The Royal Pharmaceutical Society's Practice Research Trust is funding three major national research projects connected with pharmacy education. The Pharmacy Practice Research Group at Aston University is working on two of these: on teaching, learning and assessment and on students' career choices and motivations. Initial reports on these appeared in the last issue (November 2004).

Here is the latest update on the from Jill Jesson, Keith Wilson, Chris Langley, Katie Hatfield and Laura Clarke on:

**Teaching, Learning and Assessment Methods in Pharmacy Undergraduate Programmes (TLA) Project**

We have now completed the fieldwork for the TLA project. The study has used a triangulation approach to data generation: a documentary review, based on what Schools of Pharmacy publicly claim to deliver; an interview with leading staff and a student survey.

It has been a very challenging but interesting project for all of us involved in the research. Some of the methodological dilemmas originate within the schools themselves. On the face of it collating the data from published documents sounds simple and straightforward, but it isn't because

of the variations in terminology used. When it came to interviews, although some SOP were a bit reluctant to collaborate and talk to us, all 16 did so in the end. We have learned new negotiating skills as a result. We have also learned how to reduce 30 hour long interview transcripts to a two-page table summary.

The survey proved to be our major problem. It really is important to give students the opportunity to tell us about their experiences of teaching, learning and assessment. And we should do that systematically and as scientifically as possible. Having ruled out an electronic form of questionnaire administration, because of poor response rates achieved by other studies, we decided to undertake a paper self-completion survey. But then we found that every School of Pharmacy has a different ethical system and differing arrangements in place, or none at all, for the delivery and collection of student surveys. So, real world research doesn't work the way textbooks tell you. We ended up having to go along with how schools wanted to administer the questionnaire. At the final tally, after an attempted second mailing we called it a day. We have achieved a disappointing 43% response rate from 15 schools (only one SOP did not want their students to participate). The response rate between schools varies from 13% to 84%. The aggregated data will be presented anonymously, so those schools who were concerned can be reassured. Schools can have their individual frequency data on request.

The Pharmacy Practice Research Trust, who commissioned the study, has found the findings from the interim reports from each method fascinating. The findings raise many challenging questions about future pharmacy education and the student learning experience. We are currently writing up the summary report and will be making several presentations of the results to APG members in the future.

We would like to thank all those contacts within the schools that have helped and made the study possible.

The University of Manchester is undertaking the third project:

### **A longitudinal study of early career choices and expectations of pharmacy students and pharmacy graduates.**

This project will map and explore the early careers of the pharmacy graduates from GB Schools of Pharmacy. It will provide an opportunity to gain insights into the motivation and aspirations, and the career choices and career outcomes, of newly qualified pharmacists. Here is the latest update from Sarah Willis, project manager.

The research team are making good progress with this study, and are getting a very positive response to the study from the GB Schools of Pharmacy. Longitudinal studies represent significant methodological challenges if they are to produce valid results, and we have attempted to overcome many of these challenges by visiting each of the Schools to establish a relationship and a dialogue between the team and the cohort.

We are currently in the process of completing our visits to the Schools of Pharmacy to get third year students to complete the first data collection tool for the project – a survey of students' Early Choices. These data relate to the decision-making processes involved in choosing to study pharmacy, choice of university, plans for after university, and early career intentions. The tool has been designed and extensively tested with a pilot cohort of approximately 400 recent pharmacy graduates. The pilot cohort was used to evaluate the questionnaire and to ensure its validity and reliability.

Visiting the Schools in person has greatly helped the study to get the students engaged with the project, and

this can be seen in the high rates of student participation. We currently have a response rate of over 50% in most of the Schools, and we are confident that this trend can be repeated in the few Schools the team is due to visit after the Easter break.

The team have been helped by many members of staff in each of the Schools, and without the contribution of these people it would have been much more difficult to get the project off the ground – so if you are one of these people then we would like to say ‘thank you’ for your help!

Further details about the study can be found at: [www.cpws.man.ac.uk](http://www.cpws.man.ac.uk)

For further information on these projects see the report on the HSR&PP Conference on page 10.

### **APPOINTMENT OF ACADEMIC MEMBER ON COUNCIL**

As part of the overall modernisation of the Society's governance arrangements there will be a reserved place on the newly constituted RPSGB Council, which takes office in May, for an academic pharmacist. This reflects the pivotal role that the schools play in professional regulation through the early education and development of pre-registration pharmacists. The appointment will be made by agreement between the Department of Health and the Council of Heads of UK Schools of Pharmacy (formerly the UK Heads of Schools of Pharmacy Group).

## **CONSULTATIONS**

### **RPSGB PHD AWARD SCHEME CONSULTATION**

The RPSGB has administered research awards for almost one hundred years. Since 1999 it has offered each UK school of pharmacy PhD award funding on a rotational rather than on a competitive basis, with individual heads

of schools deciding who should receive the award. Over the past five years the Society has invested £800,000 in these research grants, and as the agreed period of funding has come to an end the Council is now reviewing the scheme. It says that any renewal of PhD award funding will need to be clearly prioritised in relation to the RPSGB's objectives, and demonstrate value for money in terms of outcomes as well as administrative efficiency. Before making a decision the Council is seeking the views of the membership, particularly the academic community, and a consultation document has been issued. It was distributed to Heads of Schools and APG Liaison Officers for onward dissemination to academic staff. Anyone who has not yet seen the document can access it on the Society's website URL: <http://www.rpsgb.org/members/pracres/framePracresPhd.htm>. The closing date for responses is 27 May.

### **DFES GATEWAY TO THE PROFESSIONS CONSULTATION**

The Department for Education and Skills has set up a working group under the chairmanship of Sir Alan Langlands, Vice-Chancellor and Principal of the University of Dundee and formerly Chief Executive of the National Health Service, to investigate how access to education for professions can be widened. A consultation document was issued seeking responses to a number of questions. The RPSGB responded taking into account the views of the APG Committee. Below is a brief synopsis of the Society's submission.

#### ***Are there any barriers to entry to the profession?***

One significant barrier is the EU regulatory framework within which the pharmacy operates, which restricts pharmacy education to being five years' long and full time. It also makes the assumption that pharmacy education is undergraduate, so the Society cannot explore other models such as the

accelerated graduate entry route used successfully by medics.

***How does the Society develop effective links with universities and other higher education institutions to modernise educational provision to prepare graduates who are 'fit for purpose'?***

Its special interest sectoral groups (including the APG) feed issues into the Society and back out into the sub-professions. Also, accreditation panels for MPharm degrees always include members from at least three of the sub-professions, ensuring that academic syllabi are tested against the demands of the profession on a regular basis.

***How could the Society cater for non-traditional entrants such as mature students, women returners and career changers?***

By an accelerated entry route as used by, e.g., medics, but under current EU regulations this is not possible.

***Does education and training for pharmacy use flexible and modern teaching and learning methods?***

Yes, e.g. e-learning, case-based learning, distance learning for post-grad. courses (but not for u/g training which requires face-to-face delivery) and vocational experience placements.

***How does the profession identify recruitment and retention gaps?***

Through the Pharmacy Workforce Planning and Policy Advisory Group, with a membership drawn from the Society and the departments of health in Scotland, Wales and England. This involves developing a computer model to predict supply and demand over a 10-year period and will include research into career anchors and drivers. What is still needed is a mechanism to link funding streams to over- and under-supply.

***Are there any shortages in the academic infrastructure, and does this affect the availability and quality of courses and the quality of graduates?***

The missing piece of infrastructure is adequately funded clinical and community placements in the undergraduate course.

***Are there any problems in recruitment as a result of financial factors or opportunities for career progression?***

Anecdotal evidence of a disparity between starting salaries in community and hospital pharmacies, leading to recruitment problems and consequent salary drift in hospital pharmacy. Also, in academic pharmacy salaries are below those in community pharmacy. Other than funding for research there is no incentive for pharmacists, particularly practitioners, to enter academia.

***How does the profession ensure that there is a socially diverse workforce who represents the wider community?***

Data suggests that pharmacy is a more diverse profession than others in cognate fields such as medicine, but entry to the profession is affected by the current restrictions placed on patterns of education.

## **FUNDING OPPORTUNITIES**

### **RPSGB PRACTICE RESEARCH AWARDS**

The Pharmacy Practice Research Trust is inviting applications for the 2005 Practice Research Awards. Their purpose is to build research capacity in pharmacy practice. Two types of awards are available: the Galen award - one or more awards made annually to a total value of £10,000 funded by a bequest by Rowland Henry Williams;

the Sir Hugh Linstead Fellowship - one or more awards made annually to a total value of £40,000 funded by a grant from the Leverhulme Trade Charities Trust in order to support research relating to community pharmacy. The following are encouraged to apply: those requiring funding between PhD and post doctoral grants; those requiring funding to go from MPhil to PhD; practitioners new to research; PhD students requiring 'research costs' to enhance their PhDs. The awards can also be used to fund new areas of research, for example, pre-pilot and feasibility studies that would not be considered by other funding bodies.

**The deadline for all completed applications for the awards is 10 June 2005** and it is expected that interviews will be held in **August 2005** at the Royal Pharmaceutical Society of Great Britain's headquarters in London. Further details, application forms and guidance notes are available on the Practice Research section of the Society's website [www.rpsgb.org/pracres](http://www.rpsgb.org/pracres) or by contacting Beth Allen, Research Administrator, RPSGB (Tel: 020 7572 2466, e-mail: [beth.allen@rpsgb.org](mailto:beth.allen@rpsgb.org)).

#### **RESEARCH TRAINING BURSARY SCHEME 2005**

The Pharmacy Practice Research Trust launched the Research Training Bursary Scheme in 2002. It is intended to support community pharmacists who have an interest in developing their skills in conducting research relating to everyday practice. Three levels of funding are currently on offer:  
Level 1 – funding to undertake research modules and a small scale project;  
Level 2 – funding to upgrade a Diploma in Clinical/Community Pharmacy to a MSc;  
Level 3 – funding to undertake a non-pharmacy MSc.

In particular, Level 2 funding, which usually involves undertaking a further two modules (at least one on research

methods) and undertaking a project, could cover tuition fees, locum costs/salary replacement, research costs, supervision costs and conference attendance (up to £10,000). Applications for the bursaries are invited from community pharmacists who demonstrate a real need for external support to develop their skills and careers in research. Further information is available from Beth Allen, Research Administrator, RPSGB (Email: [beth.allen@rpsgb.org](mailto:beth.allen@rpsgb.org), Tel: 020 7572 2466).

**The deadline for all completed applications is 24 June 2005** and it is expected that interviews will be held on **17 August 2005**.

#### **THE COMMONWEALTH FUND HARKNESS FELLOWSHIPS IN HEALTH CARE POLICY**

The Commonwealth is inviting applications for 2005-07 Harkness Fellowships in Health Care Policy. The Fellowships provide a unique opportunity for mid-career professionals - government policymakers, clinicians, managers, academic researchers and journalists from the United Kingdom, Australia and New Zealand to spend up to 12 months in the United States conducting a policy-oriented research study, working with leading U.S health policy experts, and gaining an in-depth knowledge of the U.S, Australian, Canadian and New Zealand health care systems. Applicants must be citizens of the United Kingdom, Australia, or New Zealand. Each Fellowship provides up to \$95,000 (U.S) in support. A supplement is available to fellows accompanied by families.

**The deadline for receipt of applications is September 1, 2005.** For details, please visit [www.cmwf.org/fellowships](http://www.cmwf.org/fellowships). For questions contact Robin Osborn at The Commonwealth Fund (e-mail: [ro@cmwf.org](mailto:ro@cmwf.org)).

## MEETING REPORTS

### **INTEGRATION, INTER-PROFESSIONAL TRAINING AND INNOVATION IN EDUCATION IN PHARMACY**

This event was jointly organised by The Royal Pharmaceutical Society, the Academy of Pharmaceutical Sciences and the Academic Pharmacy Group and took place at the Royal Pharmaceutical Society's headquarters on 24 November 2004. The event focused on new developments in pharmacy education and what can be learned from other health professions.

#### **Integration of Science and Practice**

Professor Larry Gifford (University of Manchester) argued that the profession of pharmacy has depended on the integration of science and practice for almost 200 years. He reviewed developments in the pharmaceutical sciences since the age of botanicals in the nineteenth century to the biological revolution, with genomics and bioinformatics, at the end of the twentieth. He felt that the current overemphasis on the biological revolution, rather than seeing an increase in the discovery of new drugs, had produced a slowdown, and the skills of deductive pharmacology were being overlooked. Integration, he said, must be with the past as well as across disciplines. He went on to review the history of the practice of pharmacy and thought that most science activities can be integrated with the corresponding activity of practice - pharmacology with therapeutics for instance. However, the integration of inter-professional clinical care was problematical because of the number of people involved. He described how in Manchester this had been tackled by creation of a 'virtual hospital ward' in which small teams of student doctors, nurses and pharmacists administer treatment to patients. Using mobile phones the teams communicate with each other,

and with pharmacokinetic models run on the computer in real time to provide feedback on the knowledge base and problem-solving skills.

#### **Innovation in undergraduate teaching**

Professor Duncan Craig, who had completed his first year as the first head of pharmacy at the University of East Anglia, gave the next presentation. The "blank sheet of paper" he started with was an opportunity for innovation but it also meant little in the way of a comfort zone of precedence. As a starting principle, it was always the intention to produce individuals who were both fit to practice and also keen and competent scientists. Encouragingly, students, staff and collaborating practitioners had not seen any incompatibility between the science and practice teaching. Initial problems included a difference in teaching culture between pharmacists and other colleagues, an occasional mismatch in student expectations, and the time pressures in a research-driven environment. Important aspects that the new school had successfully implemented include establishing a good mix of relevant experience amongst staff and developing excellent relationships with students. The main features of the year 1 course include traditional lectures but with an emphasis on workshops, tutorials and assignments, and problem-based learning is an important component of teaching at UEA. It enhances team working and self-directed learning, and very quickly leads to better long-term learning. Inter-professional learning was also a strong element and advantage was taken of the close proximity of other health care-related subjects within UEA. The basic idea is to develop relationships amongst professionals, and a Belbin questionnaire is used to identify individual attributes for the construction of the teams from students from a wide variety of health-care professions. Placements were also very important, with each student making four

professional visits in each year of the course. Students were expected to prepare reflective statements, which become part of their pharmacy practice portfolio. For clinical therapeutics, it was intended to teach pharmacology and drug synthesis associated with a disease state or target tissue, and formulation and clinical issues associated with disease. This very much combines science and practice taught as a single subject. Professor Craig admitted that not all problems had been completely solved. Still to be addressed satisfactorily were balancing the needs of the profession with the research assessment exercise, managing long term and constant change, establishing training programmes for staff development, meeting masters regulations in levels 3 and 4 and managing a group of highly intelligent, highly motivated, highly opinionated individuals.

### **Inter-professional training; the New Generation project**

Dr Adrian Hunt of the University of Portsmouth described how the University of Southampton has developed inter-professional learning. The New Generation project (NGP) was established in 1999 and had expanded to become a joint venture between Southampton and Portsmouth universities and the Hampshire and Isle of Wight Workforce Development Confederation. The NGP now covers 14 professional programmes spread over four faculties, two universities and health and social care organisations that support learning in practice. There are approximately 1,500 students per year, from nursing (50 percent), medicine (15 percent) and pharmacy (10 percent). This was a complex mix and inevitably some curriculum and culture differences needed to be reconciled. The aims of the programme were to ensure that students respect and understand others' roles and contributions, and become comfortable with the concept of role flexibility. Inter-professional units have to be developed

by teams representing all professions and have to be formally approved by each programme. A student reference group is also involved. Of the four units only unit 1 is university based. The others are placement based and look at different aspects of practice, such as audit, change, and ethical issues. An inter-professional group typically comprises a medic, a pharmacist, five nurses and two or three from other professions. As regards assessment, as much as possible is undertaken electronically. The placements are probably the most important but most ambitious part of the programme. Staff work with the providers by identifying potential placements and assisting in the development of suitable tasks. Placements cover a range of environments, including even the offer of two placements at Parkhurst Prison. Unit 1 ran for the first time in 2003. Most students were very positive and thought the exercises very worthwhile and enjoyable, particularly in meeting other students.

### **Planning Pharmacy Education**

Dr Jim Smith (Department of Health) presented the ideas leading to the planning of pharmacy education. The policy was firmly rooted in the NHS Plan July 2000, with further refinement from the Kennedy report in July 2001 and the various reports of the Shipman Inquiry, plus the Public Health White Paper of November 2004.

The NHS plan July 2000 emphasised access, quality of care, national standards, clinical priorities, investment, more staff, and expanding roles. NHS staff at all levels holds the key to delivering reform. There must be modernisation of training and development, enabling staff to reach their full potential. There needs to be more flexible working so the old restrictive demarcations can be eliminated.

Under the NHS Improvement Plan June 2004 there will be continuing growth in frontline NHS staff. Staff will be

working differently, making the best use of skills and will be supported to fulfil their potential throughout their careers. The 'skills escalator' will enable people who join the NHS at low skill levels to progress through investment in training and development to professional levels. The Kennedy Report in 2001 strengthened professional self-regulation, with greater public involvement. The Public Health White Paper November 2004 outlines the government's vision for pharmacy. Pharmacy is an integral part of the NHS, planning and delivering local services, supporting self-care, and responding to the diverse needs of patients and communities. Pharmacy will be involved in innovation in delivery of services, helping to deliver aspirations in national service frameworks and helping to tackle health inequalities. Thus pharmacy in the future will need to deliver curative, acute services and provide management of long-term conditions, using ever more complex medicines and diagnostics, and supporting self care with increasingly more significant medicines. The pharmacy workforce must be fit for purpose. The supply-demand equation must be right, as must the skill-mix and extent of personal contact. The roles of support staff must be identified. It will be necessary to get education and learning right with the appropriate undergraduate curriculum to including a science base with teaching of prescribing skills. Concluding, Dr Smith said that powerful health policy drivers will continue, and pharmacy in all sectors will face increasing demands for new services, delivered in a pluralist health environment. There is a critical role for pharmacy educators and DH/DfES in delivering this.

Developments at the Royal Pharmaceutical Society  
Phil Green, Deputy Secretary and Registrar described developments at the Society. The Society administers systems for the registration of pharmacists to control their entry to,

and continuation in, pharmacy practice. The aim of education in pharmacy is generally to support the Society's mission to improve the health of the population and specifically to ensure that all registered pharmacists are competent and fit to practise. This involves undergraduate pharmacy education, pre-registration year training, and post-registration activities. Learning beyond registration is a shared responsibility. Haphazard workforce development will result from a lack of clarity about roles and levels of practice. To meet the regulatory threshold, competencies programmes will need to comprise both theoretical and practice-based learning requiring collaboration. The Society is going back to basics to decide what needs to be taught, learned and assessed for the career of a pharmacist, said Mr Green, and therefore has put in place a structure to fit the purposes outlined here.

John Clements  
Science Secretary, RPSGB

## **STUDENT FITNESS TO PRACTICE**

Report of the Academic Pharmacy Group Seminar held on 7 January 2005 at Aston University.  
Dr Chris Rostron, Chair of the Academic Pharmacy Group, opened the seminar by recognising that issues of fitness to practice and professionalism were increasing in significance for schools of pharmacy. While the recent Bristol and Shipman inquiries had concerned existing healthcare professionals, both reports raised key issues for those responsible for producing future healthcare professionals. The purpose of the seminar, Dr Rostron said, was to explore and discuss a number of key issues identified by pharmacy academics as relevant to fitness to practise. It is recognised that Schools of Pharmacy in educating and training students for potential future practice as a pharmacist have a role to play in fitness to practice issues.

## **Student Selection**

Dr Patricia Hughes of Council of Heads of Medical Schools said that while selection for admission to medical school was not an exact science, research was available which indicated predictors of future performance. At present the degree confers on graduates the right to join the GMC register and to practice, therefore medical schools have a responsibility to ensure that graduates are fit to practise. A number of factors are thought to contribute to being a good doctor including honesty, integrity, conscientiousness, helpfulness and empathy as well as good intellectual ability. At present intellectual ability in the form of A-level results are used in selection yet this does not necessarily predict good clinical ability. Clinical performance is predicted by structured interviews, previous study of English and humanities, learning style and empathy. The Council of Heads of Medical Schools have agreed guiding principles for selection of students into medical schools which covers criminal behaviour and disability (the guiding principles are available on the Council's website [www.chms.ac.uk](http://www.chms.ac.uk)).

## **Disability**

Dr Peter Burley, head of the preregistration division at RPSGB, outlined work in progress at the society on disability issues. One of the requirements for registration is the health declaration, a self-declaration countersigned by an appropriate registered medical practitioner, stating that there is no medical reason why the applicant should not practice pharmacy. An order under section 60 of the health act 1999, due in 2005, will replace requirements of the 1954 pharmacy act. This is expected to allow the society to set explicit standards for the health of applicants for registration, and may allow those standards to be extended to applicants to schools of pharmacy. In parallel the order will require the society to set standards for practice which all

members will need to meet, which should allow all the different considerations about disability to be joined up. Dr burley pointed out that the society's charter, renewed in 2004, gives the society a clear mandate to place the safety of patients above the aspirations of disabled applicants. In addition, two projects, one commissioned by the higher education funding council for England and the other by the society, both reinforce the presumption of the balance of interests being in favour of the well-being of the public rather than of the aspirations of applicants to the profession. But both projects showed that the society would be able to create a transparent and coherent scheme properly to define this balance and then to confirm disabled applicants' rights under it.

## **Dishonesty**

Ian Bates of the School of Pharmacy, University of London and Graham Davies of the University of Brighton, presented research exploring views and incidence of student dishonesty within universities. Twelve 'cheating' scenarios were developed through qualitative work and in separate studies academics at three institutions, students at 5 pharmacy schools and students from a range of courses at one institution were surveyed. Examples of cheating behaviour included concealing notes in exams, borrowing coursework without permission and cutting and pasting from Internet sources. In the study comparing pharmacy with other courses (Biomedical Sciences, Business, Education, Humanities, Physiotherapy) pharmacy students had a higher 'dishonesty' score than the other students. In the study comparing different schools of pharmacy the dishonesty score was variable, indicating that dishonest behaviour is linked to institutional characteristics. The researchers have subsequently suggested that dishonesty may be related to other factors such as curriculum design and satisfaction with education.

## Why is Professionalism Important?

Professor Sir Graeme Catto (President of the General Medical Council) recognised that medical schools have a slightly different role to schools of pharmacy in that medical graduates automatically join the GMC's register, so are explicitly involved in fitness to practise issues. The concept of professionalism has been criticised as being outdated, pompous and defensive yet what would the world look like without it? The alternative was external regulatory dependence, which would lead to a rising mass of codified petty regulation, swollen by the need for rules to enforce rules and to counter their avoidance. What is more, State regulation is apt to drive out self-policing and the force of individual conscience.

The GMC was established for the protection, promotion and maintenance of the health and safety of the community by ensuring proper standards in the practice of medicine with the functions of education, registration, standards and fitness to practise. These purposes are carried forward through independent regulation rather than self-regulation, as there is 40% lay input on the Council. Standards are set independently of sectional interests and of Government. It is essential that the standards be owned by the profession. GMC's proposals for revalidation were designed so that doctors could demonstrate their 'fitness to practice' on a continual basis. These proposals are currently under review by the Chief Medical Officer following the Shipman report.

The GMC's role with regard to education is that it is responsible for basic medical education and for co-ordinating medical education overall. There are ten curricular outcomes which graduates are expected to achieve/demonstrate including the principles of professional practice, good clinical care, relationships with patients

and teaching and training. At present the medical schools are accredited by the GMC for meeting these outcomes but a national examination to ensure consistency has been mooted. A system of minimum standards may be more flexible and would encourage diversity.

Zoe Whittington, APG Secretary and Research Manager, RPSGB.

Please see APG section of RPSGB website for the full meeting report and copies of the presentations.

## EDUCATION AT THE 11<sup>TH</sup> HEALTH SERVICES RESEARCH AND PHARMACY PRACTICE CONFERENCE

A number of education issues were addressed at the recent HSR & PP Conference held at the College of Pharmacy Practice, University of Reading on 21-22 March 2005.

Phillip Shann of the University of Manchester raised the question '*Why chose pharmacy as a degree?*' The study conducted focus groups with first year pharmacy students and pharmacy graduates to ascertain their reasons for choosing a pharmacy degree. Focus group participants tended to cite a number of interrelated factors rather than one clear motivation, many of which are congruent with previous findings. Job certainty was one of the most important factors cited and reflects on the financial commitment university now represents. It also suggests that expectations maybe unrealistic in light of recent debate concerning the lack of pre-registration places available. (The Department of Health has since raised the training grant in community pharmacy from less than £5000 to nearly £16500, which should encourage more community pharmacies to take on trainees – Ed) A small but significant number of participants stated that they had wanted to study medicine/dentistry/optometry/veterinary science etc. but ended up choosing

pharmacy as their plan 'B'. This sparked discussion on the implications this has for job satisfaction and, ultimately, the loss of pharmacists from the profession in the future.

Jill Jesson of Aston Business School went on to discuss *'The undergraduate research project: evidence from the 2004 teaching, learning and assessment study'* – a piece of ongoing research funded by the Pharmacy Practice Research Trust. The main findings were presented and the variability of pharmacy research projects between schools in terms of contact hours, credit range and proportion of degree classification were outlined. Problems cited by students and teachers regarding research projects were recognised which led to the underpinning question - *Why conduct research projects?* If research projects are resource intensive, the research produced not robust, results unusable and the students lacking a good grounding in research skills then what is the research project's purpose? Despite these findings there is a general consensus that it is important to cultivate an interest in pharmacy research, irrespective of the quality of researcher produced. However, with these problems brought to light attention needs to be given to issues such as reducing the variation between schools, introducing criterion marking and addressing school capacity and capability for research delivery.

The third presentation in the Education session was on *'Pharmacy career choices and expectations – but what is a career?'* Katie Hatfield, Aston University, discussed final year students' interpretations of the terms 'job', 'career' and 'profession'. Undergraduates distinguished between profession and career, had clear views of the meaning of career path and career ladder and regarded pharmacy as a profession. Interesting issues raised were that locums were perceived as doing a job (i.e. less dedication, just performing a task etc.), leading the

discussion to whether community pharmacy is becoming more of a job than a profession. Interestingly students did not mention membership of the Royal Pharmaceutical Society of Great Britain or regulation as part of their definition of profession.

Finally, one of three closing presentations looked at *'Teaching professional ethics to undergraduate pharmacy students'* by Professor Joy Wingfield, University of Nottingham who discussed the lack of articulation pharmacy has in this field and raised the questions of what should be taught, when should it be taught, who should teach it – if indeed ethics can be taught at all. Poster presentations were also given on:

*'The rules of engagement – lessons from recruiting pharmacy students to a longitudinal study of career choice'* by Sarah Willis, University of Manchester, which outlined the difficulties experienced in getting good response rates from Schools of Pharmacy; and

*'Unpacking attrition: the pharmacy undergraduate course and beyond'* by Karen Hassell, University of Manchester, which discusses the value of attrition rates in allowing workforce planners and policy makers to estimate the number of new pharmacists that can be expected to join the register each year. For full details of the conference and abstracts go to <http://www.hsrpp.org.uk/>.

Beth Allen  
Research Administrator, RPSGB

#### **IN THE NEXT ISSUE .....**

Look out for a feature on the new Schools of Pharmacy, with information on their intakes, admission requirements, teaching methods, staffing, arrangements for clinical experience, and their 'unique selling points'.

# NOTICEBOARD



## Events

### **The Academic Pharmacy Group Seminar - 'Student Assessment'**

Sept 14 2005, Royal Pharmaceutical Society, Lambeth High Street, London SE1

The APG Committee is exploring whether relevant posters can be displayed at this event. To register your interest in the seminar and if you are interested in displaying a poster relevant to pharmacy assessment please e-mail:

[florita.sanz@rpsgb.org](mailto:florita.sanz@rpsgb.org). The programme and booking form will be available shortly.

### **The Academic Pharmacy Group at the BPC 2005**

The Academic Pharmacy Group Committee will be hosting a lunchtime networking session at this year's British Pharmaceutical Conference. So if you would like to meet some of the Committee members as well as fellow group members, please join us for a glass of wine at lunchtime on Tuesday 27th Sept (location will be notified nearer the time). To give us an idea of numbers, please e-mail Florita Sanz ([florita.sanz@rpsgb.org](mailto:florita.sanz@rpsgb.org)) if you are attending BPC and would like to join us. For details of how to register for BPC, and further information contact <http://www.bpc2005.org/>

### **The Academic Pharmacy Group Easter Conference - "What next for the MPharm?"**

Provisional dates: 19-21 April 2006. Information and further details will be available in the Autumn 2005.

### **Monash - Kings Pharmacy Education Symposium - July 2005**

The Third Pharmacy Education Symposium, Prato, Italy Monday 11th July - Wednesday 13th July 2005 Conducted jointly by Monash University, Faculty of Pharmacy and the School of Pharmacy, Kings College, London. The Symposium was developed to provide a collegial forum for the consideration and sharing of the issues related to education in pharmacy. Past symposia explored experiential teaching and learning in pharmacy and innovations in teaching and learning. For further information please contact Rohan Elliott: [rohan.elliott@vcp.monash.edu.au](mailto:rohan.elliott@vcp.monash.edu.au) or for registration on-line please go to the website: [www.vcp.monash.edu.au/departments/pharmpract/symposium2005/](http://www.vcp.monash.edu.au/departments/pharmpract/symposium2005/). If you are attending this conference please contact Zoe Whittington, Research Manager ([zoe.whittington@rpsgb.org](mailto:zoe.whittington@rpsgb.org)) at the Society.

### **A Joint meeting of the Academy of Pharmaceutical Science & Academic Pharmacy Group 7 November 2005**

To register your interest, please contact Judy Callanan: [science@rpsgb.org](mailto:science@rpsgb.org))

## Situations Vacant

A new feature, in which we will be informing members of recruitment opportunities available at Schools of Pharmacy.

### **University of Reading**

Following recruitment of its first cohort of 40 undergraduates, Reading School of Pharmacy has received approval to recruit colleagues to lectureships in Pharmaceutics and Pharmacology from October 2005. In addition, it has two (or two full-time equivalent) vacancies for teacher practitioners to join the school from June 2005. Expressions of interest in these posts are welcomed by the Head of School, Professor Gavin Brooks ([g.brooks@reading.ac.uk](mailto:g.brooks@reading.ac.uk)), who can be contacted for an informal discussion on: 0118-378-6363.

### **Universities of Greenwich and Kent**

The Medway School of Pharmacy, which opened in 2004, is likely to be recruiting for three new posts by September. For further details contact:

Professor Clare Mackie

Head of Medway School of Pharmacy

The Universities of Greenwich and Kent

Central Avenue - Chatham Maritime - Kent ME4 4TB-Tel: 01634 883145 ([C.A.Mackie@greenwich.ac.uk](mailto:C.A.Mackie@greenwich.ac.uk))