



Academic Pharmacy Group Newsletter



Royal
Pharmaceutical
Society
of Great Britain

FROM THE EDITOR

Welcome to the latest issue of the Newsletter, with apologies for its slightly later than usual appearance. The delay has been mainly due to the need to gather a large number of meeting reports, mostly from the APG Easter Conference held at Aston University in April, from volunteer reporters at a very busy time in the academic schedule (is there ever a quiet time?), but the result is another bumper edition. As ever, I am much indebted to them and to everyone who has contributed to or facilitated the production of this issue, including the 'back office team' at Lambeth of Damian Day, Florita Sanz, Beth Allen and Karen Jones.

A topic that has been occupying the minds of members of all branches of pharmacy, including academia, in recent months has been the consultation on the long-awaited Section 60 Order proposals under the Health Act 1999. As a recently retired academic, the issue among these that drew my attention was the suggestion that pre-registration requirements should be extended to explicitly embrace the consideration of "attitudes and behaviours", and I am assuming that "pre-registration" extends back to the start of the undergraduate pharmacy course. No doubt APG members will have had a chance to contribute their views on this and other issues, either in their schools' response to the consultation or personally, but the proposal raises intriguing questions of what the practical implications could be, including:

- Registration of students with the professional regulating body, i.e. the Royal Pharmaceutical Society, from the start of their undergraduate course, as is the case with other health care profession students, rather than post-graduation as at present?
- More rigorous admission procedures to schools of pharmacy than may currently operate? (On this point, see the report of the talk by Lesley Lavack at the APG Easter Conference on pg 7)
- Earlier and more sustained exposure of students to professionalism in practice, through clinical placements, than they currently receive?

The consultation period is now over, but further and more detailed debate can now take place on the Rules that will specify exactly how the requirements of the Order will be implemented, with a new consultation beginning on 3 July and extending to 22 September. Although the next issue of the Newsletter will appear after this, members might like to air their views through these columns and I would warmly welcome contributions on this, and as always, any other topic. An associate member has taken up this permanent invitation in this edition (see Articles). Please contact me with your contribution at: alannathan@onetel.com, or through florita.sanz@rpsgb.org.

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NEWS FROM PHARMACY ACADEMIA

Chairman of APG Committee re-elected

Dr Chris Rostron of Liverpool John Moores University has been elected as chair of the APG Committee for a third year. The new vice-chair is Dr Jenny Scott of University of Bath. The full membership of the committee, following the annual re-appointment of Council members, is:

Dr Richard Bryce
Dr Paul Gard
Dr John Pugh
Dr Chris Rostron (Chair)
Dr Jenny Scott (Vice –Chair)
Dr Peter Seville
Mr Douglas Simpson (Council member)
Mr Ray Jobling (Council Member)

Society publishes draft principles to guide future education and training

The Royal Pharmaceutical Society of Great Britain has published draft principles on pharmacy education and training for consultation and is calling on the profession to contribute its views.

The Society is undertaking a root and branch review of its pharmacy education policy – the Fit for the Future programme - which provides an opportunity to take a holistic approach to education across the pharmacy team and across the careers of individual pharmacists and pharmacy technicians. The programme will focus on different aspects of the education process for both pharmacists and technicians, including:

1. setting policy for post registration education and revalidation (including registration policy relating to advanced/specialist practice);
2. reviewing the MPharm and preregistration year;
3. reviewing education standards and quality assurance systems;
4. developing an implementation programme.

The draft *Principles of Pharmacy Education and Training* are part of this programme. Once agreed, the principles will guide the development and review of education and training provision in pharmacy and the framework within which the Society will review and update its own education standards. The draft principles cover areas such as selection of stu-

dents/trainees, curriculum, assessment, fitness to practice, teaching and training, resources and quality.

Graham Philips, Chairman of the Education Committee, has commented: "These principles are central not just to the future of pharmacy education and training, but to the profession as a whole. The final principles will inform those responsible for the education and training of our professionals about what is required to ensure pharmacists and pharmacy technicians have the appropriate knowledge, skills, attitudes and behaviours to fulfil their role. We will be engaging with key stakeholders on the draft principles and encourage anyone interested in the future of pharmacy education and training to contribute their views so the principles are informed by as wide a perspective as possible." For information and consultation dates please see Noticeboard on Page 14.

Researchers in Pharmacy unveil their contributions to practice

The independent pharmacy practice research charity, Pharmacy Practice Research Trust (PPRT), celebrated the work of five pharmacists at the biennial awards seminar, held at London's Natural History Museum on Friday 12th May 2006. Highlighting the diversity of research currently being carried out in pharmacy, the seminar showcased the contribution to pharmacy practice of five research projects, specially selected to receive PPRT funding. The event illustrated how the PPRT awards and bursaries are contributing to a growing body of research, the development of pharmacy practice and, ultimately, helping to support individual careers.

Every year the PPRT supports research within pharmacy to further knowledge from a practice perspective and encourage pharmacists to contribute to the evolving role of pharmacy. The PPRT awards and bursaries encourage best practice and personal development by offering individual pharmacists an unprecedented opportunity to engage in research. The PPRT fund for 2006 will total £90,000.

Dr Marjorie Weiss, Senior Lecturer at the University of Bath and experienced Pharmacy Practice Researcher, gave the opening presentation on her varied career in pharmacy practice research. Presentations then followed from the following award and bursary holders:

Mr Tim O'Donoghue

'Concordance in community pharmacy: exploring and evaluating the theory in practice'
Sir Hugh Linstead Fellowship 2003 – completed May 2005

Dr Wendy Gidman

'Working patterns of female community pharmacists over the age of 30: an exploration of the factors that motivate working practice'
Sir Hugh Linstead Fellowship 2004 – due to complete June 2006

Ms Rachel Howard

'A qualitative investigation of the underlying causes of drug related morbidity in primary care resulting in hospitalisation'
Galen Award 2003 – completed June 2005

Dr Dyfrig Hughes

'Investigating factors influencing user choices to visit either general practitioners or community pharmacists in the management of minor ailments'
Galen Award 2004 – completed March 2006

Miss Tabassum Jafri

Research Training Bursary Holder 2003

The day was closed by Lisa Cotterill, Director of the National Coordinating Centre for Research Capacity Development, who gave a presentation on Pharmacy and the New World of R&D, outlining where the work of the Pharmacy Practice Research Trust fits in relation to the wider Department of Health and NHS research policy. As well as the personal award schemes funded through the NCCRCDC, Ms Cotterill also spoke about the role of clinical research networks in capacity building and the Modernising Medical Careers initiative and its recommendations for training the researchers and educators of the future. She encouraged pharmacy to lobby for inclusion in this initiative in the future.

For further details of the outcomes of this event please contact Beth Allen, Acting Research Manager (Tel: 020 7572 2466; Email: beth.allen@rpsgb.org).

First ever course for teachers of pharmacy

In May APPLET delivered the first of two short residential courses for pharmacy teachers covering "Sources and Systems of Healthcare Law". A very keen cohort of 17 practice teach-

ers coped with a day and a half of intensive instruction and exercises, covering such mysteries as *actus reus* and *mens rea* as the basis for criminal conviction, the principles of judicial review and abuse of administrative power, as well as the more familiar but no less complex field of professional regulation and negligence as applied to pharmacy. Participants came from Aston, De Montfort, East Anglia, Kingston, Nottingham, Portsmouth, Cardiff and Wolverhampton. A second course is planned for 10-13 September. For further details see the APPLET website (www.nottingham.ac.uk/pharmacy/applet/) or contact Joy Wingfield (joy.wingfield@nottingham.ac.uk).

ARTICLES

Medical Law and Research

The recent case of the clinical trial of the monoclonal antibody TGN1412 in which six volunteers became critically ill, has drawn to public attention and raised questions about how medicines are developed and tested. The following article by APG associate member Dr Stephen I. Ankier, LL.M., FRPharmS, outlines some recently introduced legal controls on clinical trials and emphasises the need for those involved in clinical research to have a sound knowledge of the law in this area.

The discovery and development of new medicines to treat disease and alleviate suffering is of great utilitarian benefit to society. However, when a new substance is being studied in humans, there are risks that unexpected and unknown adverse events may emerge, particularly in sick patients whose biological systems have, by definition, become deranged. Therefore, in addition to good scientific and medical practice, there is a need for effective laws and regulations to help protect volunteers and patients recruited for clinical and medical research.

Statutory Instrument (S.I.) 2004/1031 is one such crucial piece of legislation and provides a pivotal framework for conducting medical and clinical research in the United Kingdom (UK). This new law mandates that all clinical trials involving human subjects must be designed, conducted and reported in accordance with the established principles of Good Clinical Practice (Research) and also creates a statutory role for ethics committees. Amongst new requirements, all clinical trials must be per-

formed under a Clinical Trials Authorisation at a licensed site after the licensing authority has concluded that the public health and the anticipated therapeutic benefits justify the risks. The Medicines and Healthcare products Regulatory Agency must also issue a manufacturer's authorisation for any 'Investigational Medicinal Products' (IMPs) to be used in a clinical trial and all IMPs must be labelled according to relevant regulations and released by a Qualified Person. The new Regulations make provision for enforcement and related matters including powers of inspection, infringement notices, and penalties for offences. Specific offences include providing false or misleading information in a material particular when making an application for an ethics committee opinion or when making a request for authorisation to conduct a clinical trial.

However, it is less well understood that S.I. 2004/1031 is not the only legal basis for conducting clinical research in the UK. In fact, there are several long-standing general Acts of Parliament, many other relevant S.I. and a long tradition of common law precedent (in addition to European Union Directives and many national and international guidelines) that combine with S.I. 2004/1031 to form the current legal foundation for performing research on volunteers and patients (Phase I to IV) in the UK.

For example, any physical contact, treatment or procedure that involves an invasion of a person's bodily integrity without 'adequate', 'sufficient' or 'valid consent' (the widely used term 'informed consent' has gained general acceptance but it is a misnomer) is unlawful and actionable under common law as assault and/or battery. The fundamental principle of respect for the autonomous right of a patient that underpins the law on consent was expressed in the classic statement Justice Cardozo: "*Every human being of adult years and sound mind has a right to determine what shall be done with his own body ...*" However, even if consent is obtained, should a doctor fail in a 'duty of care' owed to the patient which then causes the patient to suffer harm, a claim for negligence might ensue. Confidentiality provides another example of where there is a common law duty that prohibits the use or disclosure of information collected from patients in confidence without consent. In addition, the Data Protection Act 1998 has established rules to ensure that the confidentiality of records

must protect the identification of subjects so that their privacy is respected.

In an increasingly litigious world, a knowledge of the complex statutory and common law consequences of experimental medical and scientific interventions on volunteers and patients makes a knowledge of medical law an essential discipline for those involved in medical and clinical research.

References

1. The Medicines for Human Use (Clinical Trials) Regulations 2004 (Statutory Instrument 2004/1031) became law in the United Kingdom on 1st May 2004.
2. Harmonisation (ICH) Efficacy Topic E6 'Guideline for Good Clinical Practice', Step 5. Adopted by CPMP, July 96, issued as CPMP/ICH/135/95/Step 5.
3. A detailed account of medico legal issues related to clinical research appears in: Anker, S.I. *Medical Law and Research*, 2nd Edition, London: Anker Associates (2005). Further information available at: <http://www.medreslaw.com>

MEETING REPORTS

Academic Pharmacy Group Easter Conference – Aston Birmingham 2006

The conference was held at the Aston University Business School on 20 and 21 April. The programme included plenary sessions on: key issues for future research in pharmacy education; implications of developments in pharmacy practice for pharmacy education; pharmacy education in the future - an update on the Fit for the Future review; and an international perspective on pharmacy education. There were workshops on: developing reflection in the MPharm; research projects – is there another way?; experiences in inter-professional education; the MPharm indicative syllabus and accreditation process; why do people want to study pharmacy?; lessons from the longitudinal cohort study on undergraduates' career intentions, resources to support assessment of work-based learning; and admissions tutors – selection processes. Reports of some of these sessions appear below.

Plenary sessions

Pharmacy Education Research – what are the key issues for the future? - Professor Ian Bates, School of Pharmacy, London

(Report by Chris Rostron)

Professor Bates provided a lively start to the conference with an entertaining account of what we should be looking for in the future of pharmacy education. He identified 5 key areas:

1. Curriculum, learning and teaching;
2. Professional skills and attitudes;
3. Individual characteristics of students;
4. Evaluation of students and practitioners;
5. Environment and climate (inc. IT).

In 1. he provided data that suggested we should be investigating factors affecting motivation for learning, presenting evidence that high levels of didactic teaching was demotivating students.

In 2. he looked at reflective learning (with CPD very much in mind), suggesting there is a need for investigation of what we actually mean by reflective learning and, in particular, how it should be assessed.

In 3. he presented some rather depressing statistics about plagiarism and cheating which showed pharmacy students as some of the worst offenders. Perhaps linked to this was data suggesting we are taking students with lower levels of background knowledge, whilst at the same time increasing the number of topics being delivered – surely a recipe for disaster?

In 4. he demonstrated the enormous amount of work still to be done in terms of evaluating students and practitioners appropriately.

Finally, in 5., he addressed the issue of e-learning and its current situation. When asked to choose what he considered the most important areas to examine, he responded with three areas:

1. a re-evaluation of the meaning of “competence” from a higher education point of view;
2. to develop an ability for students and practitioners to manage their own learning;
3. to produce a “roadmap” for pharmacy, so that we are all travelling in the same direction.

Developments in Pharmacy Practice – what does this mean for pharmacy education? David Pruce, Director, Practice and Quality Improvement, RPSGB
(Report by Peter Seville)

David Pruce began with a reminder to delegates of the Pharmacy in a New Age (PIANA) initiative. This 10-15 year strategy for phar-

macy, designed to consider aspects such as the management of prescribed medicines, long term conditions and common ailments, is now almost achieved, and David went on to describe the innovations in pharmacy that will influence not only practice, but the pharmacy education needed to deliver these new roles and responsibilities. These changes include less reliance on prescription volume, more use of clinical skills, more emphasis on public health and extended roles becoming the norm. The new initiative, Pharmacy 20:20, is being developed as the vision for pharmacy for the next 10-15 years; included in this is a consultation on pharmacy education. The aim of academia, as described in this initiative, is to produce pharmacists that match the vision by: linking teaching with practice, using research to underpin practice and teacher practitioners to inspire and teach undergraduates and postgraduates, and to support life long learning. Whilst outlining Pharmacy 20:20, David sparked the old science/practice debate, and his somewhat contentious stance on this subject will be remembered by delegates in years to come!

Education Policy – Fit for the Future

Dr Sue Ambler, Head of Research and Development, RPSGB
(Report by Paul Gard)

Dr Ambler presented some of the Society's thoughts about possible pressures on pharmacy education, how the changing roles of the pharmacist may impact on the necessary curriculum, and what might be the future roles for pharmacists. She started by describing the 'place' of education within the RPSGB structure, showing how it impinged on, and was impinged upon, by professional leadership and development on one hand, and regulation on the other. Recognising this dual perspective, Dr Ambler then discussed impacts of various recent policy changes and developments. How, for example, will the new primary care contract affect the needs of the pharmacist, and therefore the needs of pharmacy education? She described the Government's Knowledge and Skill Framework, with the concept of the 'skills escalator' whereby an individual may begin a career with GCSE or A-levels, and by a process of work-place learning and experience progress through stages of dispenser, pharmacy technician, basic grade pharmacist, etc, and how such a concept requires pharmacy technician and pharmacist education to

be identical and parallel at the early stages. Is this appropriate, and should jobs be redesigned and work-force skill mix be redesigned to take it into account? Dr Ambler also pointed out that the highlighted importance of patient safety and clinical governance makes additional demands on pharmacy education.

At present pharmacist education addresses four basic themes: Why things work as they do; How people work; How medicines work and How the world works. These themes are taught under the traditional headings of Biology, Chemistry and Physics; Clinical Sciences (eg epidemiology, pharmacoeconomics) and Social Sciences (eg sociology and psychology). Armed with this knowledge, pharmacists undertake their traditional roles: Pharmaceutical care; Dispensing medicines; Storage and distribution of medicines. It is through these roles that they are able to ensure effective operation of the pharmacy and contribute to the effectiveness of the healthcare system. An overarching duty was to maintain and improve professional performance. Knowledge alone, however, is not sufficient to guarantee that these roles are carried out appropriately. Just as important as knowledge, the pharmacist must also have the appropriate attitudes and skills. To what extent are attitudes and skills captured within the current curriculum? And looking to the future, what skills may be necessary, with, for example, the introduction of more IT to facilitate record keeping and the introduction of robots in dispensing and medicine manufacture. Does the future pharmacist need to be able to dispense medicines or is that a job for someone else or for a machine? There are three key questions that will be addressed. These are:

1. What knowledge, skills, attitudes and values does the workforce need and at what level?;
2. What needs to be taught learned and assessed? And when, where and how and at what level to ensure that the workforce is competent and fit to practise?;
3. What resource is needed to deliver appropriate teaching, learning and assessment and how should this best be organised?.

Dr Ambler then outlined the ways in which the Society will go about addressing these questions. Firstly there is to be a consultation on the draft Principles of Pharmacy Education and Training document whereby all stakeholders will be invited to comment on the proposed

strategies to address the issues of: selection; curriculum; assessment; Fitness to Practice; resources and quality assurance. Following initial consultation, there will be a 'Roadshow' where regional fora are convened to discuss the revised document. The final stage will be to consult with government departments to address the issues of resourcing for pharmacy education.

The results of the consultation processes will finally feed into a reconsideration of the pharmacy academic workforce: how many academics are required to ensure supply of sufficient pharmacy graduates? What qualifications will the workforce need, and where will they come from? The presentation ended with the launch of the RPSGB Academic Excellence awards, aimed at enhancing the future pharmacy academic workforce.

An International Perspective on Pharmacy Education - Professor Lesley Lavack, Dean of Professional Programs, University of Toronto. (Report by Chris Rostron)

Professor Lavack gave a very stimulating account of the approach to "professionalisation" of the undergraduate pharmacy students at her university. Essentially this commences with the selection process, which is designed to identify those applicants most likely to become professional patient-oriented pharmacists. Their philosophy is that they are the gateway to the profession. As well as academic requirements, the admissions process involves non-academic assessment, utilising an admission test that includes an essay, short answer questions and an MCQ test. This attitude to student professionalism is confirmed on admission, being reinforced during the induction period where students are required to sign a "pledge of professionalism". Does it work? From information provided by Lesley the answer would seem to be a resounding yes. Although the Section 60 order may have missed a trick in not requiring student registration, this inculcation of professionalism in student pharmacists is something we should be working towards.

Workshop sessions

The MPharm: what next?

Damian Day, Head of Accreditation, RPSGB. (Report by Paul Gard)

Damian Day gave an excellent review of the

current thinking regarding possible reviews of the MPharm syllabus, the implications of changes of the EU directive and other relevant issues.

The session began with an overview of the processes being undertaken. First was reference to the 'Fit for the Future' programme, a major review of MPharm and other pharmacy education that is currently out for consultation. The audience were reminded of the current accreditation requirements, encompassing 50 items of the indicative syllabus and 51 requisite graduate outcomes that have to be met. Damian Day asked the group to consider what from the indicative syllabus and graduate outcomes should be removed, what should be left and what new criteria should be added. In considering these questions the group was urged to consider the true aims of the MPharm programme: should it be a guarantee of 'all round' competence, or should it be the lowest level of qualification required to permit progression to further training and experience? Following small group discussions, several suggestions regarding changes to the indicative syllabus were made. There was no consensus on which items should be removed, and several good cases were made for the inclusion of new material. The following suggestions had general support:

1. To bring the pre-registration training within the MPharm programme to create a 3-year Bachelors programme followed by a 2-year Masters programme or 5 year Masters programme;
2. To adopt alternative models in order to remove the necessity of a full 12 month pre-registration block, possibly replacing it with short periods, the total duration of clinical experience to remain at 12 months;
3. To remove the requirement of 3000 hours of undergraduate study, making it a recommendation rather than a requirement;
4. To remove the indicative syllabus, replacing it with a more generic learning outcomes approach.

'Research Projects – is there another way?' - Professor David Mottram, Liverpool John Moores University
(Report by Richard Bryce)

Professor Mottram raised a number of issues relating to the MPharm research project:

1. Are students given enough preparation in research methods before they begin their final year research project? ;
2. Given the widely varying nature of pharmacy undergraduate projects, can Schools be sure that students are equitably assessed? ;
3. With increasing numbers of students in Schools, are group projects the only viable option? ;
4. Research is not part of the day-to-day work of most pharmacist practitioners; why do Schools require students to undertake a major research project in their final year? ;
5. The proportion of final year credits given for projects varies considerably between schools of pharmacy; is this an issue? ;
6. Is it true to say that publications arising from undergraduate projects are non-existent or suitable only as conference presentations? In regard to this, it was felt that if the student was given a suitably focused and supervised piece of work that would link into a wider research programme, publication was not impossible.

It was evident from the workshop that among Schools there was indeed a range of approaches to the project, its assessment and credit rating. It was also noted in the workshop that the research project did not need to be undertaken in the final year. Some commented that a better use of the fourth and final undergraduate year might be for more patient-focused teaching, e.g .disease management rather than mainly science-based projects.

How to assess professionalism? - Professor Joy Wingfield, Nottingham University
(Report by Joy Wingfield)

At this session APPLET brought together some excellent speakers and around 40 academics to address the growing interest in "professionalism", how it manifests itself in practice and how to foster its development and understanding in healthcare. Professor Valerie Wass, a Manchester primary care academic first outlined the findings from the Royal College of Physicians' report on Doctors in Society – an account of medical professionalism. Dr Andrea Owen, project manager for UMAP – a collaboration of medical schools which have pooled resource on assessing clinical and professional competences – followed this with an outline of the work of the project over the last three years and suggested how this might be

adapted for the needs of UK Schools of Pharmacy.

The meeting then broke into workshops on thoughts in the following three areas:

1. What aspects of professionalism might be capable of formal assessment?
2. What techniques would be suitable and feasible?
3. At what stage(s) should assessment of professionalism take place?

The general consensus of views on the first and third questions was that there must be a progressive five-year process to inculcate professionalism. This should start in the first undergraduate year, mostly by setting expected behaviours – such as attendance and punctuality, politeness and respect for others' positions, – and by introductory tuition on the professional accountabilities, ethical and legal context to pharmacy practice. The assessment of ethical practice required a substantial resource both in "practice placements" and availability of appropriate preceptors and assessors, extending into the pre-registration year and the need to address this became ever more critical as the clinical aspirations of new pharmacists expand. Some concern was expressed over the need to maintain individualism and even a "maverick" or two to challenge existing practice and encourage independent thought.

The workshop identified some aspects of professional assessment that were already in place: using versions of problem based learning, especially if multidisciplinary fostered team work and shared accountabilities; writing up reflectively; use of CPD portfolios; working with mentors in clinical placements; the tutor/tutee systems of support; observation in simulated practice and the workplace were all ways of assessing professionalism but tended to be formative and subjective. Summative, objective assessment of professionalism was probably only possible for limited aspects of professionalism but more could be achieved by working collaboratively and learning from other health professions (see Notice Board, UMAP workshops, pg 14).

Building a sustainable academic pharmacy workforce - Professor David Guest, King's College, London, and member of the Pharmacy Workforce Planning & Policy Advisory Group
(Report by Peter Seville)

Professor Guest outlined the issues being considered in the academic workload in pharmacy, including the increasing demand for pharmacy services, a concern about long-term shortage of pharmacists in the context of increasing demand, the expansion of Schools of Pharmacy and the issues surrounding the expansion of technicians' and assistants' roles and skills. He went on to describe the workload model, the aim of which is to assess overall the degree of match between the future supply and demand for pharmacists and the risk of either under- or over-supply. Analysis of survey data revealed that (perhaps surprisingly to some) academic pharmacists work harder than non-academic pharmacists but have more control over their work-life balance, are more satisfied and are not looking to change career. However, the workforce model also predicted a substantial increase in numbers of pharmacists required in community/hospital practice, so perhaps life in academia is about to get tougher.

Admissions Tutors – selection processes -

Dr Peter Elliott, Liverpool John Moores University
(Report by Chris Rostron)

The session started with a brief review of the admission protocols applied by a selection of schools. There was a brief discussion of the various policies adopted by different schools on:

1. Criminal Records Bureau check (deemed to be important and something needing to be looked at by schools);
2. English language requirements (IELTS of 7.00 deemed by some to be better indication of ability than GCSE grade C);
3. Entry tests (of great interest following on from Lesley Lavack's earlier presentation which included the selection process used in Toronto);
4. AVCE in lieu of an A level (generally not viewed highly);
5. Greek foundation courses (generally viewed with skepticism);
6. East European secondary school qualifications (little experience so far but, apart from limited practical expertise, potentially respectable students);
7. Applications from nurses (chemistry knowledge generally the major issue);
8. Ethnic mix of applications (generally affected by the locality but usually an over-representation of the minority);

9. Widening participation - are certain schools targeted (most schools involved in promotion but success limited - RPSGB needs to do more to promote the profession)? ;
10. New bursary schemes/top-up fees (little experience to date);
11. A level subject requirements (generally broad ranging with only chemistry as an absolute requirement).

Pharmacy Practice Research Trust: Career Expectations Amongst Pharmacy Undergraduates - Are they realistic?

Monday 27th March 2006, held at British Medical Association, London

In order to have a wider understanding of the future profile of the pharmacy workforce it is important to have an understanding of the career aspirations and choices of those just entering the profession and how this changes over the first five to ten years. Empirical data on the career paths of pharmacists will inform workforce planning and policy, developments in education (e.g. CPD and preregistration) as well as development in service delivery and organisation. It is important that we have a greater understanding of the influences on the decisions that pharmacists make in the early stages of their careers such as which branch of the profession to work in, whether they choose to remain working in a pharmacy specific role and choices in relation to their future careers such as to undertake specialist training.

The study commissioned by the Pharmacy Practice Research Trust is following a cohort of 2006 pharmacy graduates through the initial career choices made whilst in undergraduate education, pre-registration training and early years in practice. (A summary of the report's finding appears below.) It will generate data relating to career, employment and training choices and will track changes in motivations and aspirations. The longitudinal nature of the study will allow mapping of changes and identification of trends as they emerge. It will also allow exploration of specific career issues such as the impact of student debt. This research will inform our understanding of what influences decisions that pharmacists make in the early stages of their careers and the impact these decisions have on future careers.

The Trust launched the first set of published results from this 5 year study on pharmacy careers. The report, which focuses on the early career choices of the 2006 graduate cohort, is the first in a series of five reports to be published over the next four years as this cohort completes its undergraduate and pre-registration education.

The results provide an interesting insight into the expectations and plans of this year's newly qualified pharmacists. The purpose of this meeting was to share these results with staff in the schools of pharmacy, employers and others, and to provide an opportunity for discussion of the findings.

The following presentations were given:

Student Expectations of a Career in Pharmacy
Karen Hassell, Senior Research Fellow/Director of Centre for Pharmacy Workforce Studies @ The Workforce Academy, School of Pharmacy, University of Manchester

What Employers Want from Pharmacy Graduates: Community Pharmacy Perspective
Paul Stretton, Talent Management Leader Professional, Boots The Chemists

NHS Perspective
Rachel Nunn, Preregistration Training Manager, London Pharmacy Education & Training

Industry Perspective
Michael Parker, Director, CMC Regulatory Affairs (UK), AstraZeneca

A breakout session was then held to discuss the following questions:

1. How well do careers in pharmacy match the expectations of current students? ;
2. What is the likely impact on the workforce if expectations are not met? ;
3. What, if anything, needs to be changed to ensure that student expectations are met?.

This was then followed by a presentation from Charlie Ball, Labour Market Analyst, Higher Education Careers Services Unit (HECSU) entitled *Pharmacy graduates: Are they very different?* which placed pharmacy graduates in the context of the wider graduate population for comparative purposes.

For further details of the outcomes of this event

please contact Beth Allen, Acting Research Manager (Tel: 020 7572 2466; Email: beth.allen@rpsgb.org).

Studying Pharmacy: who, when, how, why?

A Longitudinal Cohort Study of Pharmacy Careers: Early Choices Questionnaire.

A summary of findings. (For a full report and executive summary contact: beth.allen@rpsgb.org)

The report presents findings of the first survey from A Longitudinal Cohort Study about Pharmacy Careers, which aims to explore the early career development of 2006 GB pharmacy graduates. It has been running since January 2004 and is due to finish in December 2008. The Early Choices questionnaire had an explicit focus on choices made prior to studying pharmacy, such as how, when, and why respondents' chose to study pharmacy. The survey also collected data about respondents' future preregistration and work intentions. The survey was administered to students in all schools of pharmacy approaching the end of the third year of their degree programme. It was hypothesized that at this time issues relating to career choice might be coming into focus, since third year students have to begin to make choices about where to do their pre-registration training at this point in the programme. The response rate, after excluding one school with a very low response, was 67%.

Nearly three-quarters of respondents were female, compared with HESA data showing 63% of the cohort to be female, suggesting that females responded to the survey proportionately more than males. Overall, 53% of respondents were white and appeared to be proportionally over-represented amongst male respondents and under-represented amongst female respondents when compared with HESA data. Amongst male respondents, the largest ethnic groups were: 32.8% white British, 22.6% Indian, 11.5% Pakistani, 8.9% white Irish, 4.8% black African, 4.5% Asian other, 4.1% Chinese. Amongst female respondents, 43.6% were white British, 18.1% Indian, 9.0% white Irish, 7.0% Pakistani, 6.1% black African, 4.1% Chinese. These figures demonstrate that the profile of pharmacists is set to become more ethnically diverse.

Almost two-thirds of respondents made the decision to study pharmacy before they had completed their A-levels. 40% of respondents had no

practical experience of pharmacy prior to starting their MPharm course. Gender was significantly related to those who had had pharmacy work experience: around 80% of those who had had vacation experience in a community pharmacy or a Saturday job in a community or hospital pharmacy were female. Around half of students had a relative who was a pharmacist. Three-quarters of respondents overall said that pharmacy was their first choice of what to study at university. For 84% of white females, 67% of non-white females, 80% of white males and 66% of non-white males pharmacy was a first choice. Two-thirds of those for whom pharmacy was not their first choice, were aged 18 or over when they decided to study pharmacy.

In the choice of where to study, 60% of respondents were strongly influenced by the reputation of the course itself. Proximity to family and home was another influential factor. Non-white students were proportionately more strongly influenced by having a relative already studying at a university. More female than male respondents were strongly influenced by liking the university itself and its reputation. Almost three-quarters of respondents had visited the university where they were studying prior to deciding to study there. Significantly larger proportions of white students, both female and male visited their first choice university prior to deciding to study there, compared with non-white students. A higher proportion of non-white than white students applied to university through clearing. More than three-quarters of respondents said that their desire to study pharmacy had been very strong or strong when they entered their school of pharmacy. Respondents who applied through clearing were more likely to have had a weak or moderate desire to study pharmacy than in the sample as a whole.

Half of respondents said that on entering pharmacy school they hoped to work in the community sector on graduation, and a further 18% in hospital pharmacy. More than three-quarters of respondents said that the pharmacy degree was either very or quite similar to what they expected. Those who had no practical experience of pharmacy before they entered pharmacy school were more likely than the sample as a whole to say that they were not sure what to expect from the pharmacy degree. Male students were more likely to have repeated some exams while at pharmacy school than female students (53% compared with 39%) and non-white students more likely (50%) than white students (36%).

Those who applied to study pharmacy through Clearing were also more likely to have repeated exams than in the sample as a whole. Around one-fifth of respondents had considered changing courses or dropping out; this figure was significantly higher for white males. The most frequently given reason was academic difficulties.

More than 90% of respondents said that they intended to go straight into their preregistration training after graduation. Those who did not want to go straight into their preregistration training had lower levels of commitment to remaining in the profession than the sample as a whole and were less decided about the nature or direction their future careers would take. Overall, just over half of respondents had a clear idea about the branch of the profession they wanted to work in once qualified. Males were more likely to have no clear intention than females, as were non-whites when compared with whites. Approximately equal proportions of respondents wanted to train in the hospital (44%) and community (45%) sectors, with more females than males wanting to train in hospital pharmacy, and hospital pharmacy was more popular amongst white than non-white respondents. 80% of respondents studying in Scotland wanted to remain there for their preregistration training post, but only just over half of those studying in Wales wanted to remain in Wales. The general trend was for the largest proportion of students at each school of pharmacy to want to remain in the region where they had studied. Where students intended to move they usually hoped to complete their training in London. Respondents' choices of pre-registration training post were strongly influenced by career and promotion prospects (60%), by the reputation of a particular pharmacy company (47%), by working conditions (38%) and by future financial prospects (38%).

Many respondents were certain that they wanted more than one career. In relation to entrepreneurial career intentions, significantly more male (44%) than female (28%) respondents were certain that they wanted to own their own pharmacy, and more non-white (39%) than white (26%) students wanted to do so. More females (63%) than males (53%) were certain that they wanted a career in hospital pharmacy, and nearly all of these respondents had identified hospital pharmacy as their intended career path on entry to university.

Most students wanted a pre-registration post in the same sector as their longer-term career intentions. One-third of male respondents expect to work full-time until retirement, with a further quarter intending to work full-time but aim to retire early. About a third of female respondents expect to interrupt their pattern of work to take statutory maternity leave; a further 20% each expect to work full-time with periods of working part-time, or to work full-time early on but to work part-time later. Only 8% of respondents said that they did not expect to have career breaks during their career.

In relation to respondents' attitudes towards pharmacy, 50% said they expect to work very hard, 36% said they are very ambitious about their careers, about one-third think that career prospects in pharmacy are becoming more attractive and that there are lots of career opportunities in pharmacy, and 30% expected to work in pharmacy as a career until they retire. No significant gender differences were found in terms of respondents' expectations, but female students were more likely than males to believe that career prospects in pharmacy were becoming more attractive.

Pharmacy Practice Research Trust announces 2006 Practice Research Awards and Training Bursaries

FUNDING OPPORTUNITIES

The Pharmacy Practice Research Trust is pleased to announce the 2006 Practice Research Awards and Training Bursaries. There are two types of research award available:

1. **Galen award** - one or more awards made annually to a total value of £10,000 funded by a bequest by Rowland Henry Williams;
2. **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 purpose of the awards is to build research capacity in pharmacy practice and the following target groups have been identified:

1. those requiring funding between PhD and post doctoral grants;
2. those requiring funding to go from MPhil to PhD;

3. practitioners new to research;
4. PhD students requiring 'research costs' to enhance their PhDs.

The Bursary Scheme is intended to support community pharmacists who have an interest in developing their skills in conducting research relating to everyday practice. The Trust has £40K to fund a number of projects over the following levels of funding available:

- **Level 1** – funding to undertake research modules and a small-scale project (supported by a research organisation, for example, a Higher Education Institute, Primary Care Research Network or Research and Development Unit);
- **Level 2** – funding to upgrade a Diploma in Clinical/Community Pharmacy to a MSc, which usually involves undertaking a further two modules (one on research methods) and undertaking a project;
- **Level 3** – funding to undertake a non-pharmacy MSc.

Applications are invited from community pharmacists, self-employed (as locums or independent community pharmacists) or employed by a small chain of up to 60 registered premises, who demonstrate a real need for external support to develop their skills and careers in research.

The deadline for completed applications for this year for both the Awards and Bursaries has now passed, but awards are made annually and anyone interested should start thinking now about their research topic in readiness for the next deadline in June 2007.

For further details, please contact Beth Allen, Acting Research Manager (Tel: 020 7572 2466; Email: beth.allen@rpsgb.org).

RPSGB Academic Excellence Awards

The Royal Pharmaceutical Society of Great Britain has launched a new programme of PhD studentships to help develop the next generation of academic pharmacists. The studentships, the *Academic Excellence Awards*, will help exceptional pharmacists and pharmacy graduates interested in pursuing an academic career in pharmacy to undertake PhD training. It has been designed to increase the number of pharmacists who enter and stay in academia as a career and to foster the important role played by members

of the academic workforce in developing and leading the profession of pharmacy.

The Society is calling on fully accredited pharmacy schools throughout the UK to apply for funding under the new programme. Professor Stephen Denyer, Council Member and head of the Welsh School of Pharmacy, said: "The Society has long recognised the crucial role that academic pharmacists play in education and advancing the profession, and has been administering research awards for nearly one hundred years. This new competitive programme will better identify those pharmacists who demonstrate an aptitude for research and a commitment to a career in academia. It will look to place these students with research leaders committed to developing the profession. A PhD is vital for pharmacists who wish to pursue an academic career in pharmacy. It is a rewarding career which offers the chance to train the next generation of pharmacists, impart knowledge and to conduct research that will support and improve future practice."

The new scheme replaces the Society's previous PhD funding scheme, which began in 1999 with a total of 19 students funded over the 5 year operating period, with a total investment of some £800,000. In 2005 a consultation was undertaken to review the contribution that the PhD awards scheme had made in addressing its purpose and to consider proposals for the future. The proposals for the Academic Excellence Awards were agreed by Council in October 2005 as a result of this consultation process.

Under the programme, schools of pharmacy will compete to host an award. The successful schools will then be responsible for selecting, administering and supervising students throughout their period of training. Schools of pharmacy with a fully accredited MPharm programme have been invited to submit applications to host one of two Academic Excellence Awards in 2007. The deadline for completed applications was Friday 30 June 2006. Applications will be reviewed by peer reviewers from subject areas related to the application and considered by a panel with a view to making the awards in October. Guidance notes for interested Schools for next year's awards are available on the Society's website www.rpsgb.org or by contacting Florita Sanz on 020 572 2278.

Noticeboard

Forthcoming Events

6 September 2006

Joint Fit for the Future and

Academic Pharmacy Group "meet & greet"

at the BPC 13.00 - 14.00 (breakout room 1, Manchester International Convention Centre)

To register your interest please contact Karen Jones (Karen.jones@rpsgb.org)

8 November 2006

Academic Pharmacy Group Fit for the Future Consultation

University of Nottingham, 11.00 - 3.30

Further details to follow via School APG Liaison Officers

14 November 2006

Academic Pharmacy Group Fit for the Future Consultation

University of Brighton, 11.00 - 3.30

Further details to follow via School APG Liaison Officers

21 November 2006

Academic Pharmacy Group Fit for the Future Consultation

Robert Gordon University, Aberdeen 11.00 - 3.30

Further details to follow via School APG Liaison Officers

27- 29 November 2006

Tabletting technology for the pharmaceutical industry

Moller Centre, Cambridge

For further information please e-mail: science@rpsgb.org

12 January 2007

Academic Pharmacy Group Seminar

RPSGB Conference Suite, 10.30 - 3.30

16 April 2007

Academic Pharmacy Group Seminar

University of East Anglia, Norwich, 10.30 - 3.30

Courses

7 September 2006, Nottingham

How Can We Assess Ethics and Professionalism?

Question Writing Workshop No. 2 of 2

With UMAP (medical assessment teaching project)

For further information please see the APPLET website

(www.nottingham.ac.uk/pharmacy/applet)

10 -13 September 2006, Location TBA

Background and Wider Concepts in Healthcare Ethics

Autumn Course

For further information please see the APPLET website

(www.nottingham.ac.uk/pharmacy/applet)

9 January 2007, Friends House, London

National Open Meeting for All Teachers

For further information please see the APPLET website

(www.nottingham.ac.uk/pharmacy/applet)