

COMMENTS ON RECOMMENDATIONS ARISING FROM THE JOINT ACCREDITATION AND UNIVERSITY REVIEW OF THE TASMANIAN SCHOOL OF PHARMACY

INTRODUCTION

The teaching program of the School received unreserved approval from the review committee and it is rewarding for the staff to read the committee's positive comments on this aspect of the School's activities. This outcome has been the product of a major effort by all staff over many years to develop a degree program which best meets the needs of the profession and community, and is reflected in the ongoing high demand for places in the course from Tasmanian, interstate and international students. It is also reflected in the high demand for our graduates throughout the country.

However, the accreditation process specifically required that all components of the school (course content, teaching methods, research, academic staff, facilities, equipment, school administration and community and professional relationships), and not just the pharmacy course itself, be assessed. A significant adverse outcome was the recommendation that the School be granted full accreditation, but for a period of only three years instead of the maximum of five years available, because it was considered "*that the research performance of the School was at a low ebb and must be improved*". The benchmark against which the conclusion about levels of research activity has been measured is not identified. Within the University of Tasmania, research activity within the School would appear to be in the mid-range compared with all other units. An indicator of this is that the research component allocations of the 2002 University budget show that the School of Pharmacy received a percentage allocation greater than that received by 23 of the 60 identified academic units for the IGS component, and greater than that received by 30 of the 60 identified academic units for the RTS component, in spite of its modest size.

No suitable external benchmark for research activity exists at this stage, since the only Schools of Pharmacy of comparable size in other Australian universities are the newly established schools at Charles Sturt University, James Cook University and La Trobe University. It is inappropriate to use any of the much larger Australian mainland schools as the research benchmark. A systematic benchmarking review of all Australian and New Zealand Schools of Pharmacy is currently being undertaken on behalf of the Committee of Heads of Pharmacy schools (Australia and New Zealand) (CHPS(ANZ)), but data will not be available until its completion in 2003. Nevertheless, an expansion in research activity of the School is both desirable and feasible.

The review committee made ten major recommendations, several of which were specifically directed at increasing research activity and some of which were more directly related to other areas of the School's activities. Many of the recommendations interact so that implementation will require an integrated strategy and some will involve strategic decisions at senior management level. Responses and an action plan for each of the ten recommendations follow. Only actions specifically related to the recommendations are tabulated. However, in most cases, the context in which such actions are to be implemented are extremely relevant and these are discussed for each recommendation.

Recommendation 1

The number of research higher degree students should be increased in the Tasmanian School of Pharmacy with a target of between 5 and 10% of total student enrolments within the next three years.

Comments

A target of 5 – 10% of total enrolment (ie 5 – 10 EFTSU) for RHD students over three years is realistic, although with such a small base, load may be subject to large fluctuations over time. Existing staff, most of whom are already accredited RHD supervisors, can provide adequate supervision for such numbers, although the heavy teaching loads may present difficulties for some individuals. Provision of resources adequate to meet minimum postgraduate support standards for this larger number of RHD students would be problematic.

Past experience in this and other universities is that the majority of RHD students in Schools offering professional degrees are not graduates from their professional programs. Thus, strategies to increase RHD numbers must address both retention of suitable graduates and recruitment of graduates from other disciplines. Several initiatives to increase RHD student numbers had already commenced at the time of the review.

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
Increased recruitment of School's own graduates to RHD programs	Target potential Honours students in year 2 Honours program integrated into four-year course to facilitate p/g study	Potential for future increase in research-based formula income Increased costs for provision of minimum p/g support standards	Chair, TSoP Research Committee	Completed
Increased recruitment of BSc or similar graduates to RHD	Gain approval for GradDipPharmSci and MPharmSci for non-pharmacy graduates	Fee-based (equivalent to u/g HECS) – increased immediate income and potential for future increase in research-based formula income	HoS	In progress – available for 2003
Publicise research opportunities to targeted UTas students including career opportunities for Pharmacology majors see (recommendation 10)	Annual Research Evening scheduled	Minor costs	HoS, Chair TSoP Research Committee, Academic staff	October 2002, then annually

Recommendation 1 (cont'd)

The number of research higher degree students should be increased in the Tasmanian School of Pharmacy with a target of between 5 and 10% of total student enrolments within the next three years

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
Financial support available for potential RHD students	Seek external funding from PDL and Alphapharm (industry/professional organisations) for two teaching fellowships to assist in recruitment of RHD students	Increased income for Research training component of formula income Reduced op grant expenditure on clinical teaching	HoS, Deputy HoS	February 2003
Relevant CSA units available and publicised as part of BSc degree	Negotiate with Dean Science & Engineering for relevant CSA units to appear in appropriate Handbook schedules Direct communication to target BSc students re availability of units Also see recommendation 10	Additional formula income only at marginal rate– School already operates above allocated DEST load Potential future increase in Research Training allocation if students enrol in RHD in School	HoS	December 2002

Recommendation 2

The Department of Health and Human Services should be lobbied to provide direct financial support to hospitals for the clinical pharmacy teaching program

Comments

Clinical teaching is provided *pro-bono* by the private sector (community pharmacies) and until 2001 was also provided in a similar fashion by the public sector (teaching hospitals). Between 1998 and 2000, the School contributed \$25,000 p.a. (funded by a grant from PDL) to the major hospital clinical teaching site (Royal Hobart Hospital) to allow employment of additional staff to cover clinical teaching. Since 2001, however, a significantly increased sum (\$93,000 p.a.) has been paid to the DHHS to ensure clinical teaching continued to be available. Transitional funding was provided by the University in the school's 2001/2002 budgets to allow for clinical teaching costs, but this has been withdrawn for 2003, leaving a projected deficit for that year in spite of increases in both FFPOS and DEST load.

In the present political and economic climate in Tasmania, particularly in the health care sector, it is probably unrealistic to expect direct financial support from the DHHS will be forthcoming, particularly when the University's own budget process provides specific support for placement-based teaching in some disciplines (eg Nursing, Education) while ignoring the needs of others. However, it is realistic to expect that the DHHS should be able to support the clinical teaching program of the School by the provision of in-kind teaching and supervision to at least the same extent as that provided by the private sector (ie community pharmacists) throughout the state. The present system of fee-for-service payments by the school to teaching hospitals for such clinical supervision is unsustainable. It also consumes a disproportionate share of the School's income, so that little is left to spend on initiatives to develop research activity.

The only way that this can change is to lobby the DHHS at senior level, probably via the commitment of both parties to the Partners in Health Agreement. It is also essential that the School of Pharmacy gains direct representation on the appropriate PiH Committee (eg Education and Workforce Committee). Agreement must be reached that provision of clinical teaching of pharmacy students is a legitimate expectation of this state's teaching hospitals in ensuring continuity of supply of trained health professionals, particularly in areas such as pharmacy where there is an ongoing nation-wide shortage. Current experience is that the State's needs in both the public and private sectors cannot be met from interstate.

Recommendation 2 (cont'd)

The Department of Health and Human Services should be lobbied to provide direct financial support to hospitals for the clinical pharmacy teaching program

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
DHHS fully informed of urgent need for pharmacists in Tasmanian health care system (both public and private sectors) and role of School in fulfilling that need both in the past and the future – inability to recruit pharmacists from mainland	Seek meeting with Secretary DHHS	Achieving in-kind support for hospital-based clinical teaching would allow increased expenditure on research initiatives	HoS, Dean	December 2002
Sequenced approaches to DHHS by multiple professional bodies and community pharmacists	Enlist support from professional bodies and pharmacists at November meeting of Course Advisory Committee	As above	HoS Deputy HoS	Commencing November 2002
Increased accessibility to PiH management processes at School level	Seek direct School representation on PiH Education and Workforce Committee	As above	HoS Dean	December 2002
Formalise long-term agreement with DHHS for hospital-based clinical teaching and funding thereof	Seek formal conjoint appointments at RHH and LGH for clinical teachers	As above	HoS	December 2003
Teaching fellows appointed to contribute to clinical teaching	See recommendation 1	Reduced demand of clinical teaching costs on School budget allowing diversion to strategic initiatives in improving research	HoS	February 2003 depending on success of current negotiations with industry re funding
Specific budget line for clinical teaching within University budget		Reduces need for funding of clinical teaching from other School income allowing diversion to funding of strategic initiatives	HoS, Dean	2004 University budget

Recommendation 3

A working group within the Faculty of Health Science be established to explore possible opportunities for greater combined undergraduate teaching

Comments

Some joint teaching already occurs, albeit in the guise of “service teaching”, whereby students in Pharmacy and Medicine attend common lectures in Human Biology and Biochemistry. Differences in course structure may preclude further integration. Nevertheless, the School is in agreement with this recommendation to ensure that all possibilities are fully explored. This action should also be linked to course revision/curriculum review associated with the introduction of a five-year program in Medicine.

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
Increased combined undergraduate teaching	Establish working group to explore options <ul style="list-style-type: none">• Pharmacy• Medicine	Ramifications of EFTSU loss/gain for Schools under formula budgeting need to be determined	Dean HoS Pharmacy HoS Medicine Faculty Manager	December 2002
	Implement any identified opportunities for common teaching	Reduced staff teaching loads ?	HoS Pharmacy HoS Medicine	2004 academic year

Recommendation 4

There should be a review of the number and supervision of practical sessions throughout the pharmacy course to ensure the most cost effective and efficient use of academic staff time.

Comments

A review of the extent and role of practical teaching in the course had already been planned as a result of a recent planning exercise within the School. This had been held over until the results of a benchmarking exercise examining all Australian and New Zealand schools of pharmacy became available. This was commissioned by the Committee of Heads of Pharmacy Schools (Australia and New Zealand) (CHPS(ANZ)) in early 2002 and data collection is nearing completion. A site visit to the TSoP occurred in late August 2002. The availability of the results of this survey should greatly facilitate the proposed review and ensure that practical teaching in the School is in line with current national practice in pharmacy education.

The benchmarking process will not be complete for some time, however, preliminary data relating to practical teaching trends has been sought from the consultant.

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
Effective use of staff time in conduct of practical teaching, consistent with national practice	Obtain preliminary data on extent of practical teaching from CHPS(ANZ) benchmarking consultant	nil	HoS	Completed
	Implement review of amount of practical teaching in all CSA units. Analysis of staff time available for research activities under current practical teaching load and development of ideal model	nil	All TSoP staff, Pharmacy Advisory Committee	February 2003
	Planning for any identified changes for introduction in 2004	Reduction in staff teaching loads – time available for other activities (research)	All TSoP staff, Pharmacy Advisory Committee	February 2004

Recommendation 5

There should be a strengthening of the role of the Pharmacy Advisory Committee in curriculum development and review. The Committee should meet at least quarterly.

Comments

Past experience suggests that quarterly meetings of the full committee may be poorly attended. Previous practice has been to hold a scheduled annual meeting, together with *ad-hoc* meetings to deal with specific issues should they arise. It is accepted that communication between the School and stakeholders can be improved. A new academic administration structure for Faculties is under development and when this has been finalised, a School of Pharmacy Advisory Committee will be retained. The role of the committee will be re-emphasised to all members and active input sought and encouraged. Because of the large membership of the present committee, it is proposed that a smaller executive committee, with external professional representation, be established to meet quarterly, with decisions subject to ratification by a subsequent full meeting of the committee.

The School has already implemented a policy of scheduled meetings to inform and seek input from various branches of the profession and the Head of School attends at least one meeting of the Pharmacy Board of Tasmania and one meeting of the Pharmaceutical Society of Tasmania annually.

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
More effective PAC	Review committee's comments and recommendation to be presented to scheduled October meeting of School of Pharmacy Advisory Committee. Frequency of scheduled meetings/membership of new committee to be determined	nil	HoS	October 2002
	New Faculty academic administration structure to be adopted when approved by University – Pharmacy Advisory Committee to be retained with schedule of meeting dates to be published at beginning of academic year	nil	HoS	February 2003

Recommendation 6

The Tasmanian School of Pharmacy should increase its intake of students with particular consideration being given to domestic fee paying students.

Comments

There is certainly additional demand from DEST funded students for enrolment – the School is consistently oversubscribed with first preference applicants meeting all entry criteria. Similarly, the number of international students seeking places has exceeded the number of available places for some years. A combination of factors, changes to which are outside the control of the School, currently precludes expansion of enrolment in either of these areas;

- i. Our current DEST load (102) exceeds our allocated load (98). We were notified of an increase from 96 to 100 in late 2001 and we increased our intake of category 1 students in 2002 to begin moving to the higher load figure. In spite of this, our allocated load has now been decreased from 100 to 98. Because of limited resources, the School is not in a position to carry DEST load which is not fully funded.
- ii. Our enrolment of new international students has been progressively increased from 8 to 16 over the past few years. When the pipeline effect of the recent increases is realised, international students will make up more than 30% of the student population, which is the maximum proportion we would wish to accept. We also run the risk of jeopardising goodwill from the local profession (in terms of their support for our clinical teaching program) who will question why any increase in student numbers is not directed to local students so that the chronic Australia-wide shortage of pharmacists will be addressed.

The school enrolled its first domestic fee-paying student in 2002. The availability of this option has also been added to the School's Web site, to which all potential applicants are routinely directed. A small but constant number of enquiries are received regarding this option, but the evidence of demand is anecdotal, and many potential applicants are not of sufficient academic standard to have a reasonable chance of successful completion.

However, it is not possible to simply enrol more students until the issues of space (Recommendation 7), clinical teaching (Recommendation 2) and teaching loads (Recommendations 3, 4 & 7) arising from the review committee's report are addressed more substantially. Recent history suggests that simply increasing student numbers cannot be regarded as a guarantee of solutions to the School's problems. The School has undergone considerable growth over the past decade, with little improvement in its position. Additional revenue generated has been consumed by increased teaching costs, with no additional funding being available to direct to research.

Recommendation 6 (cont'd)

The Tasmanian School of Pharmacy should increase its intake of students with particular consideration being given to domestic fee paying students.

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
Increased domestic fee-paying student load	Letter to all applicants advising of possibility of fee-paying places	Mailout costs	HoS Student administration	October 2002
	Increase prominence of DFPS option on Web site	nil	HoS	completed
	Advertisement in Victorian press with publication of VTAC results	Advertising budget required	HoS	January 2003
Increased DEST allocated load	Seek increase in DEST allocated load	Increased income formula-based \$	Dean, HoS	December 2003
	If unsuccessful in increasing DEST allocated load, reduce DEST enrolments to yield only target load and re-allocate places to DFPS	Increased fee income	HoS	2003 enrolment period

Major Recommendation 7

There should be a review of the space requirement for the conduct of pharmacy dispensing practicals, with the goal to facilitate the conduct of a single practical session. This will mean a review of the need for the purpose built pharmacy dispensing stations in the current laboratory.

Comments

Limited teaching laboratory size means that all practical classes must be double taught, and budget limitations mean that it is not possible to use casual laboratory teachers to relieve the increased teaching load this imposes on academic staff. Limited laboratory space has also been correctly identified as a major bottleneck in precluding further expansion of student numbers, irrespective of category. However, this is not limited to the purpose-built Pharmacy Practice Laboratory mentioned in recommendation 7. Practical classes are also held in a general purpose Pharmaceutical Science Laboratory which the School acquired from the School of Chemistry several years ago. This space is also not large enough to accommodate a present cohort of students (55 – 60) in a single session. These laboratory-space limitations are indicative of a wider problem with respect to the overall space (m²/EFTSU) allocated to the School. This is currently less than 50% of the University-wide average and about 70% of the Australia-wide figure.

Without pre-empting the results arising from implementation of recommendation 4, it will still be necessary for the School to conduct at least some practical classes in both pharmaceutical sciences and pharmacy practice in all or the majority of years of the course. Because the School timetable must cope with the simultaneous needs of four academic years, two laboratory spaces large enough to accommodate 60 students each would be required, irrespective of the manner in which they were physically fitted out. This recommendation also questions the need for a purpose-built laboratory, similar to the existing design, for the conduct of classes in various aspects of pharmacy practice. All staff of the School remain firmly of the opinion that such a facility is essential. The views of other local stakeholders on this will be canvassed. However, the present laboratory is used extensively in all four years of the course and is often praised by visitors to the School. When not in use for practical classes, the computing facilities in the lab are used extensively by students for general purpose computing.

The problems of space can only be resolved by action taken at senior University management level. The proposed collocation of the School of Pharmacy to the Clinical School precinct has previously been advanced as a reason to delay consideration of expansion of the space available to the School of Pharmacy, on the grounds that such substantial expense was not warranted if the School would be moving to new premises in the near future. It is now readily apparent that the time frame for any such move has been expanded considerably and that expansion of the present facilities can no longer be viewed as a temporary solution.

Major Recommendation 7 (cont'd)

There should be a review of the space requirement for the conduct of pharmacy dispensing practicals, with the goal to facilitate the conduct of a single practical session. This will mean a review of the need for the purpose built pharmacy dispensing stations in the current laboratory.

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
Availability of suitable laboratory of sufficient size to accommodate year cohort in single session	Canvass opinions of stakeholders re need for dedicated pharmacy practice laboratory at forthcoming Advisory Committee meeting	nil	HoS	October 2002
	Provide two larger teaching laboratories, each to accommodate 60 students	Budget for provision of larger space and to refurbish and equip larger laboratories	Senior University Management	For use in 2004 academic year

Major Recommendation 8

With the next senior academic staff resignation or retirement, the University of Tasmania should consider the appointment of a Professor of Pharmacy to lead the Tasmanian School of Pharmacy and build its research standing

Comment

This recommendation echoes one made as a result of a previous review of the School by the University in 1994. The recent promotion of one member of staff to a personal chair does not obviate the School's long-standing and justifiable claim to an establishment chair. There is precedent in this University for relatively small academic units (eg the Discipline of Medicine) to have both establishment and personal chairs. In addition, it cannot be claimed that this University does not distinguish between the two types of position – in particular, there was not at any stage any consideration of provision of any form of establishment grant for the personal chair in the School, whereas this practice is frequently adopted in the case of establishment chairs. Consequently, the School has missed out on receiving yet another type of research –directed funding. In contrast to the attitude of this University, new Schools of comparable size have recognised the importance of a chair for academic leadership. La Trobe University appointed a Chair in Pharmacy before its first student had been enrolled and Charles Sturt University has just announced a joint venture with the State government of NSW to appoint a Chair in Rural Pharmacy.

There are at least two retirements from relatively senior (Level D) positions on the School's staff profile due over the next 3 – 5 years, providing an ideal opportunity to address this recommendation, particularly if additional income arising from implementation of recommendation 9 became available.

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
Appoint Chair in pharmacy as Head of School	Approve and advertise Chair in Pharmacy	Budget Salary cost probably neutral – increased costs for upgrade of one level D position could be offset by replacing other at Level B Additional funds for establishment grant required	Budget & Planning Dean	Keyed to retirement of current level Ds – 6 months notice available

Major Recommendation 9

The Tasmanian School of Pharmacy should seek to create a special focus for pharmacy within the University of Tasmania Foundation that would facilitate the receipt of donations and bequests from members of the pharmacy profession, the pharmaceutical and other industries, and members of the public.

Comments

The extent of direct financial support available from the local profession is yet to be tested. Limited support from industry has been obtained periodically, but the lack of local industry is a major disadvantage. There is also a lack of expertise and experience in this type of activity within the School. Assistance will be sought from the University Foundation and the University Public Relations unit on the best way to act on this recommendation.

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
Increased funding to School via donations from local profession	Initiate contact with University Foundation to examine feasibility/ ways and means	nil	HoS	December 2002
	Consult with local professional stakeholders re level of support	nil	HoS	October 2002
	Formulate implementation plan to establish Pharmacy focus within University foundation, utilising 2003/25 th anniversary of Pharmacy at Utas as central theme	Budget – brochure preparation and mailout Inauguration function? Increased School income from donations or endowed funds	HoS Secretary, University Foundation	January 2003

Major Recommendation 10

The University of Tasmania should investigate the introduction of a major in pharmacology in the second and/or third year of the Bachelor of Science course.

Comments

Without an accompanying increase in allocated load, the immediate effect of implementing this recommendation on the School's formula-based income would be negligible, since the School already operates above its allocated load. However, BSc graduates with majors in Pharmacology are a prime source of postgraduate students in the health sciences in many other universities and offering this option would assist in recruitment of such students for postgraduate degrees in several schools within the Faculty of Health Science. Potential impediments to implementing this recommendation are limitations in the capacity of existing resources to provide adequate teaching in this discipline over two or more years in a BSc program, and the current attitude of the Faculty of Science and Engineering to offering units based outside that Faculty as a significant component of a BSc program. Resource expansion could be funded from an increase in allocated load of undergraduate EFTSU and from increased postgraduate student load, if the issue of transfer of EFTSU entitlement between Faculties on a fair and equitable basis were resolved.

Pharmacy currently offers CSA202 Pharmacology as a 12.5% unit to BSc students. While this is promoted by the School via its Web site and direct email to targeted students, the availability of this course has not been actively promoted by the Faculty of Science and Engineering (eg in spite of our request for a change from the 2002 edition, the current entry in the 2003 Course and Unit Handbook does not list the unit in the appropriate BSc schedule, stating only that "a list of permitted units is available from the Faculty office.") The current BSc rules also preclude students from taking desirable and relevant combinations of subjects, which are not based in that Faculty. Students are restricted to a total of 25% of their load for subjects in this category, thus precluding, for instance, the obvious combination of Human Physiology (25%) and Pharmacology (12.5%) (In 2002, a student seeking to do this combination was refused permission by the Faculty of Science).

Implementation of this recommendation would require it to be both accepted and promoted by the Faculty of Science and Engineering.

Outcome	Output	Resource Implications	Responsibility for implementation	Implementation Date
Major in Pharmacology available in BSc	Establish working group to examine feasibility, resource requirements	To be determined	HoS, academic staff	December 2002
	Link to review of Medicine program for 5 year course		HoS, Dean	June 2003
	Consultation with Dean, Faculty of Science and Engineering	Mechanism for EFTSU exchange required	Dean, HoS	December 2002
	Prepare course proposals for approval in 2003		HoS, academic staff, Faculty staff	June 2003

SUMMARY

The only previous review of the School, commissioned by Budget and Planning, occurred in 1994, but the outcome of this was not formally presented to any University body. The School has already addressed a significant number of the matters identified in the earlier review and the challenge is to now address new issues identified in the present review, particularly that of increasing research activity. The primary outcome of the action plan to address the issues identified will be accreditation of the school for a full five-year term at the next accreditation review, now due in May 2005. To achieve this the recognised high standard of the School's teaching program will be maintained while at the same time a significant increase in research activity will be brought about by;

- Increased numbers of research higher degree students (Recommendations 1, 8, 10)
- Increased staff time for research by decreased teaching loads (Recommendations 3, 4, 7)
- Increased research infrastructure (Recommendations 8, 9)
- Increased funding for research (Recommendations 2, 6, 8, 9, 10)

The level of research activity in the School of Pharmacy is a long-term consequences of the manner in which the School of Pharmacy Pharmacy came to the University in 1978 from the College of Advanced Education sector, for which no research funding in any form was provided. Since that time, and in spite of repeated representations from the School, no attempt has been made to provide the school with even a rudimentary infrastructure for research, apart from some laboratory space. The School has never received any start-up funding for a research program, and has consistently been denied a chair when other former CAE academic units (eg Nursing, Education, Art) have been awarded one (or more in some cases). The existing research infrastructure and activity of the School has therefore been achieved from a zero base through its own initiatives. Strategies to implement each of the recommendations are tabulated above and three years provides only a relatively short time in which to address them. Several of the strategies outlined will only begin to show significant impact over a period of several years after implementation. In addition, several of the strategies outlined will require the active support of senior management to implement.

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3 October 2002