

The championing of social mobility at Manchester School of Pharmacy

Social mobility is a key priority for the Government. **David G. Allison** and **Julian Skyrme** provide data from Manchester that suggest its pharmacy course promotes social mobility

ACCORDING to the document “The coalition: our programme for Government”, David Cameron and Nick Clegg want a Britain where social mobility is unlocked, where everyone, regardless of background, has the chance to rise as high as their talents and ambitions allow them.

The extent to which access to the pharmacy profession is open to talented individuals from all social backgrounds is a relatively under-researched area. Access to other purportedly more prestigious professions such as medicine and law are the subject of intense political scrutiny. They paint a rather depressing picture of social exclusivity, where the opportunities for young people to become socially mobile and climb up the social strata are relatively limited. By looking at data from the UK’s largest single-site university, this article examines patterns of access to the profession of pharmacy, which highlights an altogether more optimistic picture about the role this profession might be playing in creating a more socially mobile society.

A key priority for the Government

Social mobility has been a key priority for both the previous Labour and current coalition governments. It describes the degree to which, in a given society, an individual’s social status may change throughout the course of his or her life, or the degree to which that individual’s offspring and subsequent generations move up and down the class system. Vertical social mobility is the transition from one social status to another, commonly defined in terms of occupation and income. Relative social mobility refers to the comparative chances of people with different backgrounds ending up in certain social or income groups. Regardless of an individual’s background, everyone should have a fair chance of getting the job they want or reaching a higher income bracket. To this extent, higher education can be a powerful driver of social mobility, allowing people from



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low-income backgrounds to earn more than their parents and provide a route to better jobs, thereby realising their potential.

The work of Alan Milburn has been influential in the UK. As a Labour MP, he chaired a commission leading to the report “Unleashing aspiration”,¹ where he argued social mobility will rise if there are either more professional opportunities or if chances to get into a professional career are more evenly spread. In 2010, he was appointed by the Deputy Prime Minister as an independent reviewer of social mobility and a further strategy, “Opening doors, breaking barriers”,² was produced.

These influential reports have concluded that universities play a vitally important role in achieving social mobility by making current access routes fairer and ensuring that students who succeed in getting a place to study do so on the basis of their talent and merit, irrespective of background or income. Unfortunately, this is often not the case where, for example, 75 per cent of judges and 45 per cent of senior civil servants have been privately educated, and only 4 per cent of medical students came from the bottom two

socio-economic groups. Moreover, the most advantaged 20 per cent of the young population are approximately seven times more likely to attend a selective university whereas equally qualified individuals from disadvantaged backgrounds have a lower propensity to apply to university. Those who do, however, often outperform their more privileged counterparts.

Pharmacy and social mobility

So, where does pharmacy fit into all this? Milburn’s data suggests that “tomorrow’s professional is today growing up in a family richer than seven in 10 of all families in the UK”. The conclusion from the report is that, if this growth in social exclusivity continues, it will mean more and more working and middle-class people will miss out on such professional employment opportunities in the future. What is interesting about these reports into social mobility is the extent to which pharmacy, as a profession and as a contributor to social mobility, has been overlooked.

Milburn’s report had much to say about the medical profession. It is referred to 23 times in the report, whereas pharmacy is not referred

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social mobility

NS-SEC

Since 2001, the national statistics socioeconomic classification (NS-SEC) has been used for all official statistics and surveys. There are eight different classes, with 1–3 being higher socioeconomic groups, 4–7 being lower socioeconomic groups and 8 being those who have never worked or are long-term unemployed.

to at all. In his report, statistics describe how, of all the professions, doctors and lawyers are the occupations whose members typically grew up in affluent families. For example, doctors born in 1970 typically grew up in families with an income 63 per cent higher than the average family's income, a situation that has deteriorated in comparison with those born in 1958. No comparable statistics are available for the pharmacy profession, despite there being some 2.6 million pharmacists and other pharmaceutical personnel worldwide.³

Data from the University of Manchester

Although there appears to be no national or comparable data about access to the pharmacy profession, data from the University of Manchester suggests there may be a more positive picture to paint in terms of access to this profession in comparison with the concerning statistics regarding medicine.

Widening participation (WP) into higher education for students from all backgrounds is a key strategic objective at Manchester, and one that is fully endorsed by its school of pharmacy. To this extent, the school of pharmacy not only has a unique foundation year programme that takes into account the educational and social context of applicants' achievements alongside attainment levels and aptitude tests to inform admissions procedures, but also has an excellent history in more than satisfying national targets for widening access, diversity and inclusion for its MPharm programme. For 2009–10,⁴ the school of pharmacy was significantly above the institutional university benchmarks and significantly above the university average for

entry from each of the key WP targets: low participation neighbourhoods, state schools and low socioeconomic groups (national statistics socioeconomic classification [NS-SEC] 4–7) (see Panel). This suggests that pharmacy will be contributing a relatively greater amount to the wider social mobility agenda than other subject areas.

Further, and perhaps more detailed, evidence of changes in social mobility, can be seen when examining the income backgrounds for students registered across different schools within Manchester. The family of any UK student wishing to draw down a student loan must share their financial information regarding their earnings. The university has broken down this information according to each of its internal academic schools. Of all academic subjects within the university, pharmacy has the highest proportion of students from households with incomes of less than £25,000 (45.3 per cent). This is a fascinating and surprising statistic and shows the significant role that pharmacy will play in helping bring about greater social mobility into the professions.

UK applicants to university who apply through UCAS also have to self-declare the occupation of the highest earner of the household, which is then coded into one of seven different NS-SECs. Again, it is notable that pharmacy also enjoys the highest proportion of students from the lower socioeconomic groups within the university (36 per cent).

Family income and socioeconomic classification measure slightly different things and so do not correlate perfectly. We can see that electrical and electrical engineering are high in both, whereas there are also some interesting variations. For example, law has the second highest proportion of students from household incomes with less than £25,000 per annum, but is only ninth highest for the proportion of students from lower socioeconomic groups. Dentistry and medicine are also interesting, with 30.3 per cent and 29.2 per cent of students, respectively, from low income households, but only 21 per cent and 16.9 per cent of students, respectively, from lower socioeconomic groups. So, although there is some correlation

between the two data sets, in the case of pharmacy, there are also some notable marked differences, which may simply be due to the fact that they measure slightly different factors. Unlike income, socioeconomic classification takes into account the skill, education levels and status of occupations that may vary within jobs remunerated at similar levels.

Conclusion

It is clear from the data that the social background of future and current pharmacists is lacking in debates on social mobility. Although a wealth of information exists attesting to the social exclusivity of doctors, data from Manchester suggest that pharmacy is leading the way in terms of promoting social mobility.

Although the data presented in this article relate to admissions figures for the University of Manchester, the likelihood is that this observation is common across most other schools of pharmacy in the UK. To this end, further research and sharing of data is recommended. Should similar patterns be evident across other universities, pharmacy may help transform debates on social mobility. Our tentative conclusion is that pharmacy should applaud itself for its apparent transformative effect on patterns of social mobility, where evidence from Manchester shows it is able to attract some of the best candidates into the profession from a significantly wider representative section of society than any other discipline.

References

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