

Department of Health Consultation

Expansion of Undergraduate Medical Education

Distribution of additional student places

1. How would you advise we approach the introduction of additional places in order to deliver this expansion in the best way?

Imperial College London fully supports the Government's proposals to expand the number of funded home medical school places. The College looks forward to working with both HEFCE and the Department of Health in reaching the Government target of an additional 1,500 students by 2020.

In order to fulfil this target the College considers a fair, transparent competitive process will be required which factors in bidders' available capacity, the quality of provision offered, the standard of placement opportunities and student demand. The process will also require clear communication between the Department of Health, HEFCE and medical schools to ensure that decisions can be made quickly and efficiently. For this reason the College and its NHS partners would welcome clarification and assurances around placement and teaching funding for any additional students allocated, both for those through the proposed process and for the initial 500.

The College also welcomes the lifting of the cap on the number of international students medical schools are allowed to recruit. International students enrich and enhance the academic experience and campus life for all students, and allowing more of the best and brightest from across the world to benefit from the UK's world class education system helps to cement the UK's position as a global higher education provider and innovator.

Any process for allocating additional home places should include a fundamental requirement for bidders to demonstrate that they are able to supply high quality training, placements and overall education for their students. This will not only ensure that doctors graduate with the ability to adapt to the changing modes of healthcare and the challenges brought on by the shifting demographics within the UK, but will also help to protect and maintain the UK's worldwide reputation for excellence in healthcare education. One method for achieving this could be prioritising medical schools with a track record of providing high quality education or through ensuring all extra places are allocated to HEFCE fundable medical schools with appropriate GMC approval.

Another factor which should require consideration in the allocation process is student demand. Schools, when bidding for these additional place, should be asked to establish that there is sufficient demand for places from prospective students. Institutions which are able to demonstrate particularly high levels of unmet demand, and have the capacity, should be given the opportunity to increase supply in order to meet this.

While placement capacity should be considered, it should be noted that the number of placements available is reliant on the level of placement funding available. If this funding falls below a certain level then it will no longer be viable for NHS partners to provide placements. Guaranteeing this funding and safeguarding that it meets requirements would create confidence and ensure a high standard of placements are available for all new students.

As the timeframe for allocating these additional places is fairly short, attention should be given to the ability for institutions and their NHS Partners to develop additional capacity. Medical schools and NHS Partners which have already indicated that they have additional capacity (through the allocation of the initial 500 places process), or who can demonstrate

that they could efficiently and quickly create capacity, should be given preference in order to fully meet the Government's targets.

2. What factors should be considered in the distribution of additional places across medical schools in England? (*multiple choice responses*)

University staffing capacity

University estates/infrastructure capacity

University capital funding capacity

NHS/GP clinical placement capacity

Mobilisation / timing capability

Others:

Quality of education, training and placements

Student demand

Incentivise social mobility

3. Do you agree that widening access and increasing social mobility should be included in the criteria used to determine which universities can recruit additional medical students?

Yes

4. Do you think that increased opportunities for part-time training would help widen participation?

No

5. If you have any additional information/experiences around widening access and increasing social mobility that would be helpful in developing the allocation criteria, please provide it here.

The College is committed to widening participation and works to inspire the most able students, regardless of backgrounds, to apply to, and succeed at the College. We therefore agree with the premise that it is important to create a diverse medical workforce and encourage students from non-traditional backgrounds to enter medical education.

One possible way of incentivising social mobility and ensuring that widening access is included within the allocation criteria could be by including having an approved OFFA access agreement as a requirement for additional places. This would ensure that institutions are able to demonstrate that they are taking positive actions to widen access and facilitate social mobility.

The College already undertakes a wide range of outreach activities aimed at supporting students from non-traditional backgrounds to progress to studying medicine. A recent initiative has been the introduction of the College's Pathways to Medicine programme, which is supported by the Sutton Trust, Health Education England, and the Royal Society of Medicine. Pathways to Medicine is a long-term, cohort-based programme that runs a series of activities for each cohort over a three-year period from Year 11 through to Year 13 to help pupils make strong and informed applications to study medicine at university. Activities include various talks from students and academics, mentoring, application advice, a summer school at the College, and guaranteed work experience placements in a healthcare setting. Following a successful first three years and overwhelmingly positive feedback from participants, the College has renewed its contract with the Sutton Trust to continue Pathways to Medicine until 2020.

The College also prides itself on its work to encourage BAME students in applying and succeeding in medical careers. The latest HESA data for 2015-16 shows that 60% of the

College's first degree, UK domiciled medical students with known ethnicity data identify are BAME, the highest of any UK medical school with over 100 students.

Ensuring sufficient doctor supply in all areas

6. Do you agree that where the NHS needs its workforce to be located should be included in the criteria used to determine which universities can recruit additional medical students?

No

7. If you have any additional information/experiences about attracting doctors to areas facing recruitment challenges that would be helpful in developing the allocation criteria, please provide it here.

While the College acknowledges that there are areas of the country which have experienced problems in recruitment, we do not agree with the conclusion that the location of training is the most efficient way to improve this. The College is of the opinion that strategies such as monetary incentives, promoting career opportunities and offering other benefits or perks would be a more effective and efficient use of the NHS's limited resources.

The report by Goldacre et al, referenced in the consultation, indicates that 61% of doctors take up their first career post in a different region to their medical school (Goldacre M, Davison J, Maisonneuve J and Lambert T (2013): Geographical movements of doctors from education to training and eventual career post, J R Soc Med, 106(3), 96-104). This shows that while location of medical school is important, there are a multitude of other factors which influence where doctors decide to settle and begin their careers.

The College considers that instead of using the geographic location of a medical school as part of the allocation criteria, medical schools could be asked to illustrate ways in which they are, or will be, working to help support and improve the recruitment and retention of doctors within the areas facing particular challenges. An example of this could be through exposing medical students to high quality placements, away days and work experience opportunities within these regions.

Support recruitment into general practice and shortage specialties

8. Do you agree that supporting general practice and shortage specialties to attract new graduates should be included in the criteria used to determine which universities can recruit additional medical students?

No

9. If you have any additional information/experiences about attracting doctors to general practice and shortage specialties that would be helpful in developing the allocation criteria, please provide it here.

The College supports the Government's ambition in attracting new graduates into general practice and other shortage specialties. The College considers that high quality, funded placements should be seen as the key lever to increase the uptake of many of the specialisations highlighted. Alongside the work done to improve the take up in primary care specialties highlighted below, the College encourages and supports students to consider futures in all specialties, ranging from metabolic medicine through to emergency care. The College works to ensure all graduates receive a broad training which will prepare them to enter their chosen specialism, whatever it may be.

For many of the specialties listed in the consultation document there is a lack of funding which is limiting the quality of placements. This was highlighted in the context of GP placements by the Health Education England and the Medical Schools Council report 'By Choice - Not By Chance'. The report concluded that the current low level of funding for GP

placements prevents practitioners teaching without compromising patients and is a significant challenge in supporting the growth in GP numbers. The College feels that this is also true of other specialities which, coupled with poor funding elsewhere in the NHS, creates difficulties in providing high quality placements which give students a positive attitude regarding a career in that field.

The report also identifies “tribalism” and “negativism” within the healthcare community as a barrier to students entering primary care specialties. The College has already taken steps to address these issues and increase the status of primary care specialists. One way the College has looked to tackle this is through increasing the exposure of students to GP and other primary care placements. The College has also implemented a “zero tolerance” approach to comments denigrating primary care throughout the college and has encouraged senior staff with a GP background to be more prominent and vocal about their positive experiences. The College has also collaborated with national partners and other medical schools to promote general practice and looks forward to continuing to work with colleagues across the sector on this important agenda.

Ensure quality of training and placement experience is maintained

10. Do you agree that the quality of training and placements should be included in the criteria used to determine which universities can recruit additional medical students?

Yes

11. If you have any additional information/experiences about how to improve the quality of training and placements that would be helpful in developing the allocation criteria, please provide it here.

As mentioned previously, the College considers that any process for allocating additional places should include a fundamental requirement for bidders to demonstrate that they are able to provide high quality training, placements and overall education for their students. We also recommend that, in line with protecting the UK medical education’s worldwide reputation for excellence, medical schools with a track record of providing high quality education are prioritised and that extra places are only allocated to HEFCE fundable medical schools with appropriate GMC approval.

We accept that attempting to measure the quality of provision within the higher education sector is problematic, and therefore care should be taken to avoid metrics designed for different purposes and which may not accurately reflect the actual quality of provision. For this reason the College would recommend not using metrics such as the NSS or DLHE as a proxy for teaching and training quality in the allocation of new places.

One method which the College has used to improve the standard of placement and teaching within the field of primary care is through formalising the approval and review processes for new practices and general practice teachers. Within this process all new teachers and practices are vetted to ensure they meet the high standards set by the College. This includes understanding the past experiences of any potential new GP teachers to ensure they match the requirements for certain courses, using CQC data to ensure practices meet the standards required for placements and carrying out visits and interviews to ensure new teachers have the right approach to mentor and teach students. The process also includes a mandatory College run teaching course to ensure that GP teachers are able to learn new methods of teaching and top-up their skills before they begin to receive students. After approval the College works to ensure teachers and practices are able to develop their teaching skills through regular skills-based workshops and through an annual teacher conference which includes additional workshops and seminars alongside peer review sessions. This approach is aimed at ensuring that partners and GP teachers can learn from one another and develop their teaching methods. The conference is also part of an annual

review process which is designed to support GP teachers and make sure that students receive the highest quality experience possible. Although this approach is still fairly new, initial feedback suggests that both students and GP teachers have found the process highly beneficial in improving the quality and standards of the College's primary care placements.

Encourage education innovation and market liberalisation

12. Do you agree that all providers should be offered the opportunity to bid for the additional medical school places?

No

13. Do you agree that innovation and sustainability should be included in the criteria used to determine which universities can recruit additional medical students? (Y/N)

Yes

14. If you have any additional information/experiences about how to encourage innovation and sustainability that would be helpful in developing the allocation criteria, please provide it here.

The College considers innovation to be key in producing high quality, work ready graduates. The College invests heavily in updating and developing its medical curricula and works to ensure that students are exposed to new modes and methods within healthcare throughout their degrees. For example, the College has recently added an option for third and fifth year students to carry out long term placement (a full academic term or year respectively) within a general practice conducting supervised independent consultations and getting first hand exposure to primary care. The College also combines teaching with cutting edge research to ensure that our graduates are able to adapt to the changing healthcare environment, understand new technologies within the healthcare environment and develop their problem solving abilities.

These and other innovations in teaching are only possible due to long-term financial stability which allows the College to plan and to invest in programmes and projects which are often viewed as risky or without immediate, short-term benefits. Ensuring that institutions have a long-term view of what funding will be available would enable more medical schools to behave innovatively.

This view is also expressed by NHS trust partners who require long-term funding to facilitate high quality placements. Providing assurances and further information on the placement funding available for additional students would go a long way in ensuring that students receive an innovative and quality educational experience.

As mentioned in previous responses, the College considers that medical schools with a track record of providing high quality education should be prioritised in order to protect the sector's global reputation and ensure graduates are able to provide excellent care to patients in the modern healthcare environment. This should be achieved by limiting the allocating of additional places to HEFCE fundable medical schools with appropriate GMC approval.

15. We would be interested in hearing views on how meeting the needs of the NHS aligns with the role universities wish to have in the future distribution of places in an expanded market - please provide your views here.

As mentioned previously, Imperial College London considers that institutions seeking additional medical student places should be required to clearly demonstrate that they will provide high quality training, placements and overall education for their students. While other concerns are important and should be considered as and when appropriate, the primary outcome from an expanded system should be to increase the supply of highly trained graduates who are able to provide quality care to patients in the modern healthcare environment.

Return of service agreement

16. Do you agree with the principle that the tax payer should expect to see a return on the investment it has made? (Y/N)

Not answered

17. Do you agree in principle, that a minimum number of years of service is a fair mechanism for the tax payer to get a return on the investment it has made? (Y/N)

Not answered

18. Do you have any views on how many years of service would be a fair return for the tax payer investment? (multiple choice list of years)

Not answered

19. Do you agree with the principle that graduates should be required to repay some of the funding invested in their education if they do not work for the NHS for a minimum number of years? (Y/N)

Not answered

20. Can you think of any potential impacts of requiring graduates to repay some of the funding if they do not work in the NHS for a minimum number of years?

If a service agreement is sought then care should be taken to ensure that the impact on students from disadvantaged backgrounds is minimised. Many of these students are debt averse and as such may be disincentivised from studying medicine by the prospect of accumulating a higher level of debt should they choose not to continue within the medical profession.

A service agreement could also have unintended consequences, for example in discouraging students from taking jobs which require medical knowledge in the charity sectors or in professions which require intimate medical knowledge such as within the pharmaceutical, healthcare research and medical equipment professions. A service agreement also has the potential to discourage graduates from entering clinical academic careers, which in turn would create future difficulties around the training and education of doctors.

21. Is this a policy you wish to see explored and developed in further detail?

Not answered