

Department of Health Consultation on the expansion of medical undergraduate education

Academy response

30 May 2017

1. Introduction

The Academy of Medical Royal Colleges (the Academy) is the umbrella body for medical royal colleges and faculties in the UK. As such we seek to speak on standards of care and medical education across the UK. We are pleased to respond to the Department of Health consultation on expansion of medical undergraduate education.

Our response has concentrated on the issues of

- The allocation of places
- Return of service agreement.

2. Expansion in undergraduate numbers

The Academy warmly welcomes the increase in the number of student places at medical schools in England by 1,500. Colleges have long argued that the UK requires more doctors and this is therefore a positive step.

3. Allocation of places

The Academy supports the thrust of many of the suggestions made in the consultation report regarding the allocation of the new places.

The Academy strongly agrees 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. There is an oversupply of medical students and junior doctors in London and the South East in comparison to the rest of the country which does cause significant problems with workforce shortages [\(Question 6\)](#)
- The quality of training and placements should be included in the criteria used to determine which universities can recruit additional medical students. [\(Question 10\)](#)

We would also 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. It should be noted that which specialties are in shortage is not fixed and may change over time. Equally it will be important to maintain appropriate supply across all specialties [\[Question 8\]](#)
- Widening access and increasing social mobility should be included in the criteria used to determine which universities can recruit additional medical students [\[Question 3\]](#)
- Increased opportunities for part-time training would help widen participation [\[Question 4\]](#)
- Innovation and sustainability should be included in the criteria used to determine which universities can recruit additional medical students. [\[Question 13\]](#)

The consultation argues that all providers (i.e. new private providers) should have the opportunity to bid for the additional medical school places. The Academy believes that first and foremost the criteria above should be applied to judge appropriate allocation. The Academy does have serious concerns that providers who base their fees simply on what they believe the market will bear are not going to contribute to widening access and social mobility. [\[Question 12\]](#)

4. Return of service agreement

There are different views on the issue. There is one view firmly opposed to the proposal and an alternative opinion which recognises the rationale but is clear there would be many issues of detail to resolve.

Arguments against

The argument against a specified period as a means of retaining staff and a requirement that doctors who leave the NHS before the specified period should pay back some funding to the NHS is that it would be entirely counter-productive. The focus should be on improving the morale of trainees and junior doctors and attracting more doctors to the NHS, yet this proposal could have the opposite effect. Doctors are leaving the NHS because they do not feel valued not because of large demand for working outside the NHS. This proposal could potentially discourage students from applying to study medicine by sending a punitive message and limiting the career flexibility for a generation that places increasing importance on that freedom.

It should be recognised that feedback from most current trainees firmly opposes the proposal.

The comparison with the Army Medical Services Professionally Qualified Officer bursary scheme would seem somewhat disingenuous in that those medical students are paid a £10,000 a year bursary and a lump sum of £45,000 after initial military training. That is a very much more direct level of personal support and contribution than provided to other medical students and the requirement for reciprocal commitment is clearer.

Furthermore, there is a potentially significant risk that such a proposal would particularly impact students from poorer backgrounds. The BMA report *Equality and Diversity at UK medical schools* shows that only 14% of medical students come from the lowest 45% of the social scale in the UK. If medical

graduates are forced to pay back their tuition fees if they decide to leave the NHS, this is likely to exacerbate the problem of attracting doctors from poorer backgrounds who may be put off by the proposal on top of already repaying their tuition fees.

There are other groups for whom the cost of education is effectively subsidised by Government and there was a view that medical students were being unfairly singled out.

Another problem with the proposal relates to the impact this would have if other countries adopted a similar policy. We rely heavily on doctors trained overseas. Currently 20% of surgeons working in the NHS were trained in the EEA and a further 20% were trained elsewhere in the world, outside the UK. If other countries therefore adopted a similar policy, it could have a very detrimental impact on our own workforce.

5. Recognising the rationale

While there were no enthusiasts for the proposal there was an understanding of its rationale. With the publicly funded NHS as a monopsony employer, it may not be unreasonable to ask students whose education is subsidised by the state to make a commitment to that employer. Equally, if such a system is accepted it is only logical that there is some form of sanction or penalty for those who do not comply with the arrangements. Therefore an expectation for some form of pay back for those who leave early is rational.

However, while there is some acceptance of the rationale, there was a strong call for very careful consideration of the mechanics and operation of any system. Any system must not act as a disincentive or have unintended consequences.

There has to be considerable flexibility in the period within which any period of service has to be given. There should be no expectation that this should immediately follow graduation – whether or not the point of registration is moved.

The experience that many doctors get from working abroad as a newly qualified doctor brings them valuable skills and experience and real benefit to patients here. Inflexible requirements for NHS employment or to repay funds would be unproductive and damaging.

A suggestion was made that if, for example, there was an expectation for three years' service this should be over a ten year period. This ratio should apply proportionately so if the requirement was for five years' service it should be over a fifteen year period.

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- Careful consideration needs to be given to a range of practical issues including
- How maternity leave or long term sickness are handled
 - Whether NHS service has to be as a doctor or can be in another role
 - Length of service requirement
 - Level of sum repayable
 - Terms for those undertaking less than full time training.

Finally, there is a question as whether even if the rationale is accepted the overall benefit outweighs both the administration of the system and potential downsides.

If the Government does explore this further Colleges would expect extensive discussion and consultation over any proposals.