



DH Consultation on expanding undergraduate medical education

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

The overriding priority for the introduction of the additional places must be on those areas of the country that have difficulty recruiting post graduate trainees and consultants. The RCP's Future Hospital journal has found that location was identified as the single biggest factor in where foundation applicants apply (Curran and Baker Future Hospital Journal 2016 Vol 3, No 1: 17–20) . We also know that having formed relationships over 5 years in medical school, people are likely to stay in the area.

2. What factors should be considered in the distribution of additional places across medical schools in England?

Answer options: (please choose as many as appropriate) University staffing capacity University estates/infrastructure capacity University capital funding capacity NHS/GP clinical placement capacity Mobilisation / timing capability New medical schools Others: (please specify)

Geography is the prime priority for the distribution of places; medical students are needed where we need doctors .

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? Answer options: Yes / No

Yes but this must only be after geographical considerations have been met. Medical school places should be open to all regardless of socioeconomic background. Widening access is vital if we want a workforce which reflects society.

4. Do you think that increased opportunities for part-time training would help widen participation? Answer options: Yes / No

There is currently not enough data to support this assertion but it may help postgraduate training opportunities

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.

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? Answer options: Yes / No
Yes: this is the most important consideration from a workforce perspective the places need to be inversely associated with current staffing levels, so that areas of greatest difficulty in recruitment get the most new places.

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.
Curran and Baker Future Hospital Journal 2016 Vol 3, No 1: 17–20

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? Answer options: Yes / No

Yes in principle, this will be particularly important for acute medical specialities, however workforce demands may change faster than courses so it will be difficult to provide this

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.

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? Answer options: Yes / No

Yes but only after geographical considerations. If there are areas where quality of training is substandard, then the priority should be to improve that training with extra resource and trainees.

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.

12. Do you agree that all providers should be offered the opportunity to bid for the additional medical school places? Answer options: Yes / No

Yes all universities with a track record of providing medical education should be offered the opportunity to bid but primary consideration must be given to location.

13. Do you agree that innovation and sustainability should be included in the criteria used to determine which universities can recruit additional medical students? Answer options: Yes / No

Yes this is more important than current capacity / infrastructure / funding; if the bidder can commit to future proofing in a sustainable and rigorous way this is far more relevant than current capacity. This

should be seized as an opportunity to increase training capacity in a permanent way rather than simply to squeeze a few more students out of already overcrowded campuses.

- 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.**
- 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.**

There must be proper workforce planning, 1500 new places will make very little difference. The starting point should be looking at areas of greatest difficulty recruiting, and 'rota gaps'; from this start point work out how to allocate places to the areas that need them the most.

- 16. Do you agree with the principle that the tax payer should expect to see a return on the investment it has made? Answer options: Yes / No**
- 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? Answer options: Yes / No**
- 18. Do you have any views on how many years of service would be a fair return for the tax payer investment? Answer options: 2 / 3 / 4 / 5 / more than 5**
- 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? Answer options: Yes / No**
- 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?**

Graduates may be motivated primarily by the earning potential of a job rather than the training potential and so difficult to recruit areas may become more difficult. There may also be a major impact on the morale of junior doctors.

21. Is this a policy you wish to see explored and developed in further detail? Answer options: Yes /No

The RCP would have reservations about such a policy so we would need to see more detail before we can comment. Such an important issue, which has the potential for a huge impact on doctors working lives and recruitment to the profession, needs to be a separate consultation.

22. Do you have any comments about the impact any of the proposals may have on people sharing relevant protected characteristics as listed in the Equality Act 2010?

23. Is there anything more we can do to advance equality of opportunity and to foster good relations between such people and others or to eliminate discrimination, harassment or victimisation?

24. We are interested to hear views about the impact the proposals may have on families and relationships. For example, do you consider training more doctors will have a positive impact on flexible working because of additional system capacity?

The main issue faced on a daily basis by the medical workforce is rota gaps if these are filled then training will be better, on calls will be safer, quality of life in and away from the hospital will be improved. This will only be possible if the places are allocated in some way to maximise the filling of recruitment patches.

In order to increase the impact on families and relationships medical student numbers need to be increased further as less than full time working rises.