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Report

Increasing medical student numbers in England 2001

HIGHER EDUCATION FUNDING COUNCIL FOR ENGLAND

Increasing medical student numbers in England 2001

To	Heads of HEFCE-funded higher education institutions
Of interest to those responsible for	Finance, Estates, Planning
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Executive summary

Purpose

1. This report provides information on the further allocation of additional medical student numbers in England from 2001-02, and explains the decision-making process underpinning these allocations.

Key points

2. The Third Report by the Medical Workforce Standing Advisory Committee (MWSAC) in December 1997 concluded that a substantial increase in medical school intakes was required to meet the future workforce needs of the NHS. In agreeing the MWSAC's recommendations, the Government charged the HEFCE and the Department of Health (DH) jointly to implement the introduction of additional medical student numbers for England (home and EC students only).

3. In the previous allocation exercise, the Joint Implementation Group (JIG) set up by the Government in 1999 allocated some 1,129 new medical places, in a three-stage process. This included establishing two new medical schools, at the University of East Anglia (UEA) and, jointly, at the Universities of Plymouth and Exeter (the Peninsula Medical School). The method and results of that exercise were reported in HEFCE 99/42.

4. Following the publication of the NHS Plan in July 2000, the Government stated that it was seeking a further 1,000 medical places. Arising from this JIG was asked to establish a new bidding round for 2000-01, to be run on similar lines to those conducted in 1999 and 2000. In this latest phase, JIG was jointly chaired by Professor Sir Brian Fender (Chief Executive of the HEFCE) and Professor Liam Donaldson (Chief Medical Officer).

5. JIG decided that the additional 1,000 places should be allocated through a competitive bidding process. In September 2000, it invited bids for additional medical places from universities, requesting submissions by 1 December 2000. Decisions on the allocation of places were taken according to published criteria which took into account regional priorities, innovation, quality, graduate entry, widening participation, and value for money (the objectives are attached at Annex B). It is expected that the great majority of the additional student intake will be in place by 2006.

Action required

6. This report is for information.

Background

7. In 1991 the Medical Workforce Standing Advisory Committee (MWSAC), chaired by Sir Colin Campbell, was asked by the Secretary of State for Health to make recommendations about the intake of students to medical schools. In doing so, MWSAC was asked to assess the likely future demand for doctors to be employed by the NHS, consider the balance between home and overseas students, and take account of possible future changes in working patterns.

8. The main recommendations of MWSAC's Third Report, published in December 1997, were that:

- the annual intake of medical students should be increased by about 1,000 as soon as possible and in the most cost-effective manner
- clinical courses with graduate entry should be developed
- the number of undergraduate medical students from overseas should be held constant.

9. A Joint Implementation Group (JIG) was established, jointly chaired by the HEFCE and the Department of Health (DH), to make recommendations on the allocation of additional medical school places in England. The funding bodies for Scotland, Wales and Northern Ireland considered their position separately.

10. Given the large additional numbers to be allocated, and the wish to implement the increase as quickly as was consistent with securing the necessary quality, JIG decided to adopt a three-stage process in the first round, allocating 1,129 new medical places. This included establishing two new medical schools, at the University of East Anglia (UEA) and, jointly, at the Universities of Plymouth and Exeter (the Peninsula Medical School). The method and results of that exercise were reported in HEFCE 99/42.

11. After publication of the NHS Plan in July 2000, the Government decided that the extra 1,129 places were still insufficient to meet the NHS's needs, and that it needed up to 1,000 further doctors. JIG was therefore asked to establish a new bidding round for 2000-01, to be run along similar lines as before.

12. The JIG membership which conducted the further round is attached at Annex A.

Timetable

13. The group worked to the following timetable:

22 September 2000	Date of invitation to bid
1 December 2000	Closing date for the return of bidding forms and proposals
February and March 2001	Where necessary, JIG sought further information from institutions through presentations
30 March 2001	Further allocations announced for the admission of medical students

Working methods

14. JIG decided upon a competitive bidding process for the main allocation of additional numbers, as in the first round. In 1999, the group had consulted widely with the higher education sector and other interested parties before establishing objectives and criteria; in 2000 it decided to use the same objectives and criteria (as set out in Annex B) to underpin its decisions. In addition, it took into account the General Medical Council's (GMC) main recommendations for the future of medical education, published in 'Tomorrow's Doctors' (see Annex C).

15. As before, the number of undergraduate medical students from abroad will be held constant while the overall increase is being made. The great contribution made by overseas doctors to health services in the UK is well recognised. However, because many overseas doctors leave the UK after qualification, it was considered inappropriate to increase overseas student numbers as part of an initiative to secure the long-term supply of doctors for this country. Universities were asked to bear this in mind when preparing their bids**.**

16. JIG considered proposals from 21 existing and potential new medical schools in England. Of the existing medical schools, only two did not submit expansion proposals. The HEFCE and the DH undertook an initial analysis of each bid. Where bids raised issues which the group wished to explore further, and where the bid was for a substantial increase in numbers or to establish new provision for medical training, JIG invited universities either to make a presentation or to submit further written evidence as clarification. In a small number of cases this was judged unnecessary, because the written proposal gave sufficient information and was for a relatively small and cost-effective expansion of established provision. The great majority of proposals were considered at formal presentations to the group.

17. JIG considered each proposal under the following broad headings:

- NHS needs

- management capability and cost effectiveness
- curriculum and innovation, including in relation to multi-professional training
- research and development implications
- strength of collaboration, between the university and the NHS and (where relevant) between partner universities.

18. Overall the proposals were stronger than in the previous round, with clear effort made to modernise curricula to take account of the NHS Plan and to move towards widening access and incorporating elements of multi-professionalism. The large number of graduate entry proposals also offered wider access.

19. There were several bids for new medical schools. Because the establishment of a new medical school represents a major challenge for any university, especially when undertaken without partnership with an existing medical school, JIG considered these bids particularly carefully. The joint bids from the Universities of Hull and York, and the Universities of Brighton and Sussex, were felt to be innovative and soundly based. The group also endorsed the proposal from the Universities of Manchester and Keele to build on the joint medical school established under the previous allocation round, so as to develop a self-standing medical school at Keele which would still operate in partnership with the University of Manchester.

20. The table in Annex D details the allocations agreed as a result of the competitive bidding exercise. These numbers will be implemented predominantly from 2002-03. Annex E shows the total build up of medical places since 1998.

21. The map in Annex F shows:

a. The distribution of medical schools across the country, including the new medical schools and those which have expanded by more than 100 places since 1998.

b. The distribution of hospitals which have significant involvement in medical training.

Outcomes

22. In drawing up its overall objectives for allocation, JIG looked in particular at widening participation, graduate entry, multi-professionalism and innovation, within an overall regional framework. Allocations were based on judgements about the overall strength of each bid, taking into account all the factors involved. Successful bids included the following.

<u>Regional priorities/targeted areas of shortage</u>

23. Virtually all areas of the country are now within reach of medical education:

- Universities of Hull and York – the new school will address the regional shortage on Humberside
- University of Nottingham – is developing a new centre in Derby
- University of Bristol – new 'Clinical Academies' will create teaching centres in the West Country, using a multi-professional approach
- Universities of Brighton and Sussex – are extending provision to meet needs in the South-East
- University of Keele – is developing a new, self-standing medical school to meet needs in the Trent region
- in addition, further places were allocated to meet shortages in the North-West and West Midlands.

Widening participation

24. A number of proposals meet the objective of widening participation:

- Universities of Bradford and Leeds – a collaborative scheme aims to recruit students from a broader range of social and ethnic backgrounds
- University of Birmingham – will seek to attract an increasing number of students from local, socially deprived areas
- Universities of Newcastle and Durham – have been awarded further numbers for their collaborative access strategy based on Durham University's Stockton campus
- University of Southampton – is extending its New Curriculum programme to enhance multi-professional training and curriculum innovation.

Graduate entry

25. Graduate entry places were awarded for the first time in the previous bidding round in 1999. They are one means of widening access to medical training, by offering opportunities to graduates from other subjects. They were substantially increased this time to represent almost 40 per cent of the total new numbers, and were awarded to:

- University of Birmingham
- University of Bristol
- University of Newcastle
- University of Nottingham
- Queen Mary (University of London)
- University of Southampton.

26. These join the four-year courses already under way at St George's Hospital Medical School, the Universities of Oxford and Cambridge, and jointly at the Universities of Leicester and Warwick.

Annex A

Membership of the MWSAC Joint Implementation Group

Members

Professor Sir Brian Fender, Chief Executive, HEFCE (Joint chair)
Professor Liam Donaldson, Chief Medical Officer, DH (Joint chair)
Dr Sheila Adam, Deputy Chief Medical Officer, DH
Professor Alasdair Breckenridge, Chairman of the Joint Medical Advisory Committee
Professor Graeme Catto, Chair of GMC Education Committee
Stephen Marston, Director for Institutions, HEFCE
Professor Sir John Pattison, NHS Director of Research and Development

Observer

Judy Hargadon, Director of the NHS Changing Workforce Project

Secretariat

Tracy Allan, HEFCE (joint project manager)
David Noyce, HEFCE
Bill Urry, DH (joint project manager)

Assessor

Steve Passmore, DfEE

Annex B

Objectives of the Joint Implementation Group

(Not listed in any particular order of importance)

a. To develop new doctors who are equipped to meet the challenge of changing health and health care needs of patients and populations into the first half of the twenty-first century.

b. To develop new doctors who are able to practise to a very high standard, through being able to appraise and use evidence, to become lifelong learners, to maintain professional standards and to be effective team members and leaders.

c. To develop new doctors, who are committed to and skilled in promoting health, preventing ill health, diagnosing and treating injury and disease and caring for people with long-term illness and disability.

d. To develop new doctors who understand the value of partnership and communication, both with their patients and colleagues, and with members of other professional groups.

e. To provide a high quality educational experience in an environment in which evaluation and research are fostered and which gives value for money.

f. To demonstrate an active commitment to the admission of students from a broad range of social and ethnic backgrounds, to reflect the patterns of populations which are served by the NHS.

g. To ensure that the distribution and patterns of training of students effectively increase the home supply of doctors, and meet the needs of the populations which are served by the NHS.

h. To enhance quality and value for money through collaboration between universities and partnership with the NHS.

Annex C

Main recommendations of the General Medical Council report, Tomorrow's Doctors

a. The burden of factual information imposed on students in undergraduate medical curricula should be substantially reduced.

b. Learning through curiosity, the exploration of knowledge, and the critical evaluation of evidence should be promoted and should ensure a capacity for self-education. The undergraduate course should be seen as the first stage in the continuum of medical education that extends throughout professional life.

c. Attitudes of mind and of behaviour that befit a doctor should be inculcated, and should imbue the new graduate with attributes appropriate to his/her future responsibilities to patients, colleagues and society in general.

d. The essential skills required by the graduate at the beginning of the pre-registration year must be acquired under supervision, and proficiency in these skills must be rigorously assessed.

e. A 'core curriculum' should be defined, encompassing the essential knowledge and skills and the appropriate attitudes to be acquired at the time of graduation.

f. The 'core curriculum' should be augmented by a series of 'special study modules' which allow students to study in depth areas of particular interest to them, which provide them with insights into scientific method and the discipline of research, and which engender an approach to medicine that is questioning and self-critical.

g. The 'core curriculum' should be system-based, its component parts being the combined responsibility of basic scientists and clinicians integrating their contributions to a common purpose, thus eliminating the rigid pre-clinical/clinical divide and the exclusive departmentally based course.

h. There should be emphasis throughout the course on communication skills and the other essentials of basic clinical method.

i. The theme of public health medicine should figure prominently in the curriculum, encompassing health promotion and illness prevention, assessment and targeting of population needs, and awareness of environmental and social factors in disease.

j. Clinical teaching should adapt to changing patterns in health care and should provide experience of primary care and of community medical services as well as of hospital-based services.

k. Learning systems should be informed by modern educational theory and should draw on the wide range of technological resources available. Medical schools should be prepared to share these resources to their mutual advantage.

l. Systems of assessment should be adapted to the new style curriculum, should encourage appropriate learning skills and should reduce emphasis on the uncritical acquisition of facts.

m. The design, implementation and continuing review of curricula demand the establishment of effective supervisory structures, with interdisciplinary membership and adequate representation of junior staff and students.

Annex D

Outcomes of the 2000-01 exercise

Institution	Allocation of places (from 2001)
University of Birmingham	40
University of Brighton with University of Sussex	128
University of Bristol	80
University of East Anglia	20
University of Hull with University of York	130
University of Leeds with University of Bradford	40
University of Leicester with University of Warwick	100
University of Liverpool	40
University of Manchester with University of Keele	150
University of Newcastle with University of Durham	50
University of Nottingham	90
University of Oxford	10
Peninsula Medical School (Universities of Plymouth & Exeter)	40
Queen Mary, University of London	40
St George's Hospital Medical School	35
University of Southampton	40
Total	**1,033**

Annex E

Growth in medical intakes 1998-2001

Institution	1998 Baseline medical intake (approved target number)	1999 Pro-rata increase: numbers awarded in Stage 1	1999-2000 Competitive allocation: numbers awarded in Stage 2	2000 Further places awarded in Stage 3	2000-01 Competitive allocation: numbers awarded in Stage 4	Overall total
University of Birmingham	213	19	100	0	40	372
Universities of Brighton and Sussex	0	0	0	0	128	128
University of Bristol	155	14	0	0	80	249
University of Cambridge	254	22	20	0	0	296
University of East Anglia	0	0	0	110	20	130
Universities of Hull and York	0	0	0	0	130	130
Imperial College	286	25	15	0	0	326
Kings College	343	17	0	50	0	410
Universities of Leeds and Bradford	200	18	0	0	40	258
Universities of Leicester and Warwick	175	15	113	0	100	403
University of Liverpool	200	18	50	0	40	308
University College London	330	0	0	0	0	330
Universities of Manchester and Keele *	240	21	80	0	150 *	491
Universities of Newcastle and Durham	185	16	89	0	50	340
University of Nottingham	178	16	40	0	90	324
University of Oxford	104	9	57	0	10	180
Peninsula Medical School	0	0	0	127	40	167
QMW	222	19	36	0	40	317
University of Sheffield	200	18	20	0	0	238
University of Southampton	157	14	29	0	40	240
St George's Hospital Medical School	172	15	35	0	35	257
England total	**3,614**	**276**	**684**	**287**	**1,033**	**5,894**

* The latest allocation to the University of Keele supports its aim to become a free-standing medical school.

Annex F

Medical education in England

[MAP ENCLOSED]