Medical Schools Council

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HEFCE T Consultation
Response from the Medical Schools Council
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The Medical Schools Council represents the interests and ambitions of UK medical schools as they relate to the generation of national health, wealth and knowledge through biomedical research and the profession of medicine.

Consultation question 1: Following the changes to funding for higher education agreed by the Government, we need to phase out the mainstream teaching funding relating to old-regime students. Do you have any comments on our proposed approach? You may wish to suggest alternatives, with reference to the principles in paragraph 34.

The proposed approach sounds reasonable. It is unclear what protection for price groups A and B means in the longer term but appears that for 2012/13 HEFCE will meet the difference between the £9k that students pay and the true cost of delivering clinical subjects (paragraph 148: *TRAC(T) will contribute towards, rather than necessarily meet, the additional costs of high-cost subjects*).

The availability of fees for graduate entry students has been clarified for next year and we welcome the support that has been agreed. However a solution must be found for subsequent years to prevent huge investment and course changes by graduate entry schools in medicine and dentistry. If a solution is not communicated almost immediately, schools will move away from graduate entry with the consequent loss of opportunity for graduates and detrimental effects on widening participation.

Consultation question 2: Given the reductions to HEFCE's teaching grant from 2012-13, do you have any comments on our proposal that certain non-mainstream allocations should be phased out, and others continued as an interim measure in 2012-13, as described in paragraphs 62 to 92?

We welcome the retention of funding for clinical subjects and that there are plans to derive costs from TRAC(T).

The phasing out of non-mainstream Teaching Enhancement and Student Success (TESS) funding relating to research-informed teaching and institutional learning and teaching strategies is disappointing.

It is unclear what the evidence is that the aims of TESS have been achieved.

It is important to provide clarity regarding the future funding arrangements of clinical medicine and high cost science subjects as soon as possible given the outlined plans to phase out certain non-mainstream allocations. This will avoid uncertainty in the transition period.

Consultation question 3: Following government changes to funding for higher education, we need to change the way HEFCE provides teaching grant for new-regime students. Do you have any comments on our proposed approach for 2012-13, as outlined in paragraphs 31 to 108?
The interim proposal sounds fair but the longer term plans sound more ominous – who will pay the difference in cost, if not students?

Paragraph 98 is ambiguous. The implication is that there will also be a reduction of the funding for high cost subjects including clinical medicine. The paragraph implies that higher education institutions with subjects in price group A and B will not have to charge extra fees compared to those with subjects in groups C and D. The evidence for such an assumption is not presented clearly. We await the consultation on Band A funding and wish to provide evidence on the importance of maintaining appropriate funding for Band A subjects.

There is uncertainty about the funding level due to timescales and the 'scaling factor' which will be used to ensure affordability.

Consultation question 4: We have been asked by the Government to remove students achieving AAB+ equivalent from the student number controls. Do you have any comments on our proposed method of implementing this, as outlined in paragraphs 116 to 128? Please identify any possible negative or positive impacts from this proposal.
Whilst this proposal should not affect clinical medicine where numbers are controlled, it may have a significant impact on the widening participation agenda in other subject areas.

Consultation question 5: The Government has asked us to consult on a core/margin approach to re-allocating places towards lower fee provision in order to increase choice, competition and fee diversity. Do you have any comments on our proposed method of implementation, as outlined in paragraphs 129 to 139? Please indicate any impacts you can identify, whether positive or negative.
We do not believe that re-allocating places towards lower fee provision can have any effect on medical courses, given the high costs involved.

Consultation question 6: Do you have any comments on the impact(s), positive or negative, that the proposals in this consultation will have on equality and diversity?
Post-Qualification Admissions (PQA) would be beneficial for equality and diversity. For example, it would allow for the targeting of students from disadvantaged backgrounds who have performed well (rather than the current pre-qualification admissions, which uses predicted performance).

Some of the proposals in this document have the potential of having a negative impact on 'equality and diversity'. In particular the proposed student number controls with exclusion of students achieving AAB+ may have an impact on lower achievers who may come from underprivileged backgrounds.

There are concerns about the focus on completion, which makes sense in many ways, but would in effect provide financial penalties to students who study flexibly (e.g. interruptions, part time). Undergraduates on clinical degrees study for longer and therefore graduates are older, so there is a greater likelihood of pregnancy and maternity, financial, or other situations requiring interruption of studies. Similarly PGT students often interrupt for career reasons, and many study part time. This proposal will provide less flexibility for this.

The core and margin process to attract AAB+ students to the top institutions will do nothing to broaden expectations that students from poorer and educationally disadvantaged backgrounds can attend the top institutions.