

The UKBA Consultation on - The Student Immigration System Medical Schools Council Response

January 2011

QUESTION 1

Do you think that raising the minimum level of study sponsors with a standard sponsor licence can offer under Tier 4 (General) to degree-level and above is an effective way of reducing abuse of Tier 4 (General) route, increasing selectivity and simplifying the current rules?

- a) Yes
- b) No
- c) Don't know**

If you answered yes or no to the previous question, please give your reason(s).

QUESTION 2

Do you think that only Highly Trusted Sponsors should be permitted to offer study below degree level at NQF levels 3, 4 and 5 / SCQF levels 6, 7 and 8 in the Tier 4 (General) category?

- a) Yes – only HTS should be able to offer these sub-degree level courses**
- b) No – all sub-degree level study should be prohibited under Tier 4 (General)
- c) No – study at NQF level 3 should be prohibited, even where the sponsor is HTS
- d) Don't know

If you answered yes or no to the previous question, please give your reason(s).

The Medical Schools Council believe that this proposal would encourage private institutions to be more accountable.

QUESTION 3

Do you think that the changes discussed in this section should be phased in?

- a) Yes**
- b) No
- c) Don't know

If you answered yes to the previous question, what time period do you think is appropriate for phasing in these new measures?

- a) 0–11 months
- b) 12–24 months**
- c) 25–36 months
- d) 37 months plus
- e) Don't know

QUESTION 4

Do you think that, in the light of the low risk of abuse amongst users of the Tier 4 (Child) route, there should be no changes to the route?

- a) Yes
- b) No
- c) Don't know**

QUESTION 5

Do you think that all students using Tier 4 (General) category should have passed a secure English language test to demonstrate proficiency in English language to level B2 of the CEFR, in order to improve selectivity and to simplify the current system?

- a) Yes**
- b) No
- c) Don't know

QUESTION 6

Do you think that students from majority English-speaking countries, those who have been awarded a qualification equivalent to UK degree-level or above that was taught in English in a majority English-speaking country, and those who have recently studied in the UK as children should be exempt from any new language testing requirement?

- a) Yes
- b) No
- c) Don't know**

QUESTION 7

Do you think that students wishing to study a new course of study should be required to show evidence of progression to study at a higher level?

- a) Yes
- b) No**
- c) Don't know

If you answered yes, what is the best way to demonstrate progression?

The Medical Schools Council believe that students who wish to undertake further study at the same level should not be prevented from doing so by UKBA as we regard the admission of such candidates as an issue of academic judgment.

Furthermore, this proposal could have negative implications for medicine if medical degrees are considered to be Bachelor level degrees. It should be noted that the Quality Assurance Agency for Higher Education (QAA) has ruled that although, for historical reasons, medical degrees are still called Bachelor's degrees they are recognised as masters level qualifications – see paragraph 43 in the following guidance: <http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/FHEQ08.pdf> In addition, there are currently sixteen graduate entry medical degree courses in the UK which actually require a first degree, despite still having 'Bachelor' in the course title. The Medical Schools Council believes that overseas applicants with existing degrees should not be prevented from studying medicine.

QUESTION 8

Do you think that students wanting to study a new course should return home to apply from overseas?

- a) Yes
- b) No**
- c) Don't know

If you answered no do you have any alternative proposals?

The Medical Schools Council has no specific suggestions for alternatives; there are however, concerns about this proposal. When overseas medical students studying in the UK progress on to the foundation programme they are required to apply to Tier 4 with a new sponsor (the UKFPO). Requiring medical students to return home to re-apply to Tier 4 would be impractical and unfair. As applications for sponsorship for foundation are made whilst students are still studying, the disruption and cost of a return home would have severe negative implications for overseas medical students studying in the UK. In addition this requirement to return home would also act as a barrier for students wishing to intercalate (complete a BSc during their medical degree) which for some means an additional year's study at a different institution from the one that is awarding their medical degree.

The Medical Schools Council believes that medical schools have a duty to provide a clear path into foundation training and to full registration with the General Medical Council (which takes place at the end of the first year of the Foundation Programme). It is essential that the proposed changes to Tier 4 do not present a barrier to achieving this. This would damage UK medical schools' competitiveness in a global market.

QUESTION 9

What changes do you think we should make to the Tier 1 Post Study Work route?

- a) Close the route entirely
- b) Restrict it significantly
- c) Other**

If you chose option b) or c) please provide additional comments and suggestions, including on the timing of any changes and any transitional arrangements you feel would be necessary:

The Medical Schools Council has serious concerns about this proposal. The Tier 1 Post Study Work visa provides an essential route for overseas trainee doctors with a UK Primary Medical Qualification to pursue specialty training. Trainee doctors do not meet the salary requirements in their second foundation year to gain sufficient points for Tier 1 (General). The Post Study Work route currently recognises how vital the progression to specialty training is to the UK and provides for these special circumstances. We believe this route should be maintained for current and future overseas medical students.

It should also be recognised that Tier 2 is not a problem free alternative for UK graduates to pursue specialty training. Tier 2 is currently used by overseas medical graduates and the six month rotations of specialty training have meant that employers quickly use up their Tier 2 sponsorship allocations, and whilst some deaneries have taken on the role of sponsor to help address this, this is not consistently the case throughout the UK.

Removing or restricting the availability of the Post Study Work route for trainee doctors would create a situation where those trained in the UK would face considerable barriers to continue their training and employment in the UK. There is no reliable information to prove that students on the Post Study Work route are displacing UK graduates, or that this route is being abused. If there are to be changes, students of professional subjects such as medicine should be exempted.

Imposing a significant barrier to employment and further training for overseas graduates of UK medical schools could have severe consequences for UK institutions, as it would act as a disincentive to studying medicine in the UK, therefore reducing an important income stream. It is difficult to discern any particular advantages to further restricting the flow of overseas students into medical undergraduate programmes (institutions are currently limited to 7.5% of the total intake), from undergraduate programmes through to the foundation programme or from foundation programme to specialist training posts.

QUESTION 10

Do you think that we should restrict further the amount of work students should be allowed to undertake while studying?

- a) Yes
- b) No
- c) Don't know**

QUESTION 11

Do you think we should make it simpler for employers to understand the rules around student work, by limiting it to set times, except where they are working on campus?

- a) Yes
- b) No**
- c) Don't know

QUESTION 12

Do you think that the minimum ratio of study to work placement permitted should be increased from the current 50:50 to 66:33, except where there is a statutory requirement that the placement should exceed one-third of the total course length?

- a) Yes
- b) No**
- c) Don't know

QUESTION 13

Do you think that only those studying for longer than 12 months should be permitted to bring their family members with them to the UK?

- a) Yes
- b) No
- c) Don't know**

QUESTION 14

Do you think that family members permitted to accompany the student should be prohibited from working?

- a) Yes
- b) No
- c) Don't know**

QUESTION 15

Do you agree that differential requirements for high and low risk students should be adopted?

- a) Yes**
- b) No
- c) Don't know

QUESTION 16

Do you believe that we should focus on the abuse of documentary evidence for maintenance and/or qualifications as the basis of differential treatment?

- a) Yes**
- b) No
- c) Don't know

QUESTION 17

Do you believe that we should also, or alternatively look at the sponsor's rating as a basis for differential treatment?

- a) Yes**
- b) No
- c) Don't know

QUESTION 18

Do you think that more should be done to raise accreditation and inspection standards to ensure the quality of education provision within private institutions of further and higher education for Tier 4 purposes?

- a) Yes**
- b) No
- c) Don't know

QUESTION 19

In the light of the proposals described in this document, what do you think will be the main advantages / disadvantages, including any financial impacts, to you, your business or your sector?

The Medical Schools Council broadly welcomes the need to develop the regulations on student immigration. However, we have a number of concerns about the proposed changes:

Clinical placements

A key concern relates to the proposed reduction of the proportion of time that is allowed to be spent on work placements (question 12). This proposal is worrying for medical schools due to the importance of clinical placements to their programmes. It should be noted that there is currently no statutory requirement for what

proportion of the undergraduate programme should be spent on clinical placements. However, article 24 of the EU directive 2005/36/EC states that 'basic medical training shall comprise total of at least six years of study or 5500 hours of theoretical **and practical** training'. Furthermore, there is an expectation from the General Medical Council in *Tomorrow's Doctors 2009* that clinical experience must be a significant part of undergraduate medical training (including the introduction of a new requirement for medical schools to provide student assistantships¹). The proposal to adjust the ratio of study to work placement could have severe consequences if clinical placements are regarded as work placements by the UKBA. In our view, clinical placements such as those that form part of undergraduate medical degrees should not be defined as work because 1) the student is not paid and 2) they are an assessed part of the course and satisfactory completion of the placements is required for the award of the medical degree.

Retaining the attractiveness of UK medical degrees

As outlined in the response to question 9, we are extremely concerned that the Post Study Work route should not be closed as it is a major part of the offering of UK higher education (HE). Medical schools must remain internationally competitive and able to attract the best students to study in the UK. There is already a restriction on the number of international students medical schools can admit. At a time when universities are seeking to maximise the intake of international students it is vital that UKBA does not restrict access to this vital resource for our medical schools and health service.

Administrative burden for HE institutions

Finally it should be highlighted that given that just 2% of Tier 4 university students were estimated to be non-compliant (as mentioned in the consultation document, p.9); placing increased burden on institutions to respond to relatively low levels of abuse in the system appears unfair. The UKBA should be mindful of any additional burden the changes to Tier 4 will place on HE institutions.

¹ A Student Assistantship is a period during which a student acts as assistant to a junior doctor, with defined duties under appropriate supervision.