Medical Schools Council Response to HEFCE Consultation Student Number Controls and Teaching Funding: Arrangements for 2013-14 and beyond

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. The following response offers a medical school view on the proposals put forward in the HEFCE Consultation Student Number Controls and Teaching Funding: Arrangements for 2013-14 and beyond

Part 1: Student number control and teaching funding: policy, priorities and principles

1. We have proposed a set of principles (listed in paragraph 94) to inform our approach. Do you agree with the principles we have outlined?

We agree that the set of principles listed in paragraph 94 are appropriate for informing HEFCE's approach to student number controls and teaching funding. There are however areas where we believe these principles should be interpreted differently.

2. Do you have any comments on the impacts, positive or negative, that the proposals in this consultation might have on equality and diversity?

We do not anticipate any specific positive or negative impacts on equality and diversity inherent in the proposals.

Part 2: Student number controls

3. Do you agree with our proposal to continue from 2013-14 to control the numbers of students starting HEFCE-fundable full-time undergraduate and PGCE study at each provider? If you disagree with this proposal, what alternative approach would you suggest?

Agree

It should be noted that as confirmed by paragraph 123, medical student numbers will continue be set by the Department of Health and so this question does not apply directly to medical schools. That said we broadly agree with the proposal.

4. Do you have any views on steps we might take to exclude from the controlled population students topping up to honours degrees from Level 5 qualifications such as foundation degrees, HNDs and DipHEs, but in ways which do not create a significant risk of unplanned student support costs?

No comment, not relevant to undergraduate medicine.

5. Do you agree that we should consider making adjustments to providers' number controls, where necessary, to take account of changes in their average course duration?

Agree

Whilst not directly relevant to undergraduate medicine, we are open to the exploration of adjustments to providers' number controls. We note however that this should be done with caution. Course duration is just one of many factors

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that could impact the government's relative liability for student support costs and we would not support adjustments solely based on average course length. Any considerations should take account of all factors impacting on the government's liability should be considered rather than a single strand, and any adjustments should seek to avoid any negative impact on the funding system's ability to adhere to the key principles outlined in paragraph 94 of this consultation, in particular to:

- 'promote and protect the collective student interest'
- 'support government funding priorities (high-cost subjects, vulnerable subjects, widening participation, specialist institutions and postgraduate provision)' and
- 'be fair across the higher education system, transparent in our methods and accountable for our funding'.

6. Do you agree with the proposed criteria for determining equivalent entry qualification and grade combinations?
Agree
It should be noted that the proposed criteria overlap with recent proposals from UCAS.

Part 3: Proposals for funding teaching from 2013-14 onwards

High-cost subjects

7. Do you have any comments about our proposed approach to supporting high-cost subjects?
Agree
Broadly speaking we welcome the proposals to continue the funding for high cost subjects that acknowledges the need for adequate supplements for clinical subjects. We acknowledge and appreciate the detailed review of TRAC(T) undertaken by JM consulting on behalf of HEFCE and endorse its conclusions. We also agree that it will be important to maintain consistency during transition from the old to the new regime to avoid exacerbating funding issues for institutions.

8. Do you agree that we should provide funding support for postgraduate provision including for price group C, as a transitional approach together with further development of the evidence base for future investment?
We agree that there is a clear need for a significant amount of work to be undertaken by HEFCE, the sector and government in respect of the costs of postgraduate provision, and the potential impact on society and the economy should the numbers of postgraduate students reduce.

In medicine, the provision of a wide range of high quality postgraduate taught programmes is critical to ensuring that the medical workforce obtains essential skills and knowledge, and to support innovation and advancements in healthcare. Therefore there is a direct relationship between the provision of postgraduate education and patient safety and quality of care. In addition, postgraduate taught programmes are an integral part of HEI's portfolio and threat to or withdrawal of funding in this area would have a destabilising effect on HEIs in general and on medical schools specifically. We therefore welcome the proposal to undertake research in this area, as well as the proposal to provide interim funding to support postgraduate study.

Furthermore, whilst we acknowledge that these proposals are not aimed at graduate entry medicine and dentistry, we believe there is a case for extending the scope of any research into the impact of increased fees on the uptake of postgraduate provision to include graduate entry medicine and dentistry programmes. Graduate entry courses are an important aspect of medical schools' offering, as they provide an alternative route into the medical profession, and graduates on graduate entry and standard entry programmes add diversity and maturity to the medical student population. Graduate entry medicine (GEM) will become increasingly vulnerable as a result of the level of existing debt that GEM students will have on entry to their course once the new funding regime is fully operational (i.e. from 2015). It is important to acknowledge that most of the students entering GEM post-2015 will have completed courses where their fees have met the costs of the course (i.e. courses in Bands B-D). As such, these students have not received significant public funding subsidy for their existing study. This means that the principal cost to the public of

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GEM over and above school-leaver entry medicine is the extended access to loans for such students (i.e. total of seven years of loan instead of five). However, this risk is balanced by the very high likelihood that these graduates will be in a position to pay off their loans - including those for their first degree and so the overall draw on the public purse from GEM would be small.

9. Do you have any comments about our proposal to use an approach based on TRAC(T) – with modifications – to inform our development of the future funding method for high-cost subjects?
We support the use of reliable and accurate data to confirm the actual cost of teaching for high-cost subjects, and believe that currently TRAC(T) is the best available mechanism for this purpose.

Flexible learning: part-time and alternative modes of study

10. Do you have any comments on our proposal to provide an allocation for part-time undergraduate provision from 2013-14 which for new-regime students will only apply if they are in high-cost subjects?
It should be noted that part-time provision is not an option for undergraduate medicine and dentistry. However, given that part-time students may now be charged the same rates (pro-rata) as full-time students, this approach appears reasonable.

11. Are there other innovative types of flexible provision that might warrant funding to widen the choices students have as to where, when and how they study, given the overall limited resource and the many priorities competing for it?
Beyond the flexible provision already delivered in medicine through graduate entry programmes already mentioned and extended degrees/ pre-clinical foundation years we are not aware of any other flexible provision that is applicable to medicine.

Allocation to recognise costs of London providers

12. Do you agree with our proposed approach to contribute to the additional costs of operating for London-based providers?
We agree with the proposed approach to contribute to the additional costs of operating for London based providers. However we also note that paragraph 263 states that: *"Providers would in general be eligible for this allocation only where students are attending campuses within the London boundaries".* Many non-London based institutions now have campuses or other operations within the area so that under a literal interpretation of the above, students studying at these campuses would be defined as eligible for London weighting. However, at the consultation events delegates were told this was only the case where the main campus was based in London. We would therefore suggest that how the London weighting is to be applied should be made more explicit.

Student Opportunity

13. Do you have any comments on our proposal that the role of HEFCE funding for student opportunity should be to enable providers to underpin their continued commitment to widening participation and student retention and success and to contribute to further national progress on social mobility?
We strongly support funding to support institutions to widening participation and student retention in HE. We also agree that there is a real risk that institutions may not be able easily to provide the evidence that will be required to be recognised for this additional funding stream. We therefore suggest that HEFCE should look to support institutions to collect, manage and analyze the data and information required to demonstrate the impact and benefits of widening access initiatives.

14. Do you agree with our funding method for the Student Opportunity allocations? If not, do you have alternative suggestions that would provide relative stability and support for the infrastructure for widening participation and retention, bearing in mind burden and complexity?

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We agree that the funding method for the Student Opportunity allocations encourages a broad spectrum of activities, including pre-GCSE interventions, which should have a positive effect on widening access. The funding allocation appears to cover the extra cost of academic support associated with students from educationally disadvantaged backgrounds. We also welcome the proposal to review the 'at risk' categories to reflect higher pre-entry attainment.

Institution-specific allocation

15. Do you agree that the criteria for the institution-specific allocation review are appropriate and demonstrable? Are there any other criteria you believe we should include in the review?

We agree with the criteria for the institution-specific allocation review are appropriate and demonstrable.

16. Do you have any comments on the method, timing and levels of external involvement proposed for the institution-specific allocation review?

No comment.

Strategically important and vulnerable subjects

17. We have been asked by Government to consider a new approach to strategically important and vulnerable subjects and whether any subjects may require support to avoid undesirable reductions in the scale of provision. Do you have any comments on our proposed new approach to supporting this area through recurrent funding?

Overall we are supportive of the proposed new approach to supporting strategically important and vulnerable subjects. However the fact that there is no intention to provide a specific list of SIVS is unhelpful. Whilst we acknowledge that the list of SIVS is likely to change over time it is unlikely that this will take place within a single year. Therefore, we would propose that there should be a list of those subject areas that are currently considered to be SIVS and that this should be readily accessible from the HEFCE website or potentially included in the annual grant letter attachments.

Minimising administrative burden

18. Do you have any comments on the approach to data reporting and monitoring outlined in this document?

We agree with the plan to delay the introduction of the new system until old regime students have left the system and with plans to minimise the administrative burden of monitoring. We note that the administrative burden on the HE sector has increased significantly in recent years whilst the amount of funding received from government has reduced. The KIS, the HEAR, additional data collection requirements from HESA and the Student Loans Company as well as medicine specific requirements from the General Medical Council and NHS organisations have all contributed to this increased the burden. Therefore, any action that can be taken to reduce the administrative and data collection burden would be welcomed.

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