

## **Expansion of Undergraduate Medical Education: a consultation on how to maximise the benefits from the increases in medical student numbers**

**Department of Health**

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

FSRH welcomes the opportunity to respond to this consultation on the expansion of undergraduate medical education. The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK professional membership organisation working at the heart of sexual and reproductive health (SRH), supporting healthcare professionals to deliver high quality care, including contraception. We provide national qualifications in SRH, standards and evidence-based clinical guidance to improve SRH in the UK in whatever setting it is delivered. In its capacity as an SRH organisation, FSRH will be considering the proposals for the expansion of medical undergraduate education in so far as it will impact on the quality of medical education, availability of places and students' exposure to specialties such as Community Sexual and Reproductive Healthcare (CSRH).

The NHS is knowingly undergoing a workforce crisis marked by a difficulty in recruiting and retaining staff, reflected in the challenge to fulfil posts in shortage specialties, such as in primary care (GPs). Patients bear the brunt of such crisis, with shortage of doctors impacting on the quality of care and waiting times. In this context, FSRH welcomes the initiative, by the Department of Health, to consult stakeholders on the allocation criteria regarding the 1000 new student places for the academic year 2019/20.

FSRH believes that the Education Funding Council for England (HEFCE) and Health Education England (HEE) should approach the design of the competitive bidding process by rewarding providers who are committed to providing high educational standards and quality placements for medical students, affording students exposure to shortage specialties and other equally vital specialties, including SRH. Financial and human resources investments are, thus, needed so that universities and clinical settings where placements occur can count with proper infrastructure and staffing levels. A key task for HEE is, additionally, to guarantee that medical students can secure training after graduation.

More significantly, HEE must also ensure that the benefits of increasing medical student numbers are maximised by matching them with an increase in specialty consultant posts such as in Community Sexual and Reproductive Healthcare (CSRH). Currently there is a significant SRH consultant workforce shortage in spite of the fact that CSRH is a hugely oversubscribed medical specialty training programme and despite evidence that many SRH consultants will be retiring in the near future. A report from the Centre for Workforce Intelligence (CfWI) on Community Sexual and Reproductive Healthcare outlines that there should be one SRH consultant per 125,000 people in order to adequately lead local systems to cater to population SRH need. However, the current SRH consultant workforce lags behind CfWI's recommendation, with one SRH consultant per 644.653,5 people<sup>1</sup>. This

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<sup>1</sup> This figure was calculated using The Office for National Statistics' official population figures. Office for National Statistics, 2016. *Population estimates*. [online] Available at: <<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>> [Accessed 01 June 2017].

means that the number of SRH consultant posts must be five times higher if we are to follow this recommendation. These are surely rough figures and more data is needed to produce more refined estimates, but they are indicative of a strong need for more consultant posts to cater for unmet needs<sup>2</sup>.

Therefore, to prevent this shortage from worsening in the coming years, FSRH believes the expansion of medical undergraduate education should be followed by an increase in subsidised training places on the CSRH specialty training programme. Future leaders in SRH are necessary to ensure the provision of high-quality services that can prevent unintended pregnancies and curb subsequent health costs.

**Question 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)**

All of the above, including clinical placement capacity in CSRH so that medical students are given additional exposure to high quality placements in this specialty.

**Question 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**

**Question 4: Do you think that increased opportunities for part-time training would help widen participation?**

**Answer options: Yes / No**

**Question 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**

**Question 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.**

FSRH acknowledges that data concerning these issues in the UK is scarce, making workforce planning a significant challenge. Internationally, there is evidence available which

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<sup>2</sup> FSRH is currently piloting a consultant workforce survey that aims at mapping out where leadership shortages will be most felt in the future; the project is in its initial stage and FSRH would offer to share the results as soon as they are available in order to help inform the process.

suggests that providing medical education and recruiting students from underserved geographic locations, especially rural settings, increases the number of graduates who choose to stay and work in these locations<sup>3</sup>. FSRH believes that the proposed criteria for providers should take into account geographical areas where there is a strong need for better primary and community care, especially rural areas, incentivising medical graduates to remain in such areas. Increasing training in areas of the country where there is low recruitment would also be beneficial.

In order to achieve a more nuanced picture of the recruitment and retention challenges that the SRH workforce faces and what it means in terms of shaping the future of medical education, FSRH is piloting a consultant workforce survey that aims at mapping out different clinical settings where leadership shortages will be most felt in the future; the project is in its initial stage and FSRH would offer to share the results as soon as they are available in order to help inform the process.

**Question 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**

**Question 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.**

FSRH believes that HEFCE and HEE should approach the design of the competitive bidding process by rewarding providers who are committed to providing high educational standards and quality placements for medical students, ensuring that training has a good variety of placements pertinent to the promotion of primary care; i.e., SRH, dermatology, rheumatology, with a smaller focus on acute conditions. This would afford students exposure to shortage specialties and encourage graduates to opt for such specialties and research suggests that there is an association between exposure to teaching in certain specialties and entry into training. A study published in the British Journal of General Practice based on data sourced from all UK medical schools has concluded that *“an increased use of, and investment in, undergraduate general practice placements would help to ensure that the UK meets its target of 50% of medical graduates entering general practice”*.<sup>4</sup>

Although this study concerns general practice solely, it is not unreasonable to assume that greater exposure to shortage and less prestigious specialties can encourage medical students to choose these career pathways, and it is a well-known fact that undergraduate medical education influences the choices students make. Consequently, in order to accommodate students in clinical settings where placements occur, investments in infrastructure and staffing levels are much needed. Furthermore, a key task for the HEE is to guarantee that medical students can secure training after graduation, counteracting the workforce crisis in the medium-term.

More importantly, HEE must also ensure that the benefits of increasing medical student numbers are maximised by matching them with an increase in specialty consultant posts such as in CSRH. Currently there is a significant SRH consultant workforce shortage in spite of the fact that CSRH is a hugely oversubscribed medical specialty training programme and

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<sup>3</sup> Alberti, H., Randles, H. L., Harding, A. and McKinley, R. K., 2017. Exposure of undergraduates to authentic GP teaching and subsequent entry to GP training: a quantitative study of UK medical schools. Br J Gen Pract [e-journal], 28 February 2017. Available through: <http://bjgp.org/content/early/2017/02/27/bjgp17X689881> [Accessed 01 June 2017].

<sup>4</sup> Ibid.

despite evidence that many SRH consultants will be retiring in the near future. As previously mentioned, FSRH is currently piloting a consultant workforce survey that aims at mapping out where leadership shortages will be most felt in the future; the project is in its initial stage and FSRH would offer to share the results as soon as they are available in order to help inform the process.

Nevertheless, to prevent the workforce shortage from worsening in the coming years, FSRH believes the expansion of medical undergraduate education should be followed by an increase in subsidised training places on the CSRH specialty training programme. Future leaders in SRH are necessary to ensure the provision of high-quality services that can prevent unintended pregnancies and curb subsequent health costs.

***Question 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***

***Question 12: Do you agree that all providers should be offered the opportunity to bid for the additional medical school places?***

***Answer options: Yes / No***

FSRH generally agrees that providers should be able to participate in the competitive bidding process, but FSRH is of the opinion that providers should be established educational bodies rather than new business arrangements.

***Question 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***

***Question 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***

FSRH believes that such measure can be punitive as it would exacerbate social inequalities, discouraging students from lower socio-economic backgrounds from applying for medical programmes.

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