The Royal College of Pathologists
Pathology: the science behind the cure

Response from the Royal College of Pathologists to Consultation from the Department of Health England on Expansion of Undergraduate Medical Education: A consultation on how to maximise the benefits from the increases in medical student numbers

The Royal College of Pathologists' written submission

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1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPath) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 19 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists response reflects comments made by Fellows and members of the College during the consultation, which ran from 22nd March 2017 until the 1st May 2017 and collated by Prof Tim Helliwell, RCPath vice-President for Learning and Dr Nicki Cohen, RCPath Lead for Undergraduate Education.

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2.1 In response to the specific questions below the College Fellows and members responses were taken into account and the formal College response was submitted as follows:

2.2 Questions and Responses

2.2.1 Our plan is to introduce all remaining additional places as soon as possible via a competitive bidding process. The expectation is that these places will be available by 2019/20 or earlier, depending on institutional capability.How would you advise we approach the introduction of additional places in order to deliver this expansion in the best way?

Q1 free text response: HEFCE, working with the Universities, should be able to both invite bids for extra places and assess how realistic these bids are based on agreed and published criteria. The government and HEFCE should seek assurances and evidence that NHS and university capacity and leadership can deliver this without impairing the current quality of teaching, training and patient care.

2.2.2 What factors should be considered in the distribution of additional places across medical schools in England?

Q2 response: University staffing capacity, University estates/infrastructure capacity, University capital funding capacity, NHS/GP clinical placement capacity, Mobilisation /timing capability.

2.2.3 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?

Q3 response: Yes

2.2.4 Do you think that increased opportunities for part-time training would help widen participation?

Q4 response: Yes

2.2.5 If you have any additional information/experiences around widening access and increasing social mobility that would be helpful in developing the allocation criteria, please provide it here.

Q5 free text response: Care must be taken to ensure that attainment is consistent and appropriate and does not impact detrimentally on graduate numbers and quality in academically related areas (e.g. nursing, physiotherapy).

2.2.6 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?

Q6 response: Yes

2.2.7 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.

Q7 free text response: While students tend to remain geographically close to where they trained, there is a dilemma that those areas where there is greatest clinical need are sometimes the least able to offer good clinical training (shortage of trainers). Proper recognition and NHS job planning for trainers is essential for this expansion. It may be a tool to raise the desirability of different regions for substantive posts - which may in turn improve the delivery of clinical care across the UK.

2.2.8 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?

Q8 response: Yes

2.2.9 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.

Q9 free text: Training centres should offer a balanced curriculum and ensure that students have the opportunity to explore all career options.

2.2.10 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?

Q10 response: Yes

2.2.11 If you have any additional information/experiences about how to improve the quality of training and placements that would be helpful in developing the allocation criteria, please provide it here.

Q11 free text response: Involvement by clinical staff in the design and implementation of curricula is essential. Funding for these clinical role models must match the efforts that they put into teaching. It might be helpful to expand graduate entry courses preferentially. Most UK medical schools have more graduates on their standard than accelerated programmes – expanding the graduate programmes would allow for this increase and provide greater opportunities for those applying for their first degree. These courses are shorter and therefore produce working doctors sooner, and the students are more mature and theoretically are more able to understanding and withstand the demands of a medical career.

2.2.12 Do you agree that all providers should be offered the opportunity to bid for the additional medical school places?

Q12 response: Yes

2.2.13 Do you agree that innovation and sustainability should be included in the criteria used to determine which universities can recruit additional medical students?

Q13 response: Yes

2.2.14 If you have any additional information/experiences about how to encourage innovation and sustainability that would be helpful in developing the allocation criteria, please provide it here.

Q14 free text response: All medical students should have active involvement in quality improvement projects which add value to both their training and the local NHS services.

Quality Improvement projects provide an ideal opportunity for students to experience life in some of the smaller specialties and to learn critical professional aspects alongside knowledge and skill.

2.2.15 We would be interested in hearing views on how meeting the needs of the NHS aligns with the role universities wish to have in the future distribution of places in an expanded market - please provide your views here.

Q15 free text response: Since the merger of the GMC and PMETB, Universities have been defined as the experts in developing undergraduate curricula, and Royal Colleges on developing postgraduate curricula, working with the same regulator and common guidelines. Here is an excellent opportunity for the universities and Royal Colleges to work together across the spectrum of medical education. Closer working, understanding, and curricular development should streamline the process, enhance quality of learning and possibly reduce training time and cost whilst enhancing clinical care.

2.2.16 Do you agree with the principle that the tax payer should expect to see a return on the investment it has made?

Q16 response: Yes

2.2.17 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?

Q17 response: No

2.2.18 Do you have any views on how many years of service would be a fair return for the tax payer investment?

Q18 response: No. See responses to Q17 above and Q19 below.

2.2.19 Do you agree with the principle that graduates should be required to repay some of the funding invested in their education if they do not work for the NHS for a minimum number of years?

Q19 response: No

2.2.20 Can you think of any potential impacts of requiring graduates to repay some of the funding if they do not work in the NHS for a minimum number of years?

Q20 free text response: RCPath Fellows and members have expressed strong views on the idea of compulsory NHS service after qualification. While two supported the notion (or suggested that any repayments might be made in later stages of careers), the majority of our Fellows and members were strongly against the idea.

A range of reasons was expressed including;

- the value of a limited period of non-NHS work (for charitable organisations, for example) to the culture of the NHS,

- the detrimental effect on recruitment and retention (loss of morale and perceived value of a medical career),

- this not being a family friendly policy and

- the risk that it would deter students from non-traditional backgrounds from entering medicine.

Many made the point that instead the maximum effort should go into making the NHS an attractive career choice (again) rather than imposing penalties for non-conformity.

2.2.21 Is this a policy you wish to see explored and developed in further detail?

Q21 response: No

2.2.22 Do you have any comments about the impact any of the proposals may have on people sharing relevant protected characteristics as listed in the Equality Act 2010?

Q22 response: A flexible approach is required to enable those with protected characteristics, whether temporary or long-term to be accommodated here – given that this is possible for doctors e.g. in foundation schools, such a process should already be in existence.

2.2.23 Is there anything more we can do to advance equality of opportunity and to foster good relations between such people and others or to eliminate discrimination, harassment or victimisation?

Q23 free text response: Increasing the proportion of students on graduate entry courses should improve the culture of medical education and bring a wider range of perspectives to life in medical schools and associated hospitals.

2.2.24 We are interested to hear views about the impact the proposals may have on families and relationships. For example, do you consider training more doctors will have a positive impact on flexible working because of additional system capacity?

Q24 free text response: Flexible working i.e. having the option to work part time or at times that are convenient for families, is likely to be easier if there are more doctors in the system. Conversely, the more that flexible working is introduced, the less will be the overall capacity in the system and the desired overall effect of having more doctors in clinical practice will be negated to a certain extent. Flexible training through making it easier to switch between training programmes is likely to be adversely affected, as having more trainees will ensure that training posts will be filled without looking for trainees to switch from other specialtiesIn general the responses to the consultation were favourable. Fellows of the College, for whom the subject matter falls within their area of expertise and clinical practice, were satisfied that these were well-conducted reviews and that the conclusions reached took into account all appropriate and relevant evidence.