

MR 30

Ymchwiliad i recriwtio meddygol

Inquiry into medical recruitment

Ymateb gan: Cyngor Cyllido Addysg Uwch Cymru

Response from: Higher Education Funding Council for Wales

Inquiry into medical recruitment

Introduction

This document provides a response from the Higher Education Funding Council for Wales (HEFCW) on the terms of reference of the inquiry into medical recruitment. HEFCW welcomes the opportunity to respond to this inquiry. Our response focuses primarily on issues relating to higher education.

The Higher Education Funding Council for Wales (HEFCW) is the public body that sits between universities and the Welsh Government. We regulate fee levels at higher education (HE) providers, ensure a framework is in place for assessing the quality of higher education and scrutinise the performance of universities. We distribute resources for higher education teaching and research, and help to deliver Welsh Government priorities for higher education for the wider benefit of society and the economy. We are a Welsh Government Sponsored Body, originally established under the Further and Higher Education Act 1992. The Higher Education (Wales) Act 2015 has given us an enhanced role as a regulator of HE in Wales.

HEFCW funds undergraduate and postgraduate healthcare provision and medicine/dentistry in Cardiff and Swansea universities. We also provide small amounts of funding to part-time undergraduate medical and dentistry provision through per capita and premium where eligible. Premium funding supports institutions in recruiting students from under-represented and priority areas (disability, access and retention, Welsh medium).

Previously agreed quotas dictate numbers to be recruited on full time undergraduate medicine/dentistry provision. Courses are supported through tuition fees. However, we pay an expensive subject premium for full time undergraduate clinical medicine/dentistry provision at Cardiff and Swansea universities, which provides additional funding for courses that cost significantly more than the full-time undergraduate tuition fee of £9,000. We provide this funding on a basis that takes the previous quota into account and caps on the number of quota places converted to credit values¹. We only provide funding to full-time and part-time postgraduate taught provision to students in what we call Academic Subject Categories (ASC) 2 (subjects and professions allied to medicine) that may be eligible for per capita provision. If they meet the eligibility criteria any research students in this area may also attract postgraduate research (PGR) funding or disability premium funding.

HEFCW looks forward to working with the new Health Education Wales body in order to facilitate regulated institutions in meeting the needs of the healthcare sector.

¹http://www.hefcw.ac.uk/documents/publications/circulars/circulars_2016/W16%2016HE%20HEFCW%20Funding%20Allocations%202016_17.pdf para 43

The capacity of the medical workforce to meet future population needs, in the context of changes to the delivery of services and the development of new models of care.

- Undergraduate and postgraduate training will need to evolve to take account of new roles (eg Physician Associates), new technology (eg further remote monitoring of patients), and changed expectations for each part of the health workforce, as a part of workforce planning. The use of the widening workforce in delivering healthcare will also impact on the role of medics in the future;
- Welsh Government’s ‘prudent healthcare’ initiative in part looks to ensure that the most effective use of all medical workforce skills and resources are employed, eg, use of Nurse prescribers, Pharmacists, professions allied to medicine etc. Therefore it would be helpful for any discussion about medical recruitment to consider workforce planning more generally;
- The proposed ‘Health Education Wales’ body will be responsible for strategic workforce planning, workforce design and education commissioning for NHS Wales. This may impact on how and where medical education is delivered, in order to meet the future needs of Wales;
- It will be essential to maintain the link with research. Undergraduate medical and dental education is therefore best embedded within research intensive Higher Education institutions, as within this context, teaching becomes informed by research excellence;
- It will be essential to continue to co-locate teaching of the medical workforce with the other professions allied to medicine to ensure effective multi-disciplinary teaching;
- It will be necessary to work to ensure that HE is fully engaged, and ensure that the sector has confidence that the single body can deliver the same (and hopefully enhanced) outcomes, making appropriate links between undergraduate and postgraduate provision, including junior doctor training leading to GP and Consultant level roles;
- There is a need to train sufficient numbers of people who can work through the medium of Welsh in order to meet the needs of Welsh speakers. There have been some developments in this area, with increased Welsh medium provision available in medicine in Welsh universities;
- However, there will also need to be a focus on recruiting sufficient Welsh speakers to meet the needs of the population. This presents some challenges, as illustrated through UCAS data commissioned by the Coleg Cymraeg Cenedlaethol, regarding the university choices of students from Welsh medium schools and some colleges². This shows that the numbers of students from Welsh medium schools successfully applying to university in Wales has remained constant. However, there has been tremendous growth in the number of students who successfully applied for admission to universities in England, as illustrated in Figure 1.

Figure 1

Country of HE Provider	2011	2012	2013	2014	2015
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² This is an imperfect science as some who have attended the schools selected are incapable of studying in Welsh, while others who have not been included in the data can and want to study in Welsh.

Wales	1395	1325	1345	1355	1385
England	690	840	825	940	1015
%age Wales	67%	61%	62%	59%	58%

The implications of Brexit for the medical workforce.

- If there is a reduction in academic staff from Europe and overseas in institutions, this could have implications for workforce education, development and training, at least in the short to medium term. This is because substantial changes in staffing in institutions can result in loss of expertise in specific areas.
- The UK health system is reliant to an extent on EU medical students contributing to the NHS post qualification. Decreased applications for medical provision in the UK and Wales will result in potentially fewer EU doctors in future. Immigration rules, including in terms of movement across European states, are likely to impact further. This argument will be equally valid across other health professions
- There may also be implications in terms of student numbers. There is no cap on EU recruitment currently, but this may change as a consequence of Brexit, which could have recruitment implications. This is illustrated by Figure 2 below, which shows the domicile of applicants for medicine courses.

Figure 2

AM.2 Applicants for medicine courses with 15 October deadline by domicile group

Domicile of applicant	2013	2014	2015	2016	2017
England	14,520	14,670	12,930	12,620	12,320
Northern Ireland	660	590	570	580	540
Scotland	1,160	1,170	1,060	1,050	1,030
Wales	670	710	660	570	570
–UK	17,000	17,140	15,220	14,820	14,450
EU (excluding UK)	1,990	2,110	1,940	2,050	1,720
Not EU	3,130	3,490	3,230	3,240	3,040
–All	22,130	22,740	20,390	20,100	19,210

AM.3 Applicants for medicine courses with 15 October deadline by domicile group

Difference between cycle and 2016 cycle

Domicile of applicant	2013	2014	2015	2016	2017
England	15%	16%	2%	0%	-2%
Northern Ireland	15%	2%	-2%	0%	-7%
Scotland	10%	12%	2%	0%	-2%
Wales	17%	24%	15%	0%	0%
–UK	15%	16%	3%	0%	-2%
EU (excluding UK)	-3%	3%	-5%	0%	-16%
Not EU	-3%	8%	0%	0%	-6%
–All	10%	13%	1%	0%	-4%

The factors that influence the recruitment and retention of doctors, including any particular issues in certain specialties or geographic areas.

- Admissions to autonomous universities need to be transparent, and cannot favour Welsh-domiciled students and this needs to be taken into account in planning.
- In addition, entry tariffs feed into higher education league tables. It is therefore in the interest of institutions to maintain high tariffs. This drives up entry requirements, which means that it may be more difficult for widening access students to enter the profession.
- Data we had prepared previously about the recruitment of widening access cohorts to Cardiff and Swansea Universities for total student numbers, Medicine/Dentistry and Subjects allied to Medicine in 2013/14 are attached at Annex A.

The development and delivery of medical recruitment campaigns, including the extent to which relevant stakeholders are involved, and learning from previous campaigns and good practice elsewhere.

- With the introduction of Health Education Wales there will be a single workforce planning body across the whole of health. This will result in a need for medical education to work strategically with the new body.
- This provides an opportunity to develop new approaches strategically across the whole of health care. However, it may also present challenges, including ensuring that all stakeholders are effectively engaged with the body.
- The annual deadline for medicine, dentistry, and veterinary degrees, as well as for all courses at the University of Cambridge and the University of Oxford, is 15 October, so the timing of recruitment campaigns would need to take account of this.
- In the absence of further steers, HEFCW has continued to use the quota numbers for Medicine/Dentistry agreed some years ago to inform our funding. There will be an opportunity for HEFCW to work with the new body to develop new quotas, which fit the needs of Wales. The relevant quota numbers used for modelling are Cardiff University: Medicine pre-clinical 541; Medicine clinical 800. Swansea University: Medicine – pre-clinical 70; clinical 210.
- We note that there are plans to increase medical school places by 25% (1500) in England from 2018. Without an equivalent increase in Wales, we are likely to see undergraduates recruited over the border who may not return to Wales to practice. Data from the HESA student record indicates that between 2013/14 and 2014/15 Welsh domiciled student registrations for Medicine in England increased by 1% but registrations in Wales decreased by 5%.
- The Independent Review into Higher Education Funding and Student Finance Arrangements in Wales³ made recommendations to change the current student support arrangements. It will be crucial for the Committee to be aware of the recommendations of the Review – and the Welsh Government’s response -, which will impact on recruitment to Medicine and the student support packages available.
- A recommendation was made in the Review that the Welsh Government explore the possibility of running a pilot scheme to establish whether it is possible or desirable to extend the student support package beyond the UK and EU – for

³ <http://gov.wales/topics/educationandskills/highereducation/review-of-he-funding-and-student-finance-arrangements/?lang=en>

Welsh domiciled students that choose the study further afield for the whole of their degree programme.

The extent to which recruitment processes/practices are joined-up, deliver value for money and ensure a sustainable medical workforce.

- We suggest that this task should be coordinated by Health Education Wales. It is not without its challenges, but it will be key to engage effectively with all stakeholders.