The British Medical Association (BMA) is an independent trade union and voluntary professional association which represents doctors from all branches of practice and medical students. Representing both medical academics and medical students, we have an acute interest in Scotland’s higher education sector and welcome the opportunity to comment on the legislative framework that has been outlined in the Post-16 Education (Scotland) Bill.

Our key principles in relation to the Bill are:

- As far as possible the medical profession should be reflective of the diverse population that it serves.
- Access to higher education should be based on academic merit and not an individual's ability to pay.
- Scotland’s internationally renowned excellence in teaching and research must be maintained and enhanced to enable the sector to continue to compete in a global market.

WIDENING ACCESS

BMA Scotland supports the principle of widening access to, and participation in, higher education. In particular, we believe in the policy objective of seeking to ensure as far as possible that the medical profession is reflective of the diverse population that it serves. Entry to medical school should be based on aptitude rather than socio-economic background. If higher education becomes more expensive it risks access becoming even less equitable and medicine even less representative. Finance can be viewed as a significant influencing factor when deciding to embark on a medical degree. Medical undergraduate courses are 5-6 years long and therefore the expenses accumulated and cost of studying for this longer than average duration means that many medical students accumulate significant levels of debt. Additionally because medicine is a full-time course there are fewer opportunities to supplement medical student income through part time work. Finally, there are additional financial costs associated with studying medicine, including travel to clinical placements and electives, appropriate clothing for ward rounds, expensive reference books, stethoscopes and vaccinations.

We have therefore welcomed, as part of the Post 16 Reform programme, the changes that were introduced in August of 2012 to the student support package in Scotland. In particular that all students, irrespective of circumstances, will be eligible for a student loan of £4,500 a year and that, for the first time, 5th year medical students are no longer at a financial disadvantage and will benefit from the main undergraduate support arrangements for the duration of their study. Furthermore, we welcome the simplification of the student support system as we had considered that the preceding complexity and
lack of information available to prospective students could have deterred those from lower socio-economic backgrounds from applying to study medicine.

We are aware that there are a range of local widening access schemes in place at medical schools in Scotland. However, we have always believed that more needs to be done in a structured and cohesive way with a nationally co-ordinated approach and welcome the new requirement that Scottish Ministers may, under Section 3 of this Bill, “impose terms and conditions for the purposes of enabling, encouraging or increasing participation in fundable higher education by persons belonging to any socio-economic group which they reasonably consider to be under-represented in such education.”

Widening access is a responsibility shared between parents, schools, government, Skills Development Scotland, colleges and universities. We do not believe that introducing financial penalties for universities (conditional on achievement), as set out in Section 3 (new section 9B(2), is appropriate and, whilst we appreciate that the content of the Bill is already necessarily broad, we would welcome further detail and clarity within subsequent Regulations and Guidance on what is envisaged in terms of these financial penalties. We consider that where progress against agreed benchmarks is not sufficient, greater central support for initiatives, rather than financial penalties could prove more effective in achieving improvements.

We are concerned at the potential detrimental effect that implementing financial penalties could have on universities and therefore medical schools in terms of research and teaching. Despite having only 0.1% of the world’s population, Scottish research contributes 1.8% of the world’s citations, and is ranked first in the world in terms of research impact per GDP. We are ranked first of 27 comparator countries and regions for research impact in relation to GDP¹.

Medical schools in Scotland are central to this research environment and must therefore be able to retain and continue to develop their strong research base and international reputation as centres of research excellence. We appreciate the detail in the explanatory notes that stipulates that as each university’s circumstances would be different, it is not possible at this point to specify the likely re-prioritisation of activities associated with this change and the associated costs, but they are expected to be marginal. However, we would welcome clarification in the Regulations or Guidance as to the extent of possible financial penalties in order to be able to give detailed comments. Therefore whilst we support widening access we seek reassurance that medical schools in Scotland continue to be appropriately funded in order to continue to function as centres of excellence in terms of both teaching and research. We would also expect that there will be detail in Guidance supporting this legislation that will consider the effort a university has made towards satisfying a widening access agreement in the event that they have not met their target, recognising that there could be limits on what can be achieved.

As stated previously, work to improve and widen access is labour intensive and demanding on available resource. We are concerned that the Scottish Government is requiring universities to do more but has not committed to increase central funding for this work. To be effective, widening access initiatives require long term support and should be extended so that students have a better understanding of the path into medicine and aspirations are raised at a much earlier point in a child’s education. This should be done in a structured and cohesive way with a nationally co-ordinated approach to ensure all schools are covered. We are very supportive of mentor/buddy schemes which allow prospective students to speak to current students about their experience of the medical degree course as this can also help break down barriers to entering higher education and choosing to study medicine.

We have previously highlighted that we would welcome the introduction of criteria other than solely academic achievement for entry to medical school. Such criteria or testing must be evidence-based, and open to audit and long-term evaluation, and should include a comprehensive equality impact assessment. We are supportive of admissions taking account of contextual information such as attending a low academic achieving school or experiencing family problems, so long as this is done in a transparent, explicitly stated manner defined in advance of the admissions period.

GOVERNANCE AND GOOD PRACTICE

BMA Scotland supports the requirement in the Bill under Section 2 that institutions will be required to comply with any principles of governance or management which appear to the Scottish Ministers to constitute good practice. It is reassuring to note from the explanatory notes that, “as good practice in governance is already expected to be a core part of the activities of universities and the measures contained within the Bill effectively codify the activity required, the net financial impact is expected to be nil”.

Again, it will be useful to comment on the detailed draft Regulations on these requirements when they are published and more clarity is available.

FEE CAP

BMA Scotland is supportive of the provisions in Section 4 of the Bill which give Scottish Ministers the power to set an upper limit on the level of annual tuition fees bodies can charge UK students. We recognise the importance of regulatory control over fee levels; however we would hope that in allowing ministers to set a tuition fee cap, any change in fees would be subject to affirmative parliamentary process (as detailed in the Further and Higher Education (Scotland) Act 2005) in order to ensure transparency and consultation.

We are disappointed to note that whilst there is provision for an upper limit on the level of higher education tuition fees that can be charged, there is no legislative provision for enhanced bursary support for students who are resident in the UK. BMA Scotland represents all medical students studying in Scotland, a significant number of whom are English, Welsh and Northern Irish domiciled (RUK). RUK students have a strong
perception of unfairness at being treated differently to Scottish and EU domiciled students. Medical students will be amongst the hardest hit by the sharp rise in fees arising from their longer course. We have welcomed the recognition, by a number of universities in Scotland, that there is a need to provide bursary support for RUK students and have been actively considering new arrangements but it is unclear how these arrangements compare to those available at English universities. It is our view that Scottish Government should consider setting out a principle in this Bill and subsequent regulations to support the introduction of bursary/fee waiver arrangements in place for RUK students studying at all Scottish universities, so that some of the significant sums of money being paid by RUK students is reinvested back into protecting access for those from low income households.

The lack of clarity on enhanced bursaries in place at Scottish Universities for RUK students will be hugely damaging for widening access to medicine. Scotland’s higher education sector has a strong reputation for excellence and it is vital that it is able to continue to attract the brightest and best students, not simply those who can afford the high tuition costs. It is also important to consider that around 30% of medical students in Scotland are from the rest of the UK and many will work for NHS Scotland after graduation. Without any national stipulations or oversight for support of RUK students, there is a risk of long-term reputational damage to the sector, with the possibility that these students may perceive themselves being “cash cows”, used in order to aid the funding of the sector.

We are concerned that for 2012-2013, the number of RUK students applying to study medicine in Scotland dropped by 10%. The market based mechanisms being introduced in England to create more competition between universities (including the creation of a price-based "flexible margin" of places, unrestricted recruitment of "high achieving" students, and opening up the market to new providers of higher education), will necessitate universities in Scotland doing more to continue to attract the best students. This may also become increasingly important if there is a shift over future years in RUK students choosing to study closer to home in order to reduce their costs.

In conclusion, whilst we are supportive of widening access we would be cautious about introducing financial penalties to universities and welcome further detail in the Regulations to follow. We support the regulation of tuition fees in Scotland for RUK students but are deeply concerned about the fact there is no corresponding legislative provision for enhanced bursary support. As noted throughout this submission, the BMA would welcome a commitment by the Government to engage with stakeholders, such as ourselves, in the drafting and implementation of regulations.

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2 UCAS statistics 2012-13