Response ID ANON-NTKQ-FB9Y-R

Submitted to **Expansion of Undergraduate Medical Education**
Submitted on **2017-05-19 12:18:09**

Introduction

1 What is your name?

Title(Mr, Mrs, Ms, Dr, Professor):
Professor

First name:
David

Surname:
Webb

2 What is your email address?

Email:
lee.page@bps.ac.uk

3 Are you responding as an individual or as part of an organisation?

Organisation

Individual or organisation:
British Pharmacological Society

What is the role of your organisation:
The British Pharmacological Society (BPS) is a charity with a mission to promote and advance pharmacology and clinical pharmacology. Founded in 1931, the Society now represents over 3,500 members working across academia, industry, regulatory agencies and health services, many of whom are medically qualified. Clinical pharmacology is the only medical specialty in the NHS focusing on the safe, effective and cost-effective use of medicines. Clinical Pharmacologists are drug experts who bring additional insight to clinical care provision, clinical toxicology, medicines policy, education and training, and experimental medicine. They have played a major role in the establishment of three major UK national health technology organisations: The National Institute for Health and Care Excellence (NICE); The Scottish Medicines Consortium (SMC) and the All Wales Medicines Strategy Group (AWMSG). Clinical Pharmacologists significantly contribute to setting and maintaining standards within medical education. The British Pharmacological Society has collaborated with MSC Assessment to introduce the Prescribing Safety Assessment (PSA), which will allows medical students to demonstrate their competencies in relation to the safe and effective use of medicines. This assessment is now a requirement for all new doctors working within the Health Departments of England, Wales, Northern Ireland and Scotland. The PSA is in addition to the role clinical pharmacologists fulfill throughout the UK in providing undergraduate and postgraduate education. Further information regarding the role of the clinical pharmacology in medical education, and the NHS as a whole, can be assessed here: https://www.bps.ac.uk/BPSMemberPortal/media/BPSWebsite/BPS_A_prescription_for_the_NHS_FINAL_SP(1).pdf

Questions

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:
In consultation with the institutions and agreement based on balance with those who will provide the best environment for the medical students to flourish. This will take into account many factors such a staffing capacity, infrastructure, funding and placement opportunities.

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

University staffing capacity, University estates/infrastructure capacity, University capital funding capacity, NHS/GP clinical placement capacity, Mobilisation / timing capability, New medical schools

Please state other factors here::
N/A

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?

Yes

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

Yes

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:
N/A

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?

Yes

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:
N/A

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?

Yes

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:
Whilst we recognise the need for increasing provision in General Practice, we would impress upon you the importance and value of other areas of medicine, like Clinical Pharmacology, that have issues with recruitment. We would ask that any new policy that increases exposure to general practice consider the impact on other shortage specialties.

Clinical Pharmacology and Therapeutics is missing from your list of shortage specialties. The Royal College of Physicians report that 440 whole time equivalent consultants are needed across the NHS (https://www.rcplondon.ac.uk/projects/outputs/consultant-physicians-working-patients-revised-5th-edition). The 2014/15 UK consultant census found there were just 74 Clinical Pharmacology consultants in the UK. (https://www.rcplondon.ac.uk/projects/outputs/2014-15-census-uk-consultants-and-higher-specialty-trainees).

The importance of clinical pharmacologists in medicine has recently been recognised during a debate in the House of Lords – Hansard here https://hansard.parliament.uk/Lords/2016-09-12/debates/16091214000560/ClinicalPharmacologists.

Clinical pharmacologists make valuable contributions to the NHS and medical education in the following areas, among others.
1. Advising on medicines policy and cost-effective management, saving the NHS £10 for every £1 invested
2. Bringing innovation to the NHS through experimental medicine by designing early phase clinical trials and establishing NHS clinical research facilities
3. Working with industry to provide tomorrow's medicines and grow the UK's economy: CPT consultants support the development of innovative, new medicines in the life sciences sector
4. Leading clinical toxicology services and the National Poisons Information Service.
5. Teaching new doctors to prescribe medicines safely and effectively.
6. Providing both specialist and enhanced generalist care as they are often also accredited in general internal medicine. Their expertise prevents the avoidable harm associated with adverse drug reactions.

We also note that there are significant issues with retention of staff. For example the BMA, as reported in this Guardian article (https://www.theguardian.com/society/2015/apr/15/nhs-stress-third-gps-plan-retire-five-years) found that 34% of GPs intend to stop work by 2020 because of high stress, unmanageable workloads and too little time with patients. Our own survey suggests that 51% of Clinical Pharmacology consultants work under excessive pressure often or always. It is therefore important to ensure there are enough doctors in the UK to meet the needs of our ageing population, and to ensure that work-life balance of the medical workforce is optimised. Without this, there is a real possibility of "burn-out", with continuing pressures on medical staff in the NHS. The increase in medical student numbers should help, but future workforce planning should be more pro-active rather than reactive.

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?

Yes

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:
There has recently been an increased focus on the need for high quality training in prescribing and therapeutics for medical undergraduates – including the introduction of an assessment of prescribing competence prior to registration with the General Medical Council. Clinical Pharmacology consultants and registrars are well placed, with the relevant expertise, to provide this training. Most consultants in Clinical Pharmacology hold academic posts and in major teaching centres

play a key role in the delivery of therapeutics training to undergraduates. We would suggest that as the provision of high quality therapeutics training is now a core part of medical training, appropriate assessment should be made of a Medical School's ability to provide it and, where appropriate, opportunities are sought to employ Clinical Pharmacologists in education roles.

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

Yes

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

Yes

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 fee text:
N/A

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.

Please provide your views here::
N/A

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

Yes

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?

No

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

If so, please choose from the following options::

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?

No

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?

If so, please state here::
Medical students already graduate with some of the highest level of debt of any undergraduate course. In a report by Ercolani and colleagues in 2015, it was noted that 'medical graduates on an average salary were unlikely to repay their student debt in full'. Noting that the initial graduate debt can be over £80,000 (http://bmjopen.bmj.com/content/5/4/e007335). In light of this, we do not see how a further burden of debt is likely to encourage graduates to stay in medicine, given they will never be able to pay it in their lifetimes.

We also note that repeated concerns have been raised on widening participation in medicine, with a low representation from those from low socio-economic backgrounds. Health education England recognise that one of the barriers to entry to medicine from those from disadvantaged backgrounds is a lack of financial support (https://hee.nhs.uk/sites/default/files/documents/WES_Widening-Participation-Strategy_Booklet.pdf). We are concerned that any potential increase in the level of debt will exacerbate this issue, not improve it. We also note that men earned over 1/3 more than women in medicine at age 55 and as a consequence of this women accrue significantly more in interest charges on their loans. (http://bmjopen.bmj.com/content/5/4/e007335). Any increase in debt burden would disproportionately affect those working less than full time. At present, the majority of those doing so are women. The society would not support a policy that was likely to discriminate in this way.

A further increase in the debt burden for medical students could have a real impact on recruitment. It would also place debt levels on a par with USA levels of debt from medical school. In a global market for University places, this could drive both UK and non-UK nationals to train in the USA where there is no conscription.

We are further concerned about the impact on research and development in the NHS of a policy that incurs a debt penalty if doctors leave the NHS early. Many trainees seek research opportunities early in their careers. Placements may be in the NHS, a university or industry setting. Some undertake a higher degree and some return to full time clinical medicine.

The nature of drug discovery has seen a significant shift in recent times, from the era of 'blockbuster' drugs for common diseases to targeted therapies for the less common conditions. The cost of drug discovery has risen and yet the number of new drugs being launched has declined. Novel insights into the biology of

diseases and advances in personalised medicines introduce new financial pressures. The UK economy must seek to address this by bringing together the strong elements of world class universities, hospitals and pharmaceutical companies and improve joint working across these sectors, to share resources and expertise. The UK is home to two of the world's largest pharmaceutical companies and has created nearly a quarter of the world's top 100 medicines (Association of the British Pharmaceutical Industry (2004). Innovating for a healthy tomorrow http://www.abpi.org.uk/publications/pdfs/annual_report_05.pdf). The UK generates over 10% of the world's clinical science and health research outputs, with 1% of the world's population and attracts almost 10% of the world's pharmaceutical research and development (R&D) funding (Department for Innovation, Universities and Skills (2009). International comparative performance of the UK research base http://www.bis.gov.uk/assets/biscore/corporate/migratedD/publications/I/ICPRUK09v1_4). Such collaborations take significant time to develop and nurture and therefore introducing a financial penalty, which prohibits interaction with academia/industry at an early career stage, will undoubtedly curtail significant scientific and economic opportunity.

By setting up a system that drives trainees through a specific number of years of service, we risk preventing people from 'thinking outside the box' and exploring careers in research. We also note that the new junior doctor contract already restricts the opportunities for trainees to undertake research, with the pay premia for higher degrees only applied in specific circumstances.

You cite the armed forces as having a similar system. The major difference being that the armed forces provide funding throughout medical school which reduces the burden of debt with which students graduate. This is not the system that is being proposed in your consultation.

Finally, there is the issue of whether patients would really want to be cared for by someone who is working as a doctor not because they are passionate about the role, but because they fear the debt penalty of stopping.

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

No

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?

If so, please state here::
N/A

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?

If so, please state here::
N/A

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?

If so, please state here::
More doctors may have a positive impact on flexible working. To have such an impact, the increase in numbers would need to be sufficient to provide such flexibility in addition to catching up with existing demand and meeting projected need for an expanded workforce (alongside an expanding population).

Keeping you informed

1 How we will use your response

Yes

Yes

Your response, Your name (individual name), Your organisation's name

2 Are you happy for the Department of Health to use your email address to contact you to clarify points in your response if necessary?

Yes

3 Would you like to receive information about other DH consultations?

Yes

4 Help us improve how the department runs consultations by answering the following questions:

Very satisfied

Further comments::
N/A

Very satisfied

Further comments::
N/A