

British Medical Association

14 Queen Street Edinburgh EH2 1LL
Telephone: 0131 247 3000 Fax: 0131 247 3001
BMA web site: www.bma.org.uk
Secretary: Jeremy Strachan, MA LLM (Cantab), Barrister
Scottish Secretary: Bill O'Neill, BSc FRCGP

Direct Line: 0131 247 3020
Direct Fax: 0131 247 3021
Email Address: dbassett@bma.org.uk

Ann McVie
Scottish Executive
Enterprise, Transport & Lifelong Learning Department
Higher Education and Science Division
Europa Building
450 Argyle Street
Glasgow
G2 8LG



22 October 2004

Dear Ms McVie

MEDICAL TUITION FEES

Thank you for your letter of 1 September 2004, inviting comments from BMA Scotland on the proposal that Scottish Ministers may set a separate level of tuition fees for medical students.

The introduction of variable fees in England will undoubtedly widen significantly the existing per capita funding differential for medical student places between Scotland and England. Our main concern is that Scottish medical schools will thereby be placed at a competitive disadvantage against English medical schools who will be able to attract the best medical academic staff by offering enhanced research opportunities, extra resources and better facilities. This could damage the current high standards of teaching and research in Scotland, and may also make Scottish medical schools less attractive to the best medical students, particularly overseas students whose higher fees currently contribute much-needed additional resources.

We also appreciate the predicament faced by the Scottish Executive in that the introduction of variable tuition fees in England may result in Scottish education becoming a cheap alternative for a significant number of English-domiciled students who cannot afford to study at the better-funded and more expensive English universities. We understand your concerns that this may have a negative impact on the future number of doctors working in Scotland, and so would ask that attention be given to the removal of existing artificial barriers to medical education for Scottish domiciled students, eg the requirement for 5 'A' grade Highers at a single sitting, and the development of attractive postgraduate career structures for all Scottish medical school graduates, including those from elsewhere in the UK and from overseas.

You will appreciate that we have a problem in principle with any proposals that seek to shift the burden of educational costs further onto students. Given this we are very uncomfortable with any plans to increase tuition fees in Scotland, particularly the prospect of a separate higher fee for medicine. Given that students from lower socioeconomic backgrounds are generally more debt-averse than those from professional or managerial backgrounds, such proposals would seem to run counter to moves to widen participation in medicine, such as the Working in Health Access Programme. It is unclear from your letter whether it is the Scottish Executive's intention to apply higher fees only to non-Scottish domiciled students, or whether higher fees would also be reflected in increased graduate endowments for Scottish students. We would appreciate early confirmation that, as indicated in

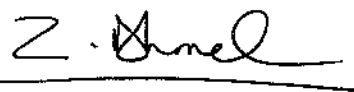
previous Ministerial statements, Scottish domiciled medical students studying in Scotland will not be affected by the proposals.

No detail is provided in your letter on the level at which the fee for medicine might be set, although we would expect it to be at the minimum level required to achieve its purposes and not primarily as a means of providing additional revenue. You do make reference to the fee support arrangements that will be available in England for English-domiciled medical students in their fifth and sixth year and for years two, three and four of fast track courses. These are by no means generous, and we would expect, at an absolute minimum, no less than the equivalent level of support in Scotland. In particular, we would request further detail on the proposed funding arrangements both for those studying on a future Scottish graduate medical degree course as recommended by Professor Calman, and for Scottish domiciled students studying medicine in Scotland as a second degree, who are at present self-funding. Both groups would be considerably disadvantaged by high fee levels.

Finally, we once again reiterate the existing financial disadvantage Scottish medical schools find themselves in compared to their English counterparts. Using data from the University of Edinburgh's planning department we recently estimated a disparity of over £1400 per medical student over the five years of the medical degree. We would therefore urge that all additional funding generated for medical education, from whatever source, be ring fenced for medical schools and used specifically for teaching purposes.

We note you offer an opportunity to meet in person and we would be very keen to take up this offer. We shall call you to arrange a meeting.

Yours sincerely



Zubir Ahmed
Chair
Scottish Medical Students Committee
BMA Scotland