



coalition of higher education students in Scotland

University of Dundee
University of Edinburgh
University of Glasgow
Open University
University of St Andrews
University of Strathclyde

PO Box 23524
Edinburgh
EH8 9YQ
info@chessonline.org.uk

A response to the proposal to set a higher fee for non-Scottish-domiciled medical students studying in Scotland

Preamble

The Coalition of Higher Education Students in Scotland (CHESS) represents the interests and views of its member institutions; the students' representative bodies of the universities of Dundee, Edinburgh, Glasgow, St Andrews, Strathclyde and the Open University in Scotland. CHESS represents around fifty percent of students studying in Higher Education Institutions in Scotland, including four of Scotland's five medical schools.

Introduction

CHESS welcomes the chance to respond to the Executive's proposals and hopes that the Executive takes on board the comments made below. We do, however, have concerns about the manner of this consultation that limits the degree of stakeholder input. These concerns are outlined later in the paper and we would wish the Executive to reconsider its approach to consultation on this and other issues. In this response we seek to make our principled opinion known on how the Executive's proposal may affect students and also make suggestions as to what other areas may be more usefully examined as part of a more holistic approach to the issues raised. We believe a broader and more informed consultation should be considered to allow a more constructive input from all areas, which may negate the perceived need to consider fee increases.

Key principles

CHESS has consistently opposed the existence of tuition fees and the existence of variability within any tuition fees regime. CHESS reaffirms its belief that finance should not be a barrier to entry to Higher Education nor a determinant of a student's academic choices. Higher Education should not be a marketable commodity but a public good open to all and benefiting all regardless of finance or background. No student or graduate should have to suffer burdensome debt which provides both a deterrent to entry and a tax on ambition.

Further, CHESS maintains as a key principle that tuition fees and student hardship should not be used as a tool to further the Executive's wider social, political or economic ends.

It is for these reasons that CHES strongly opposed the Higher Education Act and the introduction of variable tuition fees in England, which have serious and broadly negative implications for students both in England and in Scotland. CHES would oppose vigorously the extension of variable fees to Scotland and views the very discussion of this issue as just one negative implication of the Higher Education Act in England.

Whilst we oppose the existence of fees, burdensome debt and variability, we also wholeheartedly support the goal of widening participation in Higher Education as a key tool of social justice and equality. This is a valid consideration for any policy and improving access to the medical profession for under-represented groups is equally important.

CHES is also sympathetic to the needs of Scotland's health service and NHS recruitment, but must primarily represent student needs and opinion. Again, fees and student hardship should not be used as mechanisms which the Executive should use to further their wider goals.

Principles in relation to the proposal to increase fees for medical students

CHES recognises that there are some difficulties in reconciling the above principles in a post-top-up fees context but rejects the proposal that fee variability be considered to pursue any aim. It is deeply regrettable that a situation exists where fee variability can be suggested as a way of protecting access to Higher Education, yet CHES believes the Executive need not go down this route.

CHES believes that to accept the logic of a differential fee in one instance is to open the door to similar appeals from other areas using the same rationale. We are concerned that 'special pleading' in one area would lead to similar pleas from others. The development of a segmented and differentiated market for students in Scotland may not be the intention of this proposal but will undoubtedly be the unwelcome result. CHES does not believe that medicine will universally be accepted as a 'special case' but instead believes claims from other areas would quickly be forthcoming.

CHES welcomes the expressed intentions of the Executive to maintain their opposition to up-front fees and fee variability for Scottish-domiciled students in Scotland, yet would not like to see the same disadvantages of England's top-up fee system extended to students in Scotland originally domiciled elsewhere in the UK. CHES would further like the Executive to clarify its proposals with regards to Welsh and Northern Irish students, whose future tuition fee regimes are not clear. If either or both decide not to introduce top-up fees then the fears of much higher numbers of these students coming north would disappear and the logic of creating a higher fee for Welsh and Northern Irish students would be diminished.

Recommendation: CHES would like the Executive to clarify their position in relation to Welsh and Northern Irish students in relation to their potentially different fee regimes.

CHES does not believe a conflict between enhancing NHS recruitment, protecting access to medical places for Scottish-domiciled students and maintaining a fees system free of variability is necessary. CHES urges the Executive to consider the issues more comprehensively and innovatively and propose other options and potential

solutions for consultation that do not involve the use of variable tuition fees. In fact, CHESW welcomes many of the recommendations of the Calman Report as positive ways that might be built on in order to avoid the perceived need for fees.

Consideration of premises and unknowns

A key problem with the proposition to increase fees for non-Scottish-domiciled medical students is that it is based on speculative premises and without serious consideration of potential alternatives. For example, whilst domicile may at present be an influencing factor in recruitment and retention, it can hardly provide a full picture, and CHESW believes a more holistic and imaginative approach must be taken. Other key factors affecting recruitment and retention may relate to living and working conditions, location of medical school in relation to the need for health workers, and any other factor that may make working in Scotland appear a less favourable alternative to working elsewhere in the UK.

The Calman Report does highlight a number of these issues but does not give particular recommendations in this area, which would be helpful. It does, for example, highlight issues such as 'the St Andrews Question' (s60-74) but lacks any major initiatives to incentivise domicile after graduation or improvements in working conditions.

Recommendation: CHESW would like the Executive to provide information and impact assessments on all other options, no matter how ambitious, to boost NHS recruitment and retention of all UK-domiciled graduates, and clarify the legal, financial and other implications of each.

Further, it is not clear what effect the introduction of top-up fees will have on cross-border applications and current thinking is speculative. It may be reasonable to plan for the eventuality of a higher demand for Scottish Higher Education, but it would also be prudent to avoid rushing in to implement proposals detrimental to students when the problem may not be as severe as sometimes imagined.

Further still, whilst factors affecting recruitment and retention other than domicile need consideration, so do factors affecting application and admissions to medical courses. The Calman Report does rightly highlight a number of these issues and CHESW believes the Executive should provide more concrete proposals as to how steps might be taken to improve transition from Highers to medicine, how school outreach may increase applications from Scottish-domiciled students, or how admissions procedures might be tailored to protect places for Scottish-domiciled students once applications are received. CHESW welcomes the recommendation that Scottish medical schools need to give more attention to the realities of secondary schools in Scotland (s46) and welcomes also the consideration of the '4 means of widening access' (s48).

The Calman report is one of a number of Higher Education documents that notes the major current challenge to widening participation in medicine is in fostering "aspiration, achievement and application" (HEFC 2003) in under-represented groups, implying a key role to ever more active recruitment and reform at school level. Yet if the fear is that greatly increased applications from well-qualified English applicants post-2006 will cancel out any gains made in this respect, ambitious reform of admissions procedures should be considered as an alternative to fee increases.

The Calman Report's recommendation to 'ring-fence' the newly created medical places for schemes that increase the diversity of Scottish medical courses and for those most likely to be committed in the long-term to NHS Scotland is welcomed. CHESSE would be interested to know the extent to which mechanisms such as these could be used to negate the perceived need for fee increases.

Schemes such as the 'Pathways to the Professions', foundation year courses and ring-fenced access places are positive schemes that, if expanded, might provide other ways of achieving the Executive's aims. Admissions procedures tailored to Scottish-domiciled applicants do exist (at Edinburgh the number of Scottish-domiciled applicants accepted is disproportionately high compared to application rates) and might also be another avenue to be examined. If the Executive could be bold and imaginative in providing alternatives for consideration, such as greater use of ring-fenced places, then this might negate the perceived need for fee increases and provide a more positive, constructive and ultimately preferable approach.

Recommendation: CHESSE would like the Executive to provide information and impact assessments on all other options, no matter how ambitious, that could exist to boost recruitment and retention in University admissions and clarify the legal, financial and other implications for each.

CHESSE is not at this stage advocating use of any of the above methods, merely that they must be deliberated over and consulted on. CHESSE believes there is a wider picture to be considered and the Executive must deal with these areas before considering the use of tuition fees.

Aside from the recommendation to 'take special account' of the position of medical funding (s81), the Calman Report has a number of very promising and constructive recommendations. CHESSE believes some of the recommendations made, as well as many of those omitted, could be used to build an approach that negates the perceived need for a fee increase and would like to see these, and the assessment of their impact, progressed before consideration of funding changes.

CHESSE reiterates that tuition fees cannot be used as 'an easy option' in pursuit of the Executive's goals.

Other Options and poverty of consultation

CHESSE takes issue with the manner in which this consultation has been conducted. Proposing to introduce differential fees into Scottish Higher Education is a hugely significant act and deserves a more thorough consultation than that offered. The Scottish Executive prides itself in its consultation with stakeholders yet has fallen short on this issue in a way that undermines the scope of stakeholder input.

CHESSE notes that the consultation falls foul of a number of benchmarks of good practice highlighted in the Scottish Executive's '*Consultation Good Practice Guidance*' (June 2004). The guidance states, amongst other things, that consultation must be held over a minimum of 12 weeks, should include broad discussion of the issues involved and options available, provide relevant views and information, as well as an assessment of impact on different groups. With an 8 week consultation open to only a

few stakeholders, providing only one external report (the Calman Report), only one option (the proposed fee raise) and only one opinion (that of the Scottish Executive based on the Calman Report) and without any assessment of impact, the consultation process is skewed heavily towards the Executive's ambitions.

As information and opinion that may assist those with opposing views is not provided, the consultation process is neither informed nor balanced.

Given the importance of this issue, a more formal process along the lines of other consultations undertaken by the Executive should be progressed. Options and alternatives should be suggested with sufficient information to provide stakeholders the chance to input more constructively. Although organisations other than CHES are far better placed to comment on other aspects of NHS recruitment and retention, we would like to see the consultation relaunched, looking holistically at some of the following issues:

- The inventive use of admissions procedures and ring-fenced places to protect and promote access to medical places for Scottish-domiciled students.
- The extension of recruitment and outreach programmes to encourage medical applications from Scottish-domiciled students.
- The issues surrounding the transition from Highers to medical schools.
- The living and working conditions for medical workers in Scotland in comparison to elsewhere in the UK.
- Possible incentive packages and recruitment efforts for all medical students, regardless of domicile, to remain domicile in Scotland.
- Possible incentive packages and recruitment efforts for all medical students, regardless of domicile, to come and work in Scotland from elsewhere in the UK.
- Ways of improving links between the cities with medical schools and areas where there is a shortage of health workers

CHES is not necessarily endorsing actions based on any of the above, but believes they would all be appropriate items for consideration in a wider and more informed consultation. Other appropriate bodies with far more expertise on these issues may have other suggestions also.

Recommendation: CHES would like the Executive to reconsider the whole approach and launch a much broader consultation process with more information, options and impact assessments, including some of the suggestions above.

Recommendation: CHES would like such a consultation to find a solution that negates the perceived need for increased medical fees.

Considerations if proposals were progressed

CHES reaffirms its opposition to the introduction of increased medical fees for non-Scottish-domiciled students but believes it prudent to comment on the practicalities of any such increase and what the Executive must do if it were to implement such an increase.

Firstly, if the Executive were to ignore the views of the student body and impose such a fee increase, CHES believes that a firm public commitment should be made stating

that no other 'special cases' would be considered and differential fees would go no further.

Secondly, if the Executive were to ignore the views of the student body and impose such a fee increase, CHESS believes it should set the fee at the minimum level possible. When deciding a fee level it should consider not just the relative price of tuition fees in England, but also the level of bursaries that accompany those fees. If the same fee level as England were set but without the accompanying benefit that students in England would receive, the real-terms cost of fees here would be significantly higher.

Thirdly, if the Executive were to ignore the views of the student body and impose such a fee increase, CHESS believes that any revenue raised from the fee increase should be reinvested into widening participation. The revenue could provide access bursaries and other means of financial support for students from 'non-traditional' backgrounds seeking to enter medicine, as well as ring-fenced places for Scottish-domiciled students. If extra revenue was to be raised, this would be one positive way of using it.

Recommendation: CHESS believes that if student opinion was ignored and fees were imposed, the Executive should rule out further fee increases in other areas, should set the fee level at a minimal level with consideration of the bursary as well as fee levels in England, and should reinvest revenue into bursaries and places for Scottish-domiciled access students.

Finally, CHESS believes that the powers provided in Section 8 in the Further and Higher Education Funding Councils Bill should be removed. A change such as the proposal discussed requires fuller consultation and scrutiny than that provided by the Bill. Ministers should not be free to raise fee levels without proper parliamentary scrutiny and public consultation, and the use of Secondary Statutory Instruments provides no assurance of this process. CHESS rejects the proposed increase in fees for medical students on principled and practical grounds, but further rejects any provision that allows major changes in fees or funding to be taken without the proper scrutiny provided by genuine consultation and primary legislation. Further, CHESS is deeply concerned that Section 8 appears to give ministers the power to introduce differential fees for any course or institution, which appears to provide the legislative room for the introduction of top-up fees in the future.

Whilst we welcome the Executive's expressed commitment to oppose top-up fees in Scotland, as well the claim that section 8 is to be used for medical fees only, the question must be asked why such legislative powers are necessary if there is no intention to use them. Even if the Executive has no intention of using such powers, they remain open to future governments to do so without proper scrutiny and should be removed.

Recommendation: CHESS recommends that section 8 of the Higher and Education be removed and any decisions be given full and specific parliamentary scrutiny.

Summary

Although CHESS is sympathetic to the needs of protecting places for Scottish-domiciled medical students and to the need to improve recruitment for Scotland's health service, it does not believe that introducing a variable tuition fee for non-

Scottish-domiciled medical students is an appropriate mechanism to achieve these ends. Increasing tuition fees should not be a mechanism by which government can further economic, political or social goals and other options must be explored and a more holistic approach taken. CHESS believes other measures must be considered and maintains its stance against fees and against variability.

CHESS is grateful of the chance to respond to this proposal but is disappointed with the manner of consultation and would like to see a broader and more informed consultation that sought more imaginative responses to the Executive's twin aims of protecting places for Scottish-domiciled students and improving NHS recruitment and retention. The introduction of a differential fee into Scotland is too important an act to be taken as the 'easy option' in pursuing these aims and all other measures from improving working conditions and incentive packages, to ring-fencing places and tailoring University recruitment and admissions procedures should be considered as factors more appropriate to influence.

CHESS has provided suggestions for the Executive in case they are to pursue the proposal discussed, including safeguards for the future and suggested use of revenue. Ultimately, however, CHESS believes Scotland must remain free of differential fees and opposes any move that threaten this status.