

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

1st November 2004

Dear Ms McVie

Re: Medical Tuition Fees

Thank you for your invitation to submit NUS Scotland's views on both the principle and the practicalities of introducing a separate flat-rate fee for Scottish medical schools. In doing so we would like to highlight our disappointment that the Scottish Executive have deemed it necessary to announce its intentions with regard to fees within the Further and Higher Education (Scotland) Bill before the end of this consultation period.

Please find enclosed our submission and as always if you would like to discuss any of the points further then I'd be delighted to do so.

Yours sincerely

Melanie Ward
President
NUS Scotland



national union of students scotland

**NUS Scotland response to the
Scottish Executive Consultation on
Medical Tuition Fees**

October 2004

 | submission
scotland

NUS Scotland

NUS Scotland is a federation of local student organisations in Scotland, comprising over 60 local campus student organisations that are affiliated to the National Union of Students of the United Kingdom (NUS). NUS Scotland is an autonomous, but integral, part of the National Union of Students. The students' associations in membership of NUS Scotland account for 76% of students in higher education in Scotland and over 90% of students in further education in Scotland.

Students' associations affiliated to NUS retain autonomy over all policy areas, and may choose to make individual students' association submissions based on local policy. NUS Scotland operates a democratic forum for policy and debate on national issues affecting students and NUS Scotland's role is to reflect the collective position.

Precis

NUS Scotland welcomes the opportunity to participate in this consultation, and to contribute more broadly to the ongoing debate surrounding how best to fund Further and Higher Education in Scotland. In keeping with the spirit in which the consultation is requested, we comment herein firstly on the general principles, and secondly on the practicalities of the measure as outlined. Finally, we offer alternative approaches that may, in our view, be more effective. We see this issue as a clear point of principle, and have decided to keep our response concise on this basis. It is of some concern that although this consultation has not been completed, measures relating to differential fees for medicine have been included in the recently introduced Further and Higher Education (Scotland) Bill. We would remind the Executive of their commitment "not to support the introduction of top-up tuition fees", and question whether this proposal is consistent with that principle.

Principle

NUS Scotland opposes the introduction of any form of differential tuition fee. Fundamental to our policy is that we should put in place a funding system that is fair and equitable, regardless of a student's nationality or career aspirations. We believe that promoting access to, and diversity within, Higher Education should be a priority.

Higher costs, in terms of both fees and debt, inevitably contribute to the fear that study will prove unaffordable in the long term. The introduction of higher, differential fees for medical students would primarily have the effect of discouraging net applications, especially from poorer students; this is not in our view the right first step in solving a recruitment shortfall within the medical profession in Scotland.

NUS Scotland is disappointed that Scottish Executive has sought to address this issue without sufficient experience of how English medical students will affect the situation in practice. The Higher Education Review (Phase 3) concluded that the Scottish Executive would "monitor the demand for medical and related subjects within Scottish HEI's and if, over time, there is a distortion of current student flows, ensure that Scottish students... do not find it harder to enter such professional areas." There simply has not been enough time operating under the status quo to know if there will be a distortion; the measure appears to be overly zealous when seen in this context.

NUS Scotland believes that it is wrong to believe that introducing such a negative measure (to be applied when an individual begins or concludes their training) would be as productive as introducing genuine incentives to actually practice medicine in Scotland, which is the root of the problem. We believe there are a range of suitable incentives that have not been properly considered, and will take this opportunity to propose a range of alternatives.

In summary, we believe the Scottish Executive's reaction to variable fees in England has so far been fair in terms of keeping a flat level fee and rejecting a market-based system. To accept that the principle of variable or differential fees is wrong, divisive and exclusive for every course in Scotland except medicine leaves us confused as to the Scottish Executive's true beliefs, and we find it very disappointing.

Practicalities

NUS Scotland believes there are numerous practical difficulties inherent in the measure proposed:

1. Stopping rises in the number of English students attending Scottish medical schools will not help Scottish students from poorer backgrounds. They will face exactly the same barriers as currently – including cost, inadequate financial support, burden of student debt, length of the course, and so on. The Higher Education Review (Phase 3) concluded that students from private schools are much more likely to study medicine than those from state schools, largely due to these factors.
2. The measure does nothing to address the needlessly exclusive requirements to study medicine, in terms of achievement at Higher level. A Scottish student will need to achieve five Highers at S5, rather than five Highers across the whole programme. This excludes many capable students who would have applied from secondary schools that are not currently able to deliver this framework.
3. During the Higher Education Review (Phase 3) process, it was argued that it is mostly wealthy students that study cross-border. Wealthy Scottish students can go to England, and won't be much put off by the fees; wealthy English students can study in Scotland because the extra year adds to the costs. This was, of course, mainly anecdotal, and doesn't appear in the report. If, however, it is true, it means that increasing fees for medical courses in Scotland will not make any difference to the students coming to Scotland, because they are already well off and will not be put off by increases in fees. Wealthier students are more likely to see the chance of taking medicine, whether in Scotland or the rest of the UK, as more important than the cost of the course.
4. Fees are proposed to be increased to an average of the cost in England; this will mean that fees for medical courses in Scotland will equal, not exceed, levels in England. Scotland is, by and large, no more expensive to live in as a student than England. Scottish medical courses are no longer than those in England. Therefore, the cost of a medical course in Scotland for a student from the rest of the UK, will be at most equal to the cost of the same course in Scotland. The measure will not have the desired effect of preventing outflow of students from the rest of the UK after concluding medical training in Scotland.
5. The numbers of Scottish students will not increase. Fees for student from the rest of the UK will not mean that there will be more Scottish students studying medicine, and will not address recruitment or retention of medical practitioners. At best, it will maintain the status quo, which is widely recognised as being flawed.

6. The relative deterrent value of increasing medical fees beyond the flat rate is insignificant compared to the dangers inherent in introducing variable fees to Scotland, with its concomitant risks of future increases in other fees for other subjects.

Alternative Proposals

NUS Scotland would like to take this opportunity to propose alternatives to introducing fees that we believe are more likely to both address the student flows concern and improve the underlying problem surrounding recruitment and retention of medical practitioners.

1. Financial incentives could be offered to all students, whether from Scotland or the rest of the UK, to study medicine in Scotland, provided that they practice in Scotland for a defined period of time at the conclusion of their training.
2. Financial incentives could be offered to students domiciled in Scotland only, in order to maximise recruitment of medical students from within Scotland relative to applicants from the rest of the UK.
3. Institutions should be encouraged to relax the overly stringent academic entry requirements for medical courses, and consider alternative entry criteria, in order to maximise applications from Scottish students. Alternatively, an "access to medicine" foundation course could be provided for those students who obtained excellent Highers, but not entirely at S5.
4. Special attention should be paid to potential medical students as part of existing schemes for widening participation, especially active mentoring of talented students from disadvantaged backgrounds.
5. The Scottish Executive should take steps to provide incentives for medical practitioners to remain in practice within NHS Scotland.

NUS Scotland thanks the Scottish Executive for considering our response to this consultation. We hope to discuss the issues raised with representatives of the Scottish Executive in the near future.

**Submitted by and on behalf of the Scottish Executive Committee
October 2004**