

## Response to:

### ***The Higher Education White Paper and the Teaching Excellence Framework proposals***

On behalf of London Medicine and the Healthcare Education Group, we welcome the opportunity to respond to the BIS consultation of the Teaching Excellence Framework (TEF), incorporating the Higher Education White Paper.

We have considered the proposals for the TEF, as well as the implications of the TEF and the White Paper more generally, on health and medical education and training in London. On the following pages we have outlined our response.

Submitted by, and on behalf of, London Higher's London Medicine Group and the Healthcare Education Group [membership listed in Annex A]:

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*London Medicine* is unique in bringing together senior academic and managerial representatives from across London's health education sector. *London Medicine* focuses on matters related to academic medicine, dentistry and associated clinical academic disciplines and provides a regular forum to discuss and debate policy issues that have direct relevance to academic interests of London.

The *Healthcare Education Group* is a forum bringing together senior representatives from those higher education institutions in London that teach, train or conduct research in the healthcare professions. This includes nursing, midwifery, allied health professionals as well as medicine, dentistry and pharmacy. The group discusses emerging issues in the delivery of world-class healthcare education, research and service delivery. Whilst the *Healthcare Education Group* has a broader membership than *London Medicine*, both groups have similar remits and often collaborate.

## **Implications of the TEF and the White Paper on health education and training in London**

### ***Allowing new entrants into the HE marketplace***

As set out in the White Paper, the entry of new providers into the HE marketplace would lead to a subsequent increase in demand for medical and healthcare student placements. It is important to note that there are existing pressures on placement capacity in London, in particular within the community and within children's nursing and midwifery specialties. Placements already take place in a complex network of provision, and any new entrant to the health education marketplace would need to navigate this, and establish networks and links with placement providers. We must also consider the size of the current placement tariff (SIFT), specifically noting the importance of continuation of the current level of funding, so that funding does not become a barrier to new placement capacity.

It is vital for commissioners and BIS to consider how the management and operations of placement provision will work in practice, in particular if new entrants access the HE marketplace and approach placement providers (through private provision). The education experience of placements is a central part of healthcare education and if placement provision is inadequately managed there will be consequences for both existing and new providers and, more importantly, for students. The ability and indeed capacity of placement mentors and supervisors to supervise different kinds of students on different kinds of programme will be vital for placements to be successful. There is already a shortage of appropriately trained mentors, this placement element of education should be reflected through the TEF.

### ***Widening participation goals***

The White Paper sets out two specific goals on widening participation (WP): to double the proportion of people from disadvantaged backgrounds entering university in 2020 compared to 2009, and to increase the number of black and minority ethnic (BME) students going to university by 20% by 2020. London universities are already undertaking key work in a number of areas relating to WP and this is an area in which we feel many positive outcomes have already been achieved.

There is a question as to whether individual universities will be accountable in achieving these nation-wide goals. If these goals are passed on to universities, a number of issues will be raised. Importantly each university would be starting from a different baseline in terms of the proportion of students from disadvantaged backgrounds, and in terms of the number of BME students and so how they will have been judged to meet the nation-wide goals will be complex.

Unless adequate measures are used, there is a risk that universities may be set unrealistic targets. When discussing the London context specifically, POLAR3 quintiles may not be adequate to obtain a fully-detailed picture of social deprivation and progression to university across the Capital. *London Medicine & Healthcare* propose that geographically adjusted metrics should be implemented (further details on this are outlined in the section on the TEF below) prior to TEF metrics being considered so that the unique qualities of metropolitan areas are taken into account. It should be noted that universities require more detail on the targets in general, as well as clarity around the sanctions if targets are not met. Whilst the TEF sets out that it will take account of the diversity of students, further information is needed regarding how targets are to be set before the TEF is implemented.

Another of the White Paper's proposals is that universities should make it easier for students to transfer between universities (and courses) midway through a qualification thus increasing social mobility. In medical and dental subjects, courses vary a great deal between universities, and students only transfer from one university to another in exceptional circumstances. If there was to be an expectation of mobility between courses on a large scale, there would need to be significant changes to course structures in order to make this a viable option. This would also have implications for professional and accrediting bodies. It has also been noted that students usually transfer between universities for reasons other than social mobility. It is unclear how the TEF would work in practice if students were to transfer amongst universities and whether any financial or reputational gains (through TEF) would be passed on to a receiving university or vice versa.

We must also consider the impact of the recent healthcare education funding reform proposals which will affect widening participation for healthcare students. With the move from a bursary system to a loan system, it is feared that there will be a significant impact on the number of students applying for healthcare courses. It is anticipated that a significant number of these students will be from WP backgrounds and particularly mature groups. The impact on TEF scores from this may be detrimental.

There is concern that there is currently no clear consensus as to how widening participation is defined at postgraduate level. If universities are to be judged on their progress in widening participation, they need to know exactly what indicators are to be used to assess this. The healthcare education funding reforms will also impact postgraduates; it is currently unclear as to whether a second loan will be issued for postgraduate study.

### ***UK Research and Innovation (UKRI)***

*London Medicine & Healthcare* is concerned that the creation of one research and innovation funding body – UK Research and Innovation – could lead to funding becoming more politicized. There is a perceived danger that funding could become subject to short-term political whims, when what is needed is a stable funding environment in which universities are confident of their long term funding, and so can plan accordingly. It is important to consider the longer term science and research outcomes, which may differ from expectations for short-term early outcomes in order to gratify funders and stakeholders.

### **TEF-specific implications on health education and training in London**

#### ***Developing metrics, considering:***

- ***Location-adjusted benchmarks***
- ***Non-campus commuter students***
- ***Employability***
- ***Postgraduate students***
- ***Overseas students***
- ***Part-time students***

There are a number of London specific issues that have the potential to impact on any metrics used to calculate the TEF. *London Medicine & Healthcare* propose that location-adjusted benchmarks should be implemented in order to take into account the issues outlined below. This would enable geographical location to be considered when TEF metrics are being created.

- London students are not typically campus-based, as they are in many other areas of the country. Also, a higher proportion of London students live at home whilst studying, as compared to elsewhere in the UK, which would class them as 'commuter students'. It is recognised that certain universities in London have a high proportion of commuter students, many of whom are studying healthcare courses. It has been noted that these factors can be related to universities not achieving as high NSS scores as their counterparts, therefore possibly putting London universities, as well as other large urban-centre universities, at a disadvantage when it comes to the TEF metrics.
- Further, a particular issue affecting medical and healthcare courses is that students on these courses spend a significant period of time on placements. It is likely that students will take into account their experience of placements when deciding how satisfied or not they are with their course when completing surveys such as the NSS. However, the very nature of a placement means that it is not under the day-to-day control of a university, and so there is a danger that universities could essentially be scored on elements that are beyond their immediate control.
- It has been noted that TEF not only focuses on learning styles and teaching experience as outcomes, but also on employment. Because London offers unrivalled opportunities for early career health workers, employment competition is more acute in the Capital than in other regions of England. This is particularly relevant to more specialist healthcare occupations, with the exception of nursing and midwifery who typically score well in employment metrics.
- The introduction of individual institutional TEF scores for employment potentially threatens the effectiveness of work already being undertaken in London. For example, the Capital Nurse Programme; a programme of collaboration between universities, Directors of Nursing from service providers, HEE in London and NHS England. The aim of this programme is to secure a sustainable nursing workforce for London that is appropriately skilled to ensure patients and populations receive a high quality care experience. This collective working has the potential to provide a unified, more cost effective and attractive approach to recruitment and selection (according to values/strengths), competencies/skills acquisition, professional development and career pathways that are essential in meeting those significant issues that have far greater impact on London and other large urban conurbations. Creating competition through TEF employment scores may potentially disrupt healthy-collaborative projects such as this.
- There are a high number of overseas student in the Capital. Some providers in London with a sole focus on postgraduate health education tend to attract students who will work overseas on completion of their course. If the TEF uses UK tax data to measure the income of graduates, it may put those providers who have a high proportion of overseas students at a disadvantage. Furthermore, if the TEF did measure the income of all students, including overseas students, it will need to take into account the fact that students returning to work in countries with a lower average income than the UK, are likely to earn less than their counterparts working in the UK.
- In light of the recent EU referendum result for the UK to leave the EU, it is important to note that any changes to EU policy in regards to immigration and related laws will disproportionately affect students and staff at London universities. Many medical and dental students currently study abroad and there is a significant number of EU staff working in medicine and healthcare education in London. If free movement were to end, there will be a

significant change to supply and demand in these areas and TEF scores may suffer as a consequence.

- Lastly, it is important to note that loans to part-time students are seen as a positive development and are considered attractive, in particular to mature students (of which there are many in London). The introduction of loans to part-time students provides a good opportunity to explore whether some healthcare courses can be successfully delivered part-time and for universities to review curriculum in some areas. However, it is likely part-time courses could have a higher attrition rate than other courses, and therefore would be judged poorly on this measure in the TEF. Universities would additionally need clarity on whether this loan would be linked to the apprenticeship levy, whether it would be applicable to postgraduate students and whether there would be links to course duration (as part-time courses in healthcare will typically be longer than average). All of these factors would affect TEF scores for universities.

**Annex A: London Medicine & Healthcare Education Group Membership 2015/16**

Institutions/Organisations	London Medicine	Healthcare Education Group
Anglia Ruskin University		✓
Brunel University London		✓
Bucks New University		✓
City University London		✓
Imperial College London	✓	✓
Institute of Cancer Research	✓	✓
King's College London	✓	✓
Kingston University London		✓
London School of Hygiene and Tropical Medicine	✓	✓
London South Bank University		✓
Middlesex University London		✓
Queen Mary University of London	✓	✓
St George's, University of London	✓	✓
University College London	✓	✓
University of East London		✓
University of Greenwich		✓
University of West London		✓
<b>STAKEHOLDERS AND PARTNERS</b>		
Health Education Kent, Surrey and Sussex	✓	✓
Health Education North Central and East London	✓	✓
Health Education North West London	✓	✓
Health Education South London	✓	✓
HEFCE	✓	✓
London Medical Schools Secretaries Group	✓	