

London Medicine response to Office for Students consultation on 'A New Approach to Regulating Access and Participation in English Higher Education'

London Medicine brings together the Heads of schools of medicine, dentistry and associated clinical academic institutions in London. London Medicine is a division of a larger organisation called London Higher, which is an 'umbrella' body representing over 40 universities and higher education colleges in London. We welcome the opportunity to respond to the Office for Students' consultation on the approach to access and participation plans (APPs) and transparency information.

As recognised in the consultation document the regulation of APPs will need to take into consideration the context in which each provider operates. As a group that represents providers who deliver medical and dental higher education in London, we offer some comments on the specific experiences of studying these subjects in the capital. The majority of the following comments focus on the consultation's Regulatory Objective 2 'Experience - how to ensure that every student has a fulfilling experience of higher education':

- We welcome the broader OfS definition of widening access and participation to include all groups of potential or current students where we can identify gaps in equality of opportunity in different parts of the student lifecycle, as set out in paragraph 27 of the consultation document.
- Widening participation is of course hard to define and in medicine and dentistry we are, as vocational programmes, also trying to address under-represented groups in medical and dental practice and so would welcome support and guidance in extending this definition further for health professions education. This will help medical and dental schools to work collectively to address outreach, common admission thresholds, contextualised admissions criteria etc.
- The use of particular deprivation measures to determine which areas, and therefore which students, come from widening participation backgrounds, can be more problematic in London than in some other areas. The POLAR and ACORN measures have both been cited as not functioning well in large urban zones and cities as accurate measures of deprivation, as they are too blunt an instrument to accurately identify areas of deprivation in these areas. Additionally the use of postcodes to attempt to identify students' family background is problematic when considering individuals applying to graduate entry courses in London, of which there are many in both medicine and dentistry. Many of these prospective students will have previously moved out of their family home and so cannot accurately be 'placed' as coming from the postcode from which they submit their application.
- A further difficulty for medical and dental schools looking to fully understand patterns and trends in their admissions data is that for some datasets (such as UCAS) medicine and dentistry are grouped together, which leads to difficulties in identifying trends relating to dentistry in particular, for which there are smaller overall numbers of students.
- Many London universities have high proportions of commuter students. Unpublished data by London Higher indicates 21% of first year medical students live at home with a parent or guardian, while the equivalent figure for medical schools in the rest of England is 8%. There is

evidence that commuter student status can have an impact on how attached and involved students feel with regards to their university, thus impacting on their student experience and overall level of satisfaction.

- The higher cost of living in London, and rent costs in particular, impact all students in the city, however medical and dental students can face particular pressures. The fact that medical undergraduate courses take five or six years to complete means that students taking these courses face an extended period of high living costs. Additionally the structure of medical courses, during which students must undertake clinical placements alongside their university-based studies, means that these students have less opportunity to undertake part time work, compared to individuals studying non-health subjects.
- The costs of travelling to and from university within London will be a burden for many students in the capital. Medical students will also face the additional burden of frequently needing to travel to and from clinical placements, which can be based at locations such as hospitals, GP surgeries or other locations. Travelling to placements can often entail travel costs (and additional time costs) for students. Additionally students may have no choice but to pay more expensive peak fares in order to reach placement locations in good time. While some medical schools do reimburse placement travel costs, the extent of this is variable and it may not always fully cover the travel costs.
- The consultation refers to OfS specifying measures relating to the degree attainment gap between different groups of students, and highlights the use of % of students achieving a First or 2:1 as a measure of this. However medical degree courses do not award First, 2:1s etc, but are generally Pass/Fail courses. Thought needs to be given as to how to accurately measure any attainment gap for medical degrees (and other courses that do not use the traditional degree classification system), and as to whether this measure can be used to accurately compare the attainment gap in medicine with that in other subject areas.
- An agreed definition of widening participation would facilitate medical school admissions (particularly in London) to potentially be more streamlined. For example it would enable a prospective student who knows that they are eligible for WP status in relation to one medical school, to know that they would also fit that criteria in relation to other medical schools in the city.

In conclusion, London Medicine believe that the design and regulation of access and participation plans will need to be sensitive to the differing geographical contexts of providers, and also to the varying structures and delivery of particular subjects such as medicine. We believe that these issues can have a significant impact on the lives of medical and dental students in London. Some students struggle due to the difficult financial circumstances that they find themselves in – which in the worst cases can result in them living in poverty, and/or being forced to drop out of their studies. We feel that these issues are still largely unexplored in the medical and educational discourse and that shining a light on them will be of benefit to students and institutions, and in a wider sense to the patients that these students will go on to serve.