Expansion of undergraduate medical education places

Invitation to make submissions

This publication sets out the process for bidding for additional undergraduate medical education places through the joint HEFCE and Health Education England initiative to expand medical school provision in England.

HEFCE-fundable higher education institutions are invited to submit bids in the prescribed form by **1700 on Thursday 23 November 2017.**
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The application form is also available as a standalone document at
www.hefce.ac.uk/pubs/year/2017/201721/
Expansion of undergraduate medical education places: Invitation to make submissions

To: Heads of HEFCE-funded higher education institutions
Of interest to those responsible for: Senior management, Finance, Planning
Reference: 2017/21
Publication date: October 2017
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Executive summary

Purpose

1. This document invites bids for additional undergraduate medical education places through the joint HEFCE and Health Education England (HEE) initiative to expand medical school provision in England. It outlines both the process for submitting bids and the criteria against which bids will be assessed. The competition is open to HEFCE-fundable higher education institutions seeking to deliver UK-registrable primary medical qualifications approved by the General Medical Council (GMC). This might include HEFCE-fundable higher education institutions with medical schools, or those that are seeking to establish provision in this area for the first time.

2. This document should be read in conjunction with the following information on the HEFCE, Department of Health and HEE websites:
   - www.hefce.ac.uk/lt/healthcare/

Key points

3. In October 2016, the Secretary of State for Health announced the Government’s commitment to expanding undergraduate medical training by 1,500 places, with effect from September 2018. A total of 500 of these additional places have already been allocated to existing medical schools. The Government has asked HEFCE and HEE to run a competition for the remaining 1,000 places.

4. The way in which the competition will be run, as set out in this document, has been agreed by the Boards of HEFCE and HEE, following the Government’s response to the consultation ‘Expanding undergraduate medical education’ (available at https://www.gov.uk/government/consultations/expanding-undergraduate-medical-education).
5. Bids will undergo an initial technical assessment by officers of HEFCE and HEE with input from the GMC and will then be assessed by an expert assessment panel, jointly chaired by Professor Madeleine Atkins, Chief Executive of HEFCE, and Professor Ian Cumming, Chief Executive of HEE. As the medical expansion is intended to address several complementary priorities, the panel will make recommendations as to the portfolio of bids that, in its expert judgement and taken together, best meet the criteria for the competition and address the Government’s requirements. Draft terms of reference (subject to agreement by the Assessment Panel) and an indicative membership of the Assessment Panel are set out at Annex A. The Assessment Panel will make recommendations to the Boards of HEFCE and HEE. The recommendations will need to be endorsed by the HEE Board before a decision on the allocation of the 1,000 additional medical student places is made by the HEFCE Board.

**Action required**

6. HEFCE-fundable higher education institutions are invited to bid by completing the application form at Annex B, and providing the further supporting information requested in this bidding document. They should submit these bids by email to medexpansion@hefce.ac.uk to be received by 1700 on Thursday 23 November 2017.
Background

7. In an announcement by the Health Secretary in October 2016, the Government made a commitment to expand Government-funded undergraduate medical education places by 1,500 from 2018-19.

8. HEFCE initially allocated 500 of the additional places to eligible medical schools through a formulaic approach. The distribution of these places was made to restore the 2 per cent cut from 2013-14 and to give an additional flat-rate increase. These 500 places were allocated for entry in 2018-19. The outcome of this allocation was communicated to relevant institutions by letter in May this year.

9. On 9 August 2017, following publication of the outcome of the Department of Health (DH) consultation ‘Expansion of undergraduate medical education’, the Government confirmed that the remaining 1,000 places would be allocated through a competitive bidding process, to be jointly run by HEFCE and Health Education England (HEE).

Criteria and process for the competition

10. The objectives and priorities for the competitive allocation of the 1,000 medical student places have been guided by the Department of Health consultation on ‘Expansion of undergraduate medical education’.

11. The Government’s priorities for allocating the additional 1,000 places are:

- widening participation and improving access, so that the medical workforce is more representative of the population it serves
- aligning expansion to local NHS workforce needs, with an emphasis on priority geographical areas, including rural and coastal areas
- supporting general practice and other shortage specialties, so that the NHS can deliver services required to meet patient need
- ensuring sufficient provision of high-quality training and clinical placements (with funding provided to HEFCE for the additional teaching costs and to HEE to support additional high-quality placements)
- encouraging innovation and market liberalisation.

12. The expectation is that the majority of the additional places will be delivered in 2019-20. In line with the published response to the consultation, there will be some flexibility to consider delivery starting in 2018-19 or 2020-21, provided Institutions can supply strong evidence of the need for a different timescale that also meets the Government’s priorities as set out above.

13. Bidders, particularly prospective new entrants, should specify clearly when they wish the first cohort of students to take up these places, including whether they wish to propose a phased delivery of places starting over a number of years (for instance a first cohort in 2019-20, building to a larger cohort in 2020-21). HEFCE cannot allocate places for a first start date beyond

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2020-21, so institutions should not bid for places if it will not be feasible to recruit students for a start date within the specified time frame. Institutions should be aware that the level of any future funding from HEFCE or the Office for Students in respect of these additional medical student places is subject to confirmation of additional funding from Government.

Assessment criteria

14. Bids will be assessed against the following criteria, which have been informed by the priorities drawn from the Government's response to the consultation and set out in paragraph 11:

- the approach being taken to ensure access and successful participation for students from under-represented backgrounds, with evidence from existing initiatives
- the location of new provision in relation to the geographic areas prioritised by the Government.
- availability of high-quality training placements to support provision, or plans to develop it (including confirmation from relevant NHS trusts and other providers)
- a focus on the prioritised specialties of general practice, psychiatry and any other shortage specialties
- relevant curricula innovations
- the financial sustainability of all proposals.

These should be addressed in the relevant section(s) of the application form as set out below.

Widening participation

15. The Government has indicated it wishes to increase the proportion of students from lower-participation backgrounds, in order to widen participation and incentivise social mobility in the medical profession.

16. While recognising that medical schools already offer a variety of outreach schemes, more needs to be done to address the imbalance. For example, the Participation of Local Areas POLAR data, based on the proportion of the young population who participate in higher education, shows that the proportion of students from the lower-participation areas studying medicine at undergraduate level in England has been around half that of the proportion studying across all subjects. Therefore widening participation and improving access will be central objectives and criteria for the competition.

17. Institutions should explain how they will secure a step change in applications from under-represented groups and set out the proportion of the new places they expect to be filled by students from lower participation backgrounds as measured by POLAR and/or other relevant measures of background such as the Index of Multiple Deprivation, school-based measures or a student’s SLC status/financial assessments (such as Household Residual Income).

18. Institutions will need to provide evidence of how their approach will address the issues of widening participation. Examples of this might include:

   a. Removing barriers to application.
b. Designing selection processes that ensure universities and medical schools recruit students who have the greatest potential to achieve the best outcomes from higher education, including those from under-represented and disadvantaged groups.

c. Interaction from an early age with those in schools, communities and localities where few people apply to medicine, to build aspiration and encourage applications, with evidence of progressive programmes of outreach.

d. Working with NHS trusts to facilitate school placements and taster sessions.

e. Addressing any local or regional issues.

f. Curriculum innovation, such as conversion courses or part-time or graduate entry programmes, which could encourage a more diverse cohort.

g. Linking to other institution-wide activities in widening access, including links to work described in Access Agreements where appropriate.

h. Ensuring that students from disadvantaged backgrounds are properly supported to succeed on the course once admitted.

i. Evidence that the approach will lead to positive outcomes for students from all backgrounds.

19. In assessing the strength of the proposal for widening participation, the assessment process may draw on the following information and data:

a. The Higher Education Statistics Agency’s Widening Participation Performance Indicators for the registering institution. This will allow us to assess the institutional track record in participation of students from different backgrounds.

b. UCAS equality reports, to assess the institutional track record of making offers for full-time study based on student characteristics.

c. General Medical Council (GMC) data on the performance of graduates from different socioeconomic backgrounds, including recruitment onto postgraduate training.

d. The Teaching Excellence Framework benchmarked metrics of non-continuation rates split by disadvantage, to assess the institutional track record in non-continuation rates for students.

e. Other relevant sources relating to social mobility and equality, including school-level data and Access Agreements.

Meeting future workforce need

20. Institutions will need to demonstrate how their proposed provision will align with local NHS workforce needs. The expansion will have an emphasis on priority geographical areas that are experiencing shortages of doctors and difficulties in recruitment, especially rural and coastal areas.
21. In particular, HEE has identified the areas shown in red, yellow and amber (where used) on the two maps shown in Figures 1 and 2 as being of particular priority for future provision, as measured by:

a. The ratio between the share of UK doctors and the share of the needs weighted population.

b. Training posts filled in 2016 with trainees recruited from within the UK.

**Figure 1: Share of doctors indexed to share of needs weighted population**
Figure 2: Proportion of training posts filled in 2016 with trainees recruited from within the UK

<table>
<thead>
<tr>
<th>Region</th>
<th>Proportion</th>
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<tbody>
<tr>
<td>North East</td>
<td>71%</td>
</tr>
<tr>
<td>North West</td>
<td>76%</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>69%</td>
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<tr>
<td>West Midlands</td>
<td>73%</td>
</tr>
<tr>
<td>East Midlands</td>
<td>75%</td>
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<tr>
<td>East of England</td>
<td>73%</td>
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<tr>
<td>London</td>
<td>95%</td>
</tr>
<tr>
<td>Kent, Surrey and Sussex</td>
<td>79%</td>
</tr>
<tr>
<td>Thames Valley</td>
<td>93%</td>
</tr>
<tr>
<td>Wessex</td>
<td>80%</td>
</tr>
<tr>
<td>South West</td>
<td>85%</td>
</tr>
</tbody>
</table>

Sources:
Consultants in post: NHS Digital monthly experimental data at March 2017
General and Personal Medical Services, England High-Level March 2017, Provisional Experimental statistics
GP whole-time equivalent: NHS Digital series. NHS Digital published data
NHS Workforce Statistics - March 2017, provisional statistics, published June 2017
Mapped and aggregated to HEE local team level by HEE
Training posts advertised and accepted: HEE recruitment team
Population: Weighted populations including unmet need adjustment published by NHS England
Clinical Commissioning Groups mapped to HEE local teams and aggregated

22. Institutions should provide:
   a. Any additional evidence of a need for additional doctors to serve the local population. This might for example include data on the number of doctors by weighted capitation as a whole or by different specialties, Local Workforce Action Board reports, data from NHS England on general practice closures and mergers, or vacancy figures in local healthcare trusts.
   b. For HEFCE-funded higher education institutions (HEIs) in the priority geographical areas, evidence that medical students graduating from this institution will remain in the region. This might for example include longitudinal tracking data, foundation programme
destination data, a profile of the catchment area of their students, the proportion of mature
students, or evidence of outreach activity with any evidence of success.

c. For HEIs not in the priority geographical areas, evidence that they have links to or
promote careers in those areas.

d. Evidence that they are committed to providing the doctors required to meet the
health needs of the local population. This might for example include engagement with local
communities on addressing population health issues, comparison of the local population
health needs with the medical school specialist output, support for rural placements, or
consideration of medical specialty shortages specific to the local area.

23. Institutions should provide evidence that supports their case for provision linked to
geo\-graphical requirements. Examples of this might include:

a. Links between the medical school and final workforce destination.

b. Proportion of medical places to local population size.

c. The proportion of doctors in a priority area who trained at the medical school.

d. Availability of clinical placements and subsequent foundation training.

24. In assessing the strength of the proposals for meeting workforce need, the assessment
process may draw on the following information and data:

a. Current workforce demands and vacancies in the region.

b. Population density data.

c. Proximity of other providers and current levels of provision, including specific coastal
or rural issues.

d. Data from other relevant sources.

Providing high-quality training and placements

25. It is important that any new provision is of the highest possible quality, both in terms of
teaching and of clinical training placement. Institutions will need to demonstrate how their bid will
provide a high-quality experience for teaching and clinical placement for students.

26. Institutions should provide evidence that local healthcare providers have the capacity to
provide the appropriate quality of learning environment for new medical student placements (this
might include for example the GMC’s National Training Survey data showing how prepared
graduates were for foundation training, feedback from postgraduate doctors in training on
workload, or time allocated to training). We will require confirmation of commitment from those
trusts or other healthcare providers identified in the bid as providing placements.

27. In assessing the strength of the proposal for provision of high-quality training and
placements, the assessment process may draw on the following information and data:

a. GMC feedback on rates of registration and fitness to practise.

b. Rates of recruitment of graduates into postgraduate training.

c. Quality Assurance Agency for Higher Education reports for comparable subject
areas (for new providers).
d. National Student Survey results by subject area at teaching institutions, including the additional NHS questions covering the experience of students in their placements (for new providers using responses for students in comparable subject areas).

e. Teaching Excellence Framework benchmarked metrics based on National Student Survey responses for assessing the institutional track record in student experience of teaching and support, including splits by disadvantage.

f. Data from other relevant sources.

Supporting shortage medical specialties

28. Institutions will need to demonstrate how their proposed provision will align with NHS workforce needs, with regard to specialties where there is a shortage of staff, high vacancy rates or both (notably general practice and the psychiatry specialties). Institutions should provide evidence of how their bid will support the provision of medical workforce for such shortage specialties.

29. Institutions should supply evidence that, in line with government priorities, the course will provide a strong orientation towards shortage specialties, particularly the community-focused shortage specialties of primary care and/or psychiatry.

30. This might for example include information on:
   - the number of weeks of exposure in each year of the course to community-focused specialties, and the number of weeks on placement outside acute trusts
   - the type of exposure offered
   - the profile and background of teaching staff
   - how schools address the national and local population workforce need through their curriculum
   - how the expansion plans align with the need to increase placements for other health professionals
   - how the admission process will attract those interested in mental health or primary care through design or interview, such as using general practice or psychiatrist admissions tutors
   - what mechanisms are in place for managing teaching in primary care.

31. Institutions should provide evidence that graduates of their medical school progress, or will progress, into community-focused shortage specialties such as general practice and psychiatry. This might for example include GMC data on the proportion of medical school graduates progressing into different specialty groups.

32. Where there is no such proven track record, Institutions should describe what initiatives they have put in place, how effective these have been and what further initiatives are planned or in progress.
33. In assessing the strength of the proposal for meeting workforce need, the assessment process may draw on the following information and data:

- current workforce demands and vacancies in the region, particularly for unfilled specialties
- local strategic subject priorities (including from Sustainability and Transformation Partnerships and Local Workforce Action Boards)
- location and type of clinical placement proposed for students
- GMC data on medical school graduates progressing into different specialty groups
- data from other relevant sources.

**Innovation**

34. The assessment process will assess the extent to which innovations in medical education proposed in the bids support the key priorities identified by the Government and outlined in paragraph 11. The intended focus here is on how innovation can enhance the delivery of these priorities, rather than on innovation for its own sake. The application form therefore requires bidders to indicate how their innovative approaches contribute to each of the other priorities.

35. Institutions should provide evidence of how they are developing innovative ways of providing medical education, and how these innovations will encourage:

a. Widening participation and access to the medical profession.

b. Progression into shortage specialties or priority geographical areas.

The latter might include examples of the innovative use of technology in teaching and learning, or part-time training.

36. Submissions should provide evidence that the medical school is preparing graduates to work effectively as innovative members of high-quality multi-professional teams in the future. This might for example include innovative approaches embedded within the curriculum, description of shared training opportunities with other health and social care professionals, or training in quality improvement methodologies.

**Business case**

37. Institutions should set out the business case and rationale for the application, indicating how this fits into their wider strategic context, noting any links to the wider health education environment and giving evidence of how they will ensure that the bid delivers the intended growth and maintains the sustainability of their medical education provision in the long term. The business case will need to demonstrate how the quality of provision will be assured. It will need to evidence the benefits to students, the NHS and the wider public. Bids should demonstrate how the Government’s priorities for the medical expansion are being addressed, and provide evidence to demonstrate how the proposed provision meets these priorities.

38. If the proposed provision takes the form of the development of a new medical school, the bid will need to demonstrate why a new school is required in the chosen location and how GMC accreditation can be assured within the timescale available.
39. If the proposed provision is an expansion of an existing school, then the bid will need to demonstrate why the allocation of further places would be beneficial and how capacity and quality issues will be managed. In particular, it will be important to demonstrate the need for further growth beyond the additional places already allocated to providers from 2018-19.

40. All bids should demonstrate robust project management, with evaluation and full consideration of risk, and should provide clear success criteria, along with anticipated impacts and outcomes proportionate to the number of places being sought. The project to recruit the proposed provision should have clear milestones and include realistic timescales, along with contingency plans and mitigations against delay.

41. If there is any external evidence demonstrating support for the bid then this should be referred to. (Letters of support should be attached to the bid as a single annex). Letters of commitment must be provided from any organisations making a financial or other commitment of resources on which the bid depends, including NHS trusts offering placement capacity.

**Financial sustainability**

42. The proposal should give clear indication of all appropriate costs and risks, and demonstrate value for money in the development of the provision. It should present good value for the number of medical places to be delivered.

43. The assessment process will be informed by an overall risk assessment of each proposal. This may take into account, for example, affordability, cost, scale and complexity, student interest, governance, and the nature and range of funding involved, based on information submitted in the application as appropriate. We may also consider other institutional factors, including overall financial position, annual provider review outcomes, estates data, annual accountability returns and forecasts.

44. In this section, bids should demonstrate:
   a. An understanding of the resources (physical, financial, human and intellectual) required for the proposed expansion.
   b. The affordability of the proposition (in regard to set up and ongoing capital and recurrent costs, including clinical placement costs).
   c. The feasibility of the proposal, including timescales for any physical development of facilities, recruitment of staff, development of curricula and acquisition of the necessary regulatory approvals (including from the GMC).
   d. An understanding of the minimum extra student numbers to make the bid viable.
   e. An awareness of the key risks to the successful delivery of the project and their mitigations.

45. Capital or other start-up funding is not available for this programme of expansion. In the event that a bid is successful and the institution requires further borrowing beyond its agreed financial commitment threshold, the institution will still need to apply to increase its threshold as
set out in Annex C of ‘Memorandum of Assurance and Accountability between HEFCE and institutions’ (HEFCE 2017/08)\(^2\) in the normal way.

**Submission and assessment of bids**

46. Bids should be submitted to HEFCE using the application form at Annex B.

47. The assessment process has been developed through discussions with the DH, the GMC and other stakeholders. As part of these discussions we have sought to identify appropriate sources of information and data to enable equitable assessment of the proposals against the published criteria. In so doing, we have also considered the responses to the Government’s consultation on the expansion of undergraduate medical education.

48. In considering bids, the assessment process will draw on the information contained in the submission, as well as data and advice provided through the initial technical assessment. Bids will be assessed against the following criteria:

- the approach being taken to ensure access and successful participation for students from under-represented backgrounds, with evidence from existing initiatives
- the location of new provision in relation to the geographic areas prioritised by the Government
- availability of high-quality training placements to support provision, or plans to develop it (including confirmation from relevant NHS trusts and other providers)
- a focus on the prioritised specialties of general practice, psychiatry and any other shortage specialties
- relevant curricula innovations
- the financial sustainability of all proposals.

49. As the competition is open both to prospective new medical schools and to existing providers, data will be considered at an institutional level to enable comparisons across bids, as well as at course level where such data exists.

**Initial technical assessment**

50. Bids will be subject to an initial technical assessment by officers of HEFCE and HEE with input from the GMC. The purpose of this initial technical assessment is to provide advice to help inform the recommendations to be made by the Assessment Panel. In developing guidance to the Assessment Panel, the initial technical assessment will consider:

- a. The financial sustainability of the business case for additional places.
- b. The quality and capacity of clinical placement provision set out in the bid.
- c. The feasibility of each proposal in terms of regulatory compliance (whether a new school will be on track to recruit students by the point when places will need to be allocated, or whether an existing provider has the capacity to expand provision without risk to quality of training or patient safety).

\(^2\) Available online at [www.hefce.ac.uk/pubs/year/2017/201708/](http://www.hefce.ac.uk/pubs/year/2017/201708/).
d. Analysis of evidence provided in the submitted bids and of data and information from relevant sources (including those set out in paragraphs 14 to 45) to provide advice to the Assessment Panel to assist in their assessment of how successfully bids meet the published criteria and address the Government's priorities set out in paragraph 11.

Assessment Panel, HEE Board and HEFCE Board

51. As the medical expansion is intended to address several complementary priorities, the Assessment Panel will identify the portfolio of bids that, in its expert judgement and taken together, best meet the criteria for the competition and address the Government's priorities set out in paragraph 11. For example, the Assessment Panel might wish to recommend the provision of places for a less highly regarded bid that addresses a priority area on which other bids have not focused. Apart from a recommendation to award medical student numbers or otherwise, the Assessment Panel will have discretion to recommend a partial award, for example awarding some places but not all those that have been sought. Before the Assessment Panel finalises its recommendations, HEFCE and HEE officers may wish, but are not obliged, to explore with relevant institutions the viability of bids where the number of places sought cannot be provided in full, or where timing and delivery need to be reviewed.

52. Indicative membership of the Assessment Panel and its draft terms of reference are attached at Annex A. Membership of the Assessment Panel is subject to change, if the availability of Panel members (including the co-chairs) changes, or if additional expertise needs to be co-opted to support the assessment.

53. The role of the Assessment Panel will be to use its expert judgement to assess bids against the criteria set out in this document and make recommendations to the HEE and HEFCE Boards as to the portfolio of bids that, in the expert judgement of the Assessment Panel and taken together, best meet the criteria for the competition and address the Government's priorities set out in paragraph 11.

54. It is intended that outcomes from the assessment process will be recorded and shared with the HEE Board for endorsement in March 2018, before submission to the HEFCE Board for decision at its meeting on Friday 9 March 2018.

55. The role of the HEFCE Board will be to receive the recommendations of the Assessment Panel, as endorsed by the HEE Board, and (a) to decide whether to adopt the recommendations as reasonable and (b) if the recommendations are so adopted, to decide upon the allocation of places to each successful bid.

56. HEFCE aims to notify institutions of the offers of the places awarded in late March 2018.

How to bid

57. All HEFCE-fundable HEIs are eligible to apply for places. Bidding institutions should complete the application form attached at Annex B[^3], and supply supporting information in line with the requirements set out in paragraph 41.

[^3]: Downloadable alongside this publication on the HEFCE website at [www.hefce.ac.uk/pubs/year/2017/201721/](http://www.hefce.ac.uk/pubs/year/2017/201721/).
Each institution may submit one ‘solo’ bid and participate in no more than one other collaborative proposal. This is to recognise that some institutions with existing medical schools may wish to bid for numbers to expand their existing provision while supporting the development of prospective new entrants. Institutions should consider carefully whether they can demonstrate the capacity and capability to expand to the levels involved in making more than one bid. We would not expect to see multiple bids from prospective new medical schools. Bidders should determine their strategic approach to establishing a medical school (either in partnership with an existing provider or as standalone provision) before making submissions.

59. Bids should be emailed to medexpansion@hefce.ac.uk, to be received no later than 1700 on Thursday 23 November 2017.

**Conditions of awards and monitoring**

60. The decisions resulting from the assessment of bids are not subject to appeal. HEFCE and HEE have considered carefully the question of appeals, and concluded that the absence of an appeals process is preferable for the aims of the exercise as a whole, including for the bidders themselves, and does not make the assessment process any less robust.

61. To ensure that the Government’s priorities for the medical expansion are delivered, successful bidders will need to agree to return data to demonstrate that the places awarded through this competition are contributing to addressing those priorities (as set out in paragraph 11). Specific requirements will be set out in the award letter.

62. HEFCE (and from 1 April 2018 the Office for Students) will monitor the progress of successful bids. HEFCE and the Office for Students may also seek information from successful bids on an ad hoc basis, to inform updates to the Department for Education, DH and HM Treasury. Each institution will also be required to submit a final evaluative report at the end of the project. The Government will also evaluate the outcomes from the investment in additional medical student places more generally. As part of this it may require HEIs to carry out an evaluation of outcomes that complies with an overarching evaluative framework, or to participate in evaluations by complying with requests for information, and being prepared to discuss the project with whoever carries out the evaluation.

63. HEFCE has responsibility for setting the intake levels for medical student places in England, and can vary the allocations to individual institutions as necessary. The provision of numbers through this competition, and the level of future intake targets for successful institutions, will be conditional on demonstrating that they continue to meet the Government’s priorities for the expansion.

**Indicative timetable**

64. The indicative timetable for the review of submissions is outlined in Table 1. This timetable is subject to change should circumstances so require.

<table>
<thead>
<tr>
<th>Table 1: Indicative timetable for the competition</th>
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<tbody>
<tr>
<td>9 August 2017</td>
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<tr>
<td>September 2017</td>
</tr>
<tr>
<td>Date</td>
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<td>----------------------</td>
</tr>
<tr>
<td>3 October 2017</td>
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<tr>
<td>1700 23 November 2017</td>
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<tr>
<td>November 2017</td>
</tr>
<tr>
<td>January 2018</td>
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<tr>
<td>November 2017</td>
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<tr>
<td>Early February 2018</td>
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<td>Early March 2018</td>
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<td>9 March 2018</td>
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<td>Late March 2018</td>
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**Freedom of information**

65. HEFCE is (and the Office for Students will equally be) subject to the Freedom of Information Act 2000, which gives a public right of access to information held by a public authority. This may result in applications, communications between us and the institution, information arising from this work, or the outputs from the work undertaken being subject to disclosure if a valid request is made to us. We will comply with such requests in accordance with the legislation and our own policies.

66. Institutions can, if they wish, provide potentially sensitive information (such as information relating to commercial interests) in a separate annex attached to the application form. This will highlight to us that there are concerns about disclosure.

67. Where we consider it appropriate and practicable we will seek the views of applicants before disclosing this information in response to a Freedom of Information request. The applicant acknowledges that information provided in the annex is of indicative value only, and that HEFCE (or Office for Students) may nevertheless be obliged to disclose this information. Our assumption will be that all information in the main application documents can be disclosed on request.


**Public sector equality duty**

69. In running this competition, HEFCE and HEE are and will remain cognisant of their duty to have due regard to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic, as cited under the Equality Act 2010, and those who do not share it.
Annex A: Draft terms of reference for Assessment Panel (subject to agreement by the full Panel)

1. The purpose of the Assessment Panel is to make recommendations as to the portfolio of proposals that should be supported, through the competition, to award 1,000 additional medical student places. The recommendations from the Assessment Panel will need to be endorsed by the Higher Education England (HEE) Board before decisions by the HEFCE Board.

2. The Assessment Panel will meet after all bids have been received and the initial technical assessment has been undertaken, to assess proposals and make recommendations to the Boards of HEE and HEFCE on the outcomes. This will include recommending the student numbers to be awarded to successful applicants. Recommendations will be based on the Panel’s expert assessment of the merits of each bid when judged against the criteria for the competition, balanced against the need for a portfolio of outcomes which together best meet the Government’s priorities.

3. The Panel will assess evidence against the following criteria:
   - the approach being taken to ensure access and successful participation for students from under-represented backgrounds, with evidence from existing initiatives
   - the location of new provision in relation to the geographic areas prioritised by the Government
   - availability of high-quality training placements to support provision, or plans to develop it (including confirmation from relevant NHS trusts and other providers)
   - a focus on the prioritised specialties of general practice, psychiatry and any other shortage specialties
   - relevant curricula innovations
   - the financial sustainability of all proposals.

4. The role of the Assessment Panel is:
   a. To assess the submitted proposals, taking into consideration the initial technical assessment undertaken by HEFCE and HEE officers with input from the General Medical Council. In so doing, the panel will:
      i. Judge the relative strengths and weaknesses of each bid against the criteria.
      ii. Draw on additional specialist advice where necessary
      iii. Ensure a balanced portfolio of bids which individually meet the criteria of the competition, and collectively best address the Government’s priorities as set out in the bid document.
      iv. Identify areas where further discussion with bidders is needed.
   b. To make recommendations to the HEE and HEFCE Boards on the portfolio of bids to allocate a total of 1,000 student places across the years 2018-19, 2019-20 and 2020-21.
   c. To provide feedback to HEE and HEFCE on the competition, to help inform any future initiatives.
d. To advise HEFCE and HEE on communications relating to the outcome of competition.

5. The Assessment Panel may recommend rejecting some bids, reducing the allocations requested, or making pro rata reductions across all or several proposals. The Assessment Panel may also recommend a phased or alternative delivery timetable outside 2019-20, provided there are sufficient grounds and good evidence for doing so as per the Government’s response to the consultation.

6. The Assessment Panel (through the joint HEFCE-HEE secretariat) may, but are not obliged to, explore with the relevant institutions the viability of their proposals, where the number of places sought cannot be provided in full or where timing and delivery need to be reviewed.

7. The Assessment Panel will have power to delegate to the co-chairs the authority to finalise any recommendations and arrangements that are subject to further negotiations with institutions.

8. Proposals must be treated in confidence. The outcome of the allocation process will be announced after the HEFCE Board has approved the recommended allocations.

**Indicative Assessment Panel membership**

**Co-Chairs**

Professor Madeleine Atkins, Chief Executive, HEFCE
Professor Ian Cumming, Chief Executive, Health Education England

**Members**

Professor Tony Weetman, Emeritus Professor of Medicine, University of Sheffield
Professor Val Wass, Emeritus Professor of Medical Education, Keele University
Professor Wendy Reid, Director of Education and Quality, HEE
Professor Sheona MacLeod, Chair of Postgraduate Deans, HEE
Dr Nav Chana, Chairman, National Association Primary Care
Dr Frank Atherton, Chief Medical Officer for Wales
Peter Homa, Chief Executive, Nottingham University Hospitals NHS Trust

**Observers**

General Medical Council
Student representation
Patient or service user representation
Department of Health
Department for Education

**Secretariat**

HEFCE and HEE

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4 This is an indicative membership, and subject to change to ensure that the panel provides a balanced range of expertise within a manageable size of group.
Annex B: Application form

Notes

1. Institutions may submit up to a maximum of one ‘solo’ and one ‘collaborative’ bid. A ‘solo’ bid is for provision to be delivered only by the submitting institution. A ‘collaborative’ bid will involve more than one institution and may include situations where an existing medical school is providing support for another provider to develop new medical provision.

2. If there is a collaborative or partnership arrangement for the bid, one institution will need to take lead responsibility for the submission. Only the lead institution should submit a form for the bid. One member of staff from the lead institution will need to be identified as the contact and be able to answer follow-up queries or requests for information.

3. It will be important to list any collaborative partners who will be part of the proposed delivery, particularly with regard to organisations where you are anticipating students carrying out their clinical placements or that will otherwise be instrumental in the delivery of the student education.

4. Please be as clear as possible with regard to the total number of places being sought, and the start date and course length of these students’ studies. As this allocation process is competitive and must address a range of criteria, you should also indicate any minimum threshold for viability.

5. To give the Assessment Panel understanding of and context for the overall financial commitment and risk to the institution from the provision sought, financial analysis of the project costs and anticipated sources of funding is required, and may be submitted as an annex. (Note that any proposal that would involve an increase to an institution’s financial commitment threshold still requires separate approval as outlined in Annex C of the ‘Memorandum of Assurance and Accountability between HEFCE and institutions’ (HEFCE 2017/08).)

6. Proposals should include, as an annex, letters of support from all partner organisations, signed by the respective chief executives or accountable officers. These should be submitted as a single separate file, labelled with the lead institution’s name, and ‘Letters of Support’ in the title.

7. The application must be approved and signed off by the appropriate accountable officer (or their authorised delegated deputy). This will usually be the head of the institution that is leading on the submission. This may be an electronic or scanned signature.

8. We would normally expect bids to be no more than 20 pages long excluding any annexes detailed above. Applications must be emailed to medexpansion@hefce.ac.uk, to be received no later than 1700 on Thursday 23 November 2017.

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5 Available online at www.hefce.ac.uk/pubs/year/2017/201708/.
### Application for additional medical places

<table>
<thead>
<tr>
<th>Institution submitting the bid</th>
<th>Contact information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name and position**

**Phone**

**Email**

**Partnerships and collaboration**

<table>
<thead>
<tr>
<th>NHS trust partners</th>
<th>Solo / Collaborative (delete as appropriate)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is this a solo or collaborative bid (see Note 1)</th>
<th>Solo / Collaborative (delete as appropriate)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other higher education institutions and delivery partners involved</th>
<th></th>
</tr>
</thead>
</table>

**Application detail**

<table>
<thead>
<tr>
<th>Total number of places sought</th>
<th></th>
</tr>
</thead>
</table>

**Number of students starting per year (note that we expect the majority of places to be allocated for 2019-20 start)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td></td>
</tr>
<tr>
<td>2019-20</td>
<td></td>
</tr>
<tr>
<td>2020-21</td>
<td></td>
</tr>
</tbody>
</table>

**Programme structure**

(four, five or six years, graduate entry, etc)

**Mode of delivery**

Full-time / Part-time (delete as appropriate)

**Minimum number of places required to be viable**

<p>| | |</p>
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<th></th>
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</table>

**Financial information**

<table>
<thead>
<tr>
<th>Total project cost of delivering the proposed places</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Institutional funding</th>
<th>Funding from other sources</th>
</tr>
</thead>
</table>

**Summary of business case**

(Provide the rationale for your application, how this fits within the wider strategic context of your institution, how you will support the growth and ensure sustainability, and any other relevant background information as set out in paragraphs 37-41 of the bidding guidance.)
<table>
<thead>
<tr>
<th>Section</th>
<th>Proposal Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Widening participation</strong></td>
<td>(Explain how your proposal meets this criterion as set out in paragraphs 15-19 of the bidding guidance.)</td>
</tr>
<tr>
<td></td>
<td>(Describe any particular innovation which will facilitate the delivery of your objectives in respect of this criterion.)</td>
</tr>
<tr>
<td><strong>Meeting future workforce need</strong></td>
<td>(Explain how your proposal meets this criterion as set out in paragraphs 20-24 of the bidding guidance.)</td>
</tr>
<tr>
<td></td>
<td>(Describe any particular innovation which will facilitate delivery of your objectives in respect of this criterion.)</td>
</tr>
<tr>
<td><strong>Providing high-quality training and placements</strong></td>
<td>(Explain how your proposal meets this criterion as set out in paragraphs 25-27 of the bidding guidance.)</td>
</tr>
</tbody>
</table>
(Describe any particular innovation which will facilitate delivery of your objectives in respect of this criterion.)

**Supporting shortage medical specialties**

(Explain how your proposal meets this criterion as set out in paragraphs 28-33 of the bidding guidance.)

(Describe any particular innovation which will facilitate delivery of your objectives in respect of this criterion.)

**Financial sustainability**

(Provide information on the total costs of the proposed expansion in medical numbers, clinical placement costs and what measures you have put in place to ensure affordability and financial sustainability as set out in paragraphs 42-45 of the bidding guidance.)

(Any further information you wish to include in support of your proposal should be given here. This might include information on your supporting partners, consideration of regionally specific issues, and links to other healthcare higher education professions. Further details of what should be included are provided in paragraph 41 of the bidding guidance. Letters of support must be attached, see note 6 above.)

**Confirmation of institutional support**

(To be signed by the head of institution confirming that this proposal has the support of the submitting institution or institutions. See Note 7.)

Signed: 

Date: