

## Proposed clinical placement tariff for international medical students

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November 2018

### About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The BMA represents nearly 22 000 overseas (non EEA) doctors and medical students. Our Medical Students Committee (MSC) has significant concerns regarding a proposed clinical placement tariff for international medical students, which would seek to charge international students the full costs of their course, and the impact this may have on recruiting overseas doctors. The tariff was first proposed in the [expanding medical education consultation<sup>1</sup>](#) but, since then, development of the proposals has not been transparent. The Department of Health and Social Care this year indicated that the policy had been delayed by a year, but still have not provided any other concrete information about how the plans would be put in place or how the levy would function practically.

A similar tariff has already been introduced in Scotland under what is known as the Additional Cost of Teaching (ACT) Levy. The Scottish ACT Levy, implemented in December 2016, introduced a requirement for all overseas (non-EU) medical students in Scotland, including those already enrolled, to make a contribution to the cost of clinical teaching provided by the NHS in Scotland. The cost introduced in Scotland is £10, 000 per year, in addition to and separate from University tuition fees. All Scottish universities are now subject to this requirement, whereby the University will collect and pass on the levy to NHS Education Scotland (NES), who then allocates ACT funds across the NHS.

### Key concerns

- The BMA believes that additional costs placed on international students, at a time when they are needed in the NHS more than ever, to meet workforce shortages, will be **counterproductive and fail to address the fundamental issues currently facing the NHS. It is for this reason that we are categorically opposed to the plan and insist that the government must not go forward with these proposals.**
- It is our view that the **high fees paid by international students already cover all reasonable costs associated with their teaching** and that there is actually considerable evidence that they subsidise places for UK students; this is in addition to their significant contribution to the economy.
- The potential additional cost to international students in England is huge. Although final details are unclear, it is **likely that some international students will be facing a total bill of almost £250,000 to complete medical school, once their existing fees and the introduction**

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<sup>1</sup> Department of Health and Social Care, Consultation, Expanding undergraduate medical education, 14 March 2017



**of a levy are added together.** This would be likely to rise to over £300,000 on a 5 year course and would be in addition to visa costs and travel to the UK.

- The introduction of **such a levy would clearly favour the richer international population** and would be counterproductive to ongoing work to widen participation in medicine.
- There is concern that international students that have already accepted offers from universities and will now be faced with increased fees that they were not aware of. Greater clarity is needed around proposals for introducing these measures.
- Upon announcement in Scotland **the levy caused distress among the international students, their families and financial sponsors.** Amid the underlying themes of financial worry, shock, stress and frustration, we understand that students are considering dropping out.
- In Scotland, the major universities implemented the levy differently, this is likely to be the case across England too and creates uncertainty and confusion across those applying for a place to study medicine. Recent discussions with Department of Health and Social Care representatives have suggested that each trust and university would have to negotiate the levy locally, likely causing a wide variety of different and inconsistent fee arrangements across England in addition to the variation across the UK's 4 nations.
- Local negotiations present their own problems, with some trusts having to negotiate with several universities and some universities having to negotiate with several trusts. One medical school dean has described the potential fallout as “economic chaos”.

#### Why does government want to charge a levy?

The government has indicated that a new levy would be used to cover clinical placements, implying that the UK currently subsidises the cost of clinical placement for international medical students. In actuality there is evidence to suggest that the current fees paid by international medical students already cover the costs of their study.

The BMA does not agree with the assessment of the costs of clinical placements at £20,000 per year, which is a figure that we understand had been suggested prior to suggesting local negotiation, and we would question calculations that would lead the Department to arrive at this figure.

**This proposal risks adding to the growing list of factors that make studying in the UK an unattractive proposition and, in turn, may undermine the financial viability of at least some UK medical schools.**

#### Why the UK needs international medical students, and a levy would be counterproductive

According to NHS Digital, approximately 14.6% of all doctors currently working in the NHS in England are from countries outside of the EEA. The NHS is under immense pressure in the face of rising demand and tight resources and it is becoming increasingly difficult to recruit and retain medical staff across the system, even with current levels of migration. In addition there is also the risk of Brexit further exacerbating these existing pressures. Against this backdrop any policy decision which would deter medical students at this time should be considered with extreme caution.

Efforts to increase the domestic supply of doctors are underway but to maintain adequate staffing levels, recruitment from overseas plays a crucial role. For example, to meet its target of recruiting 5,000 GPs by 2020, NHS England has found it necessary to actively recruit more than 2,000 of those from the EEA and overseas. **Any reduction in the number of doctors migrating to the UK will therefore undoubtedly exacerbate workforce shortages, impacting staffing levels on hospital wards, in GP practices and in community settings across the UK.**

In addition, the Government's own Migration Advisory Committee (MAC) report noted the huge economic and cultural benefit that international students contribute to the UK university sector and their wider communities. To dismiss their own evidence and implement a punitive policy that could drastically reduce international medical applicants would be counterproductive and raises questions around the motivations for such a move.

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