Laurence Grafton  
Higher Education  
Strategy and Policy  
Department for Business, Innovation and Skills  
1 Victoria Street  
London SW1H 0ET

18 July 2016

Dear Laurence,

**Accelerated Courses and Switching University or Degree: Call for evidence**

The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 170,000, which continues to grow every year.

The Association welcomes the opportunity to respond to the consultation on accelerated courses and switching university or degree. Please find enclosed the BMA’s submission.

We hope that our submission is useful – please do not hesitate to contact us for more information if required.

Yours sincerely,

Raj Jethwa  
Interim Policy Director
Q1: What would the impact of a credit transfer system be on the higher education sector?

Whilst we support the principle that students in higher education should be provided the freedom and flexibility necessary to change university and/or degree during the course of their study, we have concern as to how a credit transfer system would work in practice with regard to medicine. At present, the Credit Accumulation and Transfer Scheme (CATS) used throughout the UK does not apply to those students studying medicine. This is in part due to the fact that medical school curriculum is often taught in a recursive format, whereby particular subjects/specialties are revisited multiple times throughout the duration of a student’s medical degree. In addition, medical schools across the UK vary in curriculum, organisation of modules, and style and timing of examination. The implementation of a credit transfer model would therefore require a homogenisation of all medical courses across the UK, which we believe risks the loss of the unique nature within medical education, and instead replace it with a rigid national curriculum. This, we feel, is a concern that would require substantive consideration.

Critical thought must also be given to those students who were not successful in securing a place in medical school as their preferred choice, and instead were required to study another subject (e.g. biomedical sciences) until they are able to re-apply. We would support any adjustments to enable students to undertake such a transition more smoothly.

Q2: By what mechanisms could a system of credit transfer be more effectively embedded across the sector?

Q3: What do you see as the main barriers to a more extensive credit transfer system?

Although the current credit transfer model, CATS, helps students to move accumulated credits from one institution to another within the UK, it does not apply to medical students for reasons, including but not limited to, those stated in question 1. Flexibility in learning is a vital component to the UK education system, however the implementation of a more extensive credit transfer system would require significant consideration with regard to medicine.

It is also crucial to consider that all medical schools within the UK are required to meet standards for medical education and training set out by the General Medical Council (GMC). The GMC framework, ‘Promoting Excellence’ (formerly known as Quality Improvement Framework) sets a requirement for all medical education institutions to satisfy particular preconditions in order to receive GMC approval with regard to curricula, assessment and quality.

Any new plans to implement a new credit transfer system would need to ensure compliance with GMC requirements.

With regard to accelerated courses, it is important to highlight the number of students studying medical degrees who also hold part-time employment to help support and fund their tuition and living costs.
Accelerated courses with shorter break periods and longer terms, may prevent these students being able to devote time to employment whilst studying. The BMA are concerned that this could deter students from less affluent background applying to medicine.

Additionally, there is some anxiety amongst medical students that those who choose to study an accelerated degree could become subject to bias in comparison to other students studying “full length” degrees. There is concern that these students could face criticism or added scrutiny in terms of their ability to consolidate their knowledge over a shorter period of time, and could therefore face increased difficulty when trying to secure job placements.

Q4: Are there any lessons we can learn from international credit transfer models, e.g. from the US?

Q5: What do you see as the barriers to more accelerated degrees being available?

Q6: Where have you seen attempts (successful or otherwise) to overcome those barriers either in the UK or overseas?