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**Rt Hon. Gavin Williamson MP**

Department for Education  
Sanctuary Buildings  
Great Smith Street  
London  
SW1P 3BT

19 August 2020

Dear Secretary of State,

### Re. Impacts of the A-levels grade process on medical education

We are writing to seek your urgent clarification about the effects that changes to the A-level grades process will have on medical school admissions, and their wider impact on medical education.

The BMA welcomes the decision made yesterday to reinstate Centre Assessed Grades for students. Under the circumstances this was probably the fairest solution available. Failure to do this would have disadvantaged prospective students from low-income backgrounds seriously, since the standardised grades offered disproportionately affected them. This ran contrary to policies of enhanced opportunity and encouraging diversity (which have Government backing) and was thus unacceptable.

We also note, however, that the places available to study medicine were largely awarded based on last week's grades. The BMA's view is that, despite this, all students – those that received acceptances last week, and those whose grades have now been reinstated - should now have their offers honoured. In particular, we feel that there is an obligation to make sure that students from low-income backgrounds do not suffer in any way if medical schools are not resourced to cover all of the offers. These additional places must be supported appropriately without causing adverse impact on existing students and on the welfare of university staff.

Furthermore, we are now seeking urgent clarification about the implications this will have not only on this year's admissions process to medical school but also for subsequent years.

Mitigating measures that evens out the impact across England and defers some students until 2021 will give medical schools more time to plan. If there is an attempt to promote deferred entry in any way, and thus reduce any potential excess in 2020-1, consideration needs to be given as to how this too can be non-discriminatory. The opportunities for "gap years" for students from low-income backgrounds may be restricted, and resources may need to be provided for them.



The impact of fluctuations in annual medical student numbers are significant. In the long range too many students this year will lead to an excess at the workforce (Foundation Year) threshold and later. But too many deferrals may lead to a shortage of places in 2021-2, which will itself be manifestly unfair. These are issues that need to be addressed.

Both these questions relate to the tightly restricted entry numbers into medical courses. These restrictions are practical. There are limits to the number who can be accommodated in teaching environments, laboratories and clinical placements. Too many students will impact adversely on teaching and supervision by current staff. Since medical schools make more offers than they have places to fill (on the assumption that not all applications will obtain the required A level grades) an immediate result is that every school will be over-subscribed. This will have a negative impact on the student experience and on the workload of the academic staff that teach them. Both of these issues must be tackled. It should be noted that this comes at a time when the medical academic workforce is already under resourced, under-staffed and overstretched, and when there is a financial crisis in Britain's universities caused by COVID which is resulting in calls for voluntary redundancies, early retirements and pay cuts.

We, therefore, urge you to ensure that additional resourcing is provided to medical schools to accommodate the additional students and maintain and enhance staff numbers.

We welcome the announcement of a new taskforce led by Universities Minister Michelle Donelan to help ensure students can progress to the next stage of their education. We note, however, the particular issues facing medical courses that we have discussed and suggest that these would need to be dealt with separately. As part of this process the taskforce needs to take into account that the medical course is longer than other courses and interlinks with NHS organisations so they need to be cognisant of impact on the entire period of medical education and clinical placements. We would be happy to part of any group seeking solutions.

We wrote to Ofqual and the Office for Students earlier this year to seek assurances that no student should be disadvantaged by the A-levels grades process this year. Regrettably our concerns have been vindicated, with the process proving more discriminatory against high performing students from low income backgrounds than even we had feared. There are clear benefits of improving diversity in medical education and in the medical workforce – it allows for doctors to be more understanding and representative of the populations they serve and thereby helps to ensure better engagement with health services. This is an objective to which members of the BMA from across the profession have devoted much time and effort. We hope that we can continue to build on that.

Students with the capability, ambition and commitment to study medicine must have an equal opportunity to do so. We urgently call on you to take action to ensure this.

With best wishes,



**Chris Smith** **Gurdas V. Singh**  
BMA Medical Students Committee Co-Chairs



**Professor Peter Dangerfield** **Dr David Strain**  
Medical Academic Staff Committee Co-Chairs



**CC: Michelle Donelan, Universities Minister**  
**CC: Sally Collier, Chief Regulator and Chief Executive, Ofqual**  
**CC: Nicola Dandridge, Chief Executive, Office for Students**  
**CC: Alistair Jarvis, Chief Executive, Universities UK**