

# How are the new medical schools different?

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# Background

Population growth and aging significant driver for workforce expansion

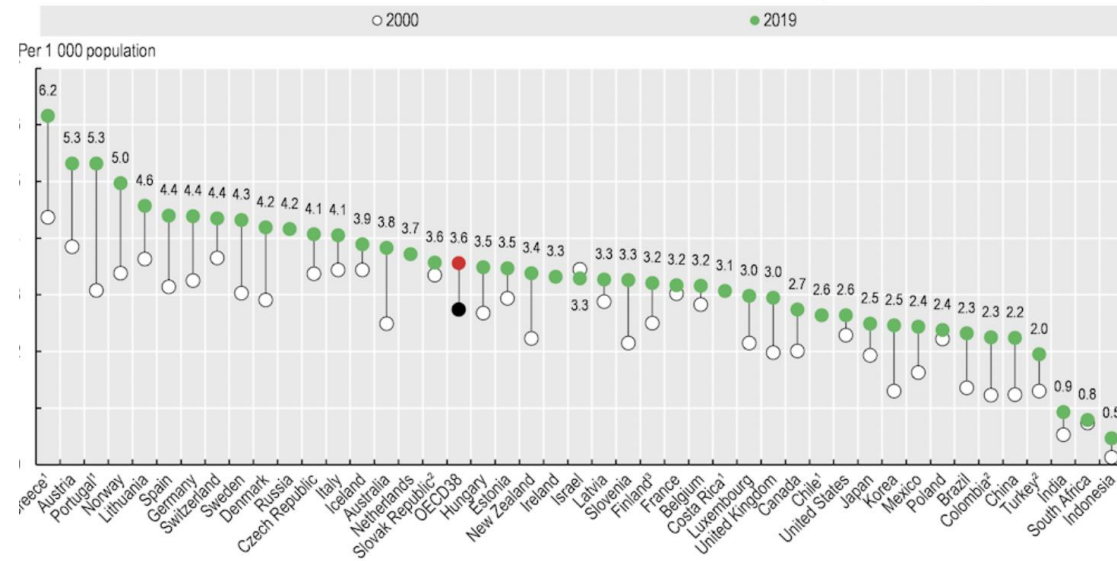
Waves of medical school expansion (1970s, early 2000s, 2018) reflecting this ongoing need

International shortages and Brexit means that UK needs to develop an independent supply

5 medical schools commissioned in 2017 in areas of significant need and workforce challenge

Newer medical schools in the pipeline (non-commissioned currently)

Figure 8.3. Practising doctors per 1 000 population, 2000 and 2019 (or nearest year)



1. Data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g. of around 30% in Portugal). 2. Data include not only doctors providing direct care to patients but also those working in the health sector as managers, educators, researchers and similar (adding another 5-10% of doctors). 3. In Finland, the latest data refer to 2014 only.

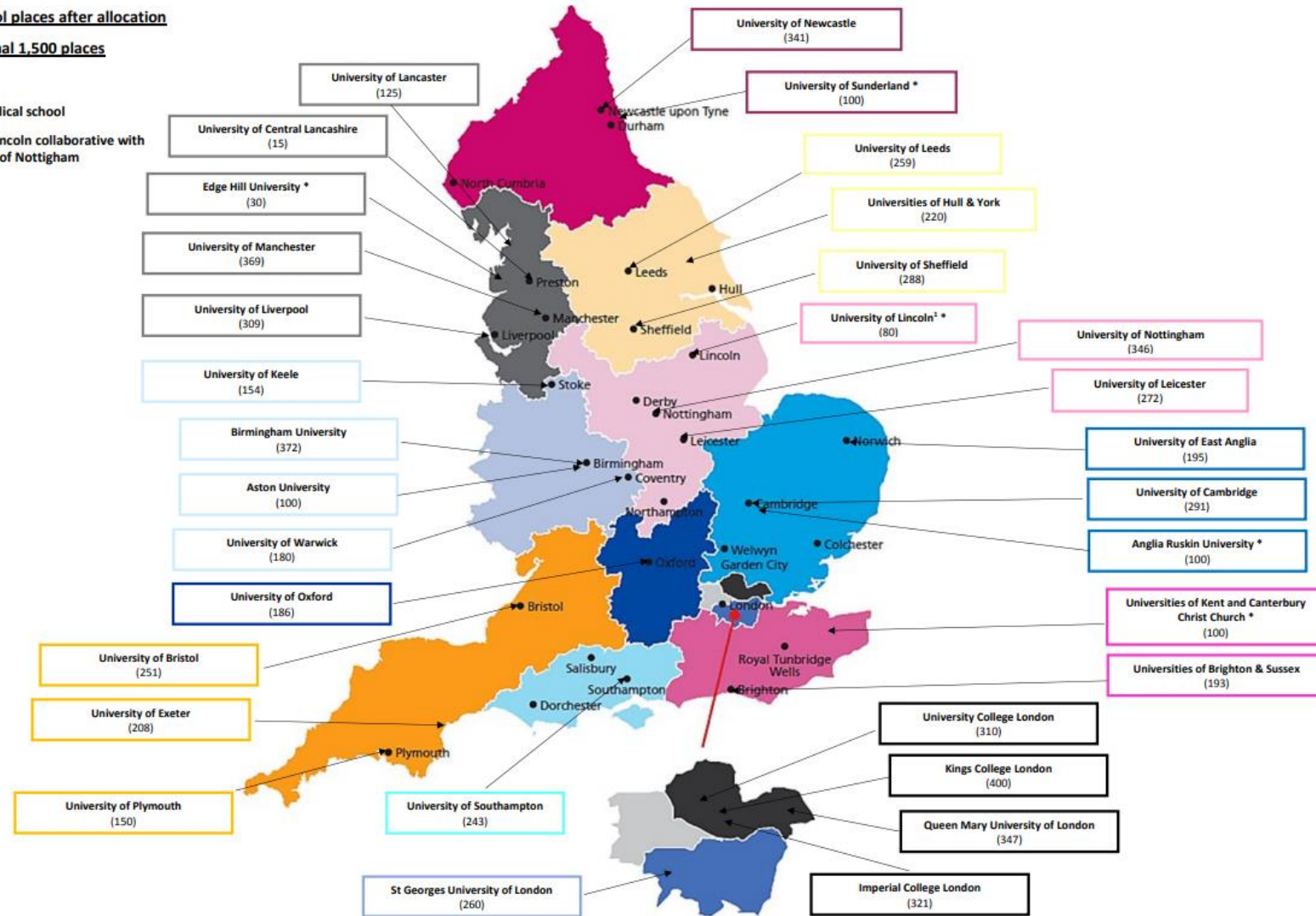
Source: OECD Health Statistics 2021.

# Annex A – Distribution of additional 1500 medical school places

## Medical school places after allocation of additional 1,500 places

\* New medical school

<sup>1</sup> University of Lincoln collaborative with  
University of Nottingham



# Anglia Ruskin University

Commissioned in 2017

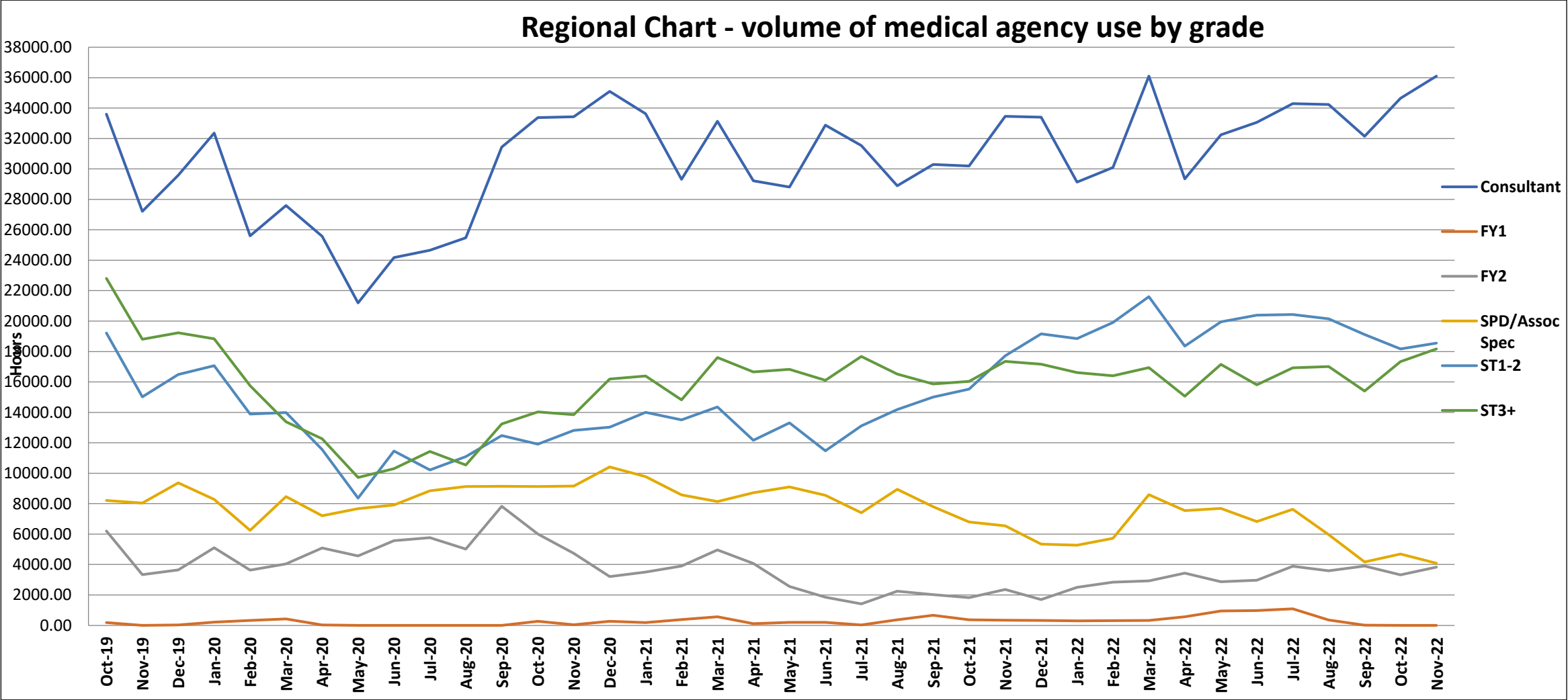
100 entry points

Upfront investment to develop new medical school

Partnered with Dundee University

First graduates in 2023

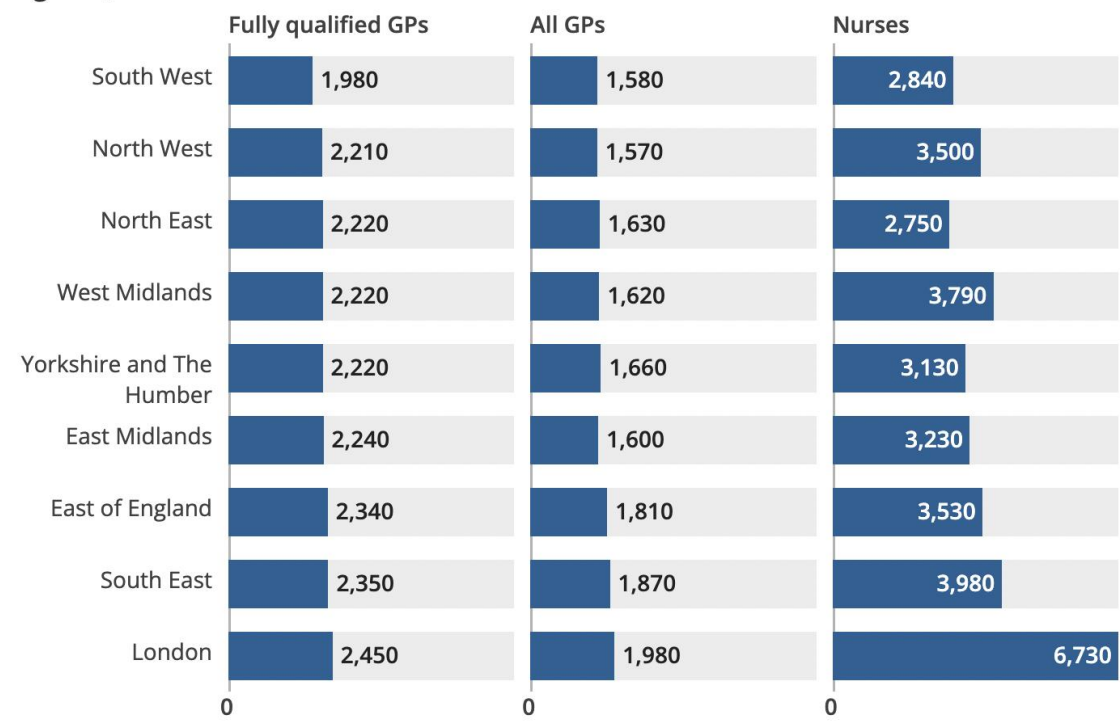
Designed to deliver a local  
workforce for local needs



NHS England data

**Figure 7: London has twice as many patients per nurse compared with the North East and South West and slightly more patients per doctor, compared with other regions**

**Number of patients per full-time equivalent staff member by region, England, October 2022**



Source: Office for National Statistics – Trends in patient-to-staff numbers at GP practices in England





# Recruitment

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- Significant recruitment from local/regional (nearly 50%)
- Significant recruitment from a widening participation background (nearly 40%)
- Outreach to local schools and colleges to develop a local workforce

# Unique approach to educational delivery

- Early integration of academic and clinical experience
- Strong emphasis on clinical skills (hit the ground running)
- Recognition of the local workforce challenges in curriculum (GP/MH)
- Use of technology (especially in simulation and anatomy)
- Faculty very largely local
- Near-peer and peer-peer teaching significant

# Patient participation and engagement



Patients are involved in all aspects of the programme



Recruitment, delivery, assessment



Write scenarios, develop assessments, marking



Contribute to curricular development



Members of key decision-making forums within the School of Medicine



## Retaining our students in Essex

- Giving students a great experience of education locally
- Prior allocation pilot (10% in 2023 and 30% in 2024)
- Recruiting people locally (schools and colleges)
- Innovating the programme (apprentices, APEL, shortened programmes)
- Preparing individuals for a life of work
- Opportunities for CPD and postgraduate learning targeted to local needs

# Research as an example

20% of the Medical School year intercalate

Approximately 40% of UG students are involved in some research locally

All 4<sup>th</sup> years experience research, entrepreneurship, QI in the NHS

Allocation of 12 academic foundation posts – high calibre applicants

Creation of 4 NIHR-funded ACFs – developing the future academics across Essex

Developing local clinical academics to research and teach

Attract new monies to the local health economy

# The halo effect

Recruitment into  
medicine and allied  
specialties

Developing inter-  
professional learning  
early

Attracting high  
calibre students

Raising the profile of  
health inequalities

Generating new and  
local research  
agendas

Bringing the lens of  
academia to the  
development and  
delivery of services

Economic impacts  
through Anchor  
principles

Focus for generating  
and contributing to  
a life sciences eco-  
system



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# What are the impacts of setting up new medical schools? A narrative review

Ferhana Hashem\*, Catherine Marchand, Stephen Peckham and Anna Peckham

## Abstract

**Background:** The growth of the UK's population together with an aging society with increasingly complex health and social care needs has placed a greater demand on statutory care services. In view of this emerging landscape, the UK Government has sought to increase its medically trained workforce in order to better respond to the demands placed on the health service. Five universities were announced as homes to new medical schools offering undergraduate places to boost the numbers of doctors training in England. The aim of this narrative review was to explore how new medical schools could improve the health outcomes of the local population and evaluate the potential contribution it may make to the local economy, workforce and to research and innovation.

**Methods:** A narrative review was undertaken using a systematic approach for the search literature strategy. The articles were evaluated by undertaking a critical assessment evaluating the fitness of a paper for review according to results, methods used to test the hypothesis, conclusions and impact and limitations. Thematic analysis was employed to organise and summarise the findings across a heterogeneous body of literature included in the review. The analysis was developed in an inductive manner and there were not any predefined themes to guide data extraction and analysis.

**Results:** Thirty-six articles were selected for inclusion for this narrative review. The review identified six key themes: influence of prior rural exposure, medical school environment and rural enrichment programmes, workforce, health outcomes of local populations, social accountability, economic contribution of medical schools to communities and impact on rural research.

**Conclusions:** The studies included found a wealth of information on a wide-range of topics on the expansion of undergraduate education and its implications on the future medical workforce. It was shown that medical schools can have a positive effect on the health, social, economic and research activity of a region, but this literature tended to be heterogeneous in focus without consideration of the inter-connections between the wider societal and economic impacts arising from long-term sustainable change being brought to a region.

# Challenges of being a new school

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- Attitudes!
- Competing with those who are established (clinical placements, research)
- It has never been done before locally.....
- Everyone wants a piece of the action and a say in how things evolve
- The accreditation process is (rightly) protracted and rigorous
- Medical Schools cost £££ and the NHS does NOT fund HEIs
- Keeping students and providers at the centre challenging
- COVID – enough said.....







Questions and comments most  
welcome

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