**Re. Expansion of Undergraduate Medical Education - A consultation on how to maximise the benefits from the increases in medical student numbers**

Thank you for the opportunity feed into the consultation on the Expansion of Undergraduate Medical Education. I welcome the commitment to increase the number of home-grown doctors, particularly given the challenges facing the NHS. The consultation is timely as a proposal is being developed for a new medical school in Kent and I am a great supporter of it.

In my role as Conservative Parliamentary Candidate for Faversham and Mid Kent (and MP for the constituency 2015-17), I would like to input my views into the consultation as follows:

**Question 1 - How would you advise we approach the introduction of additional places in order to deliver this expansion in the best way?**

I welcome the ambition of expanding the number of places available to those wishing to pursue a career in medicine. Additional places should be located in areas of the country that lack a medical school, and where there is a need to attract more doctors. Sufficient time should be given to enable new medical schools to establish themselves and provide a share of new places.

**Question 2 - What factors should be considered in the distribution of additional places across medical schools in England?**

Doctor shortages: graduates are more likely to consider a career in the area where they went to university, or where they grew up. Senior doctors are attracted to hospitals that offer them the opportunity to carry out research and teaching. This disadvantages areas of the country that do not have medical schools, like Kent, where attracting senior doctors has been a challenge for some time. This is currently leading to a reliance on locums. I would like to see priority given to applications in areas where there are doctor shortages.

Where students might attend their medical placements: we need to train more doctors to work in primary and community care settings, and particularly GPs, psychiatrists and urgent care doctors. Therefore, the medical school should have access to placements in modern primary and community care settings, such as Estuary View health centre in Whitstable.

Locations and curricula which will encourage the development of effective multi-disciplinary working: for instance, a medical school located in East Kent will be able to team up with the training programmes for nurses and allied health professionals at Christ Church University, Canterbury.

The potential benefits for the wider economy: medical schools are known to have economic benefits for their local economies. The benefit may be maximised in areas where there is clear potential for collaboration between the medical school and industry – for instance, in Kent, the strength of the life sciences sector will provide opportunities for collaboration and commercialisation of research outputs from the medical school.

**Question 6 - Do you agree that where the NHS needs its workforce to be located should be included in the criteria used to determine which universities can recruit additional medical students?**

I agree that this is an important factor. It is inappropriate, however, to base workforce need on data that presents simple averages across large areas of the country. Combining data for Kent, Sussex and Surrey, for instance, means that the local picture of staff shortages is potentially masked. While the average figure as a whole looks healthy, we know, for example, that in Medway and Thanet there is a significant shortage of GPs while in East Kent, there is a severe shortage of A&E doctors.

**Question 12 - Do you agree that all providers should be offered the opportunity to bid for the additional medical school places?**

New medical schools should be given an opportunity to establish and bid for additional places. Enabling new medical schools gives an opportunity for new and innovative ways of working, based around the increasingly patient-centric way of working that is being pursued. Sufficient time should be allowed to enable new medical schools to gain approval for a share of the additional placements.

**Question 13 - Do you agree that innovation and sustainability should be included in the criteria used to determine which universities can recruit additional medical students?**

Yes, this is an opportunity to encourage greater innovation in training, to ensure we train doctors with the skills they will need for the future, including more patient-centric approaches, use of technology, collaboration with a range of other health professionals, and flexibility to adapt to how medicine will change during their careers.

**Question 24 - We are interested to hear views about the impact the proposals may have on families and relationships. For example, do you consider training more doctors will have a positive impact on flexible working because of additional system capacity?**

I am keen to support flexible working that can help individuals whose circumstances may not enable them to study or work in the traditional way. Clearly the lack of a medical school in Kent will impact on the ability for many who might choose to study medicine to do so. This is borne out in Table 3 of the consultation document which suggests that only 2.3% of the medical school intake is in Kent, Sussex and Surrey despite this area accounting for 8.2% of the population. I would envisage that within these figures, there are even greater pockets of under-representation.

Increasing medical school provision in those areas where it is currently lacking will widen the potential intake of students from those areas. For instance, there are increasing numbers of mature students who may bring other experiences and expertise to the medical world, but whose circumstances prevent them from taking a traditional full time course, particularly if it is in a location far from home. New medical school locations should try to ensure that far more of the population would be able to attend a part-time medicine training in a nearby location.

Thank you for taking these points into consideration.