

7 May 2024

Dear Accountable Officer

Office for Students: Confirmed increase in maximum undergraduate medical fundable limits for academic year 2025-26

I am writing to you following your acceptance of the offer of a provisional increase to your maximum fundable limits for undergraduate medical courses for the academic year 2025-26, and to confirm how the additional places are to be allocated across all eligible medical schools.

The information contained in this letter, including details of your allocation, will be subject to public announcement in the near future. For that reason, **we ask that your institution and your staff make no public reference to these outcomes until the public announcement**, and that this information is shared within your organisation only in so far as is necessary to make adequate preparations to teach any additional students you may receive funding for.

On 11 January 2024¹ I wrote to you to announce that additional funding had been made available to increase the total maximum fundable limits for undergraduate medicine courses by **350** from the **2025-26 academic year** to be allocated to eligible providers registered in the Approved (fee cap) category.

This announcement followed guidance that we received from government on 14 December 2023 asking the OfS to increase the number of places in the 2025-26 academic year.² Our view was that there were benefits to increasing maximum fundable limits in the short term and we took steps to facilitate this as quickly as possible. Our letter of the 11 January 2024 outlined two proposed methodologies by which we might allocate the additional 350 medical places. We asked eligible medical schools to respond, indicating which approach they favoured, and also to submit an expression of interest for a number of these additional places.

¹ See letter dated 11 January 2024, at www.officeforstudents.org.uk/publications/increase-in-undergraduate-medical-maximum-fundable-limits/.

² See letter dated 14 December 2023, at www.officeforstudents.org.uk/media/8967/ofS-guidance-2025-medical-expansion.pdf.

Following the response from your provider, I subsequently wrote to you on 27 March 2024 regarding the offer of a provisional increase to your maximum fundable limits for undergraduate medical courses for the academic year 2025-26. I am writing to you now with the outcomes of this exercise and to confirm your final maximum fundable limit for the academic year 2025-26. I am also confirming how the 350 additional places are to be allocated across all eligible medical schools, with full detail provided in [Annex A](#) of this document.

As part of the expansion for academic year 2025-26, we have the following expectations:

- That you will use these new places for domestic students who have home fee status, in line with the current policy for maximum fundable limits, and have considered how an increase in student numbers will affect your ability to comply with GMC requirements.
- For OfS-funded providers that are allowed to recruit international students, their maximum fundable limit covers both home and international students. Within that limit, there is a specified target that a provider is expected to adhere to for international recruitment (7.5 per cent of their intake targets pre-2018 expansion of medical places), unless an explicit exemption has been granted by the Department of Health and Social Care (DHSC) to exclude certain students from the maximum fundable limit. While the procedure for reporting international students may change in future years, we would expect providers that currently have limits on international recruitment to continue to adhere to these targets. Numbers and exemptions for international medical students will remain under review as part of the NHS Long Term Workforce Plan (LTWP).

Summary of the process for increasing maximum undergraduate medical fundable limits for academic year 2025-26

In our letter of 11 January 2024, we proposed adopting the following factors to support our decision making about how to increase maximum fundable limits.

1. **Geography** – to seek to address imbalances in the distribution of medical training places compared with need on a regional basis.
2. **Capacity to teach in 2025** – to prioritise increasing maximum fundable limits for providers that have capacity to deliver in academic year 2025-26 without a need for further capital investment.

We invited providers to respond to our proposals by 29 February 2024. Having considered our general duties as set out in the Higher Education and Research Act 2017 (HERA), and responses from providers, we concluded that geography and capacity should be the primary factors for our approach to the 2025-26 academic year.

In adopting this approach, we have had regard to the need to promote quality, and greater choice and opportunities for students, in the provision of higher education, and the need to promote equality of opportunity in connection with access to, and participation in, higher education offered by English providers.

We have also had regard to statutory guidance from ministers and, in particular for this expansion, we were asked consider the evidence collated by NHS England (NHSE) when determining our approach. Advice from NHSE shows that there is a geographical disparity between the number of undergraduate medical training places and the clinical need of the population. This includes evidence that points to a direct correlation between the number of training posts in an area and the health outcomes experienced by patients in that area.³

The information received from NHSE included a distribution of need for doctors on a regional basis. This suggested that there was an imbalance between need and the current allocation of maximum fundable limits. The OfS has considered this evidence and determined it is appropriate that we allocate a greater number of training places to areas with a higher need, which NHSE evidence suggests arises from increased proportions of older populations or more deprived populations in a region.⁴

When we consulted with providers, we also set out our proposed approach to the distribution of numbers, noting in particular that in the event of oversubscription for places within a region, we would need to make an adjustment to the allocations. We offered two methodologies for consideration:

1. Allocations are made to those providers with the greatest capacity for growth.
2. Allocation of numbers pro rata based on a provider's capacity for growth.

We have now reviewed the responses from providers and, on balance, have adopted the second approach whereby numbers are allocated on a pro rata basis based on a provider's capacity for growth, as this was largely accepted as the preferred method for this single-year exercise.

A full summary of findings following this consultation with medical schools can be found in [Annex B](#) of this document.

If you have any questions, or wish to talk with the OfS team responsible for funding health education, please email medicaldental@officeforstudents.org.uk. This shared email address is monitored throughout the working day.

Yours sincerely

John Blake
Director for Fair Access and Participation

³ The Lancet (January 2021). The association between physician staff numbers and mortality in English hospitals. See [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30453-3/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30453-3/fulltext).

⁴ Regional allocations based on NHSE data analytics.

Annex A: Allocations for the distribution of additional maximum fundable limits in 2025-26

Providers	Increase to expected maximum medical intake for academic year 2025-26
Brunel University London	3
Imperial College London	0
King's College London	0
Queen Mary, University of London	3
St. George's Hospital Medical School, University of London	1
University College London	3
London	10
Universities of Brighton and Sussex	4
Universities of Kent and Canterbury Christ Church	9
University of Oxford	0
University of Southampton	17
University of Surrey	34
King's College London: Portsmouth Medical School (in partnership with the University of Portsmouth)	13
South East	77
Aston University	10
University of Birmingham	8
Keele University	7
University of Leicester	3
University of Nottingham: Lincoln Medical School (in partnership with the University of Lincoln)	4
University of Nottingham	4
University of Warwick	10
University of Worcester	12
Midlands	58
Anglia Ruskin University Higher Education Corporation	28
University of Cambridge	0

Providers	Increase to expected maximum medical intake for academic year 2025-26
University of East Anglia	27
<i>East of England</i>	55
Universities of Hull and York	8
University of Leeds	16
Newcastle University	2
University of Sheffield	9
University of Sunderland	17
<i>North East and Yorkshire</i>	52
Edge Hill University	13
University of Central Lancashire	6
University of Chester	5
Imperial College London: The Pears Cumbria School of Medicine (in partnership with the University of Cumbria)	8
Lancaster University	5
University of Liverpool	13
University of Manchester	4
<i>North West</i>	54
University of Bristol	17
University of Exeter	10
University of Plymouth	17
<i>South West</i>	44
Total	350

Annex B: Summary of findings following our consultation on how to implement an increase in maximum undergraduate medical fundable limits for academic year 2025-26

1. The Office for Students (OfS) received guidance on the 14 December 2023 from the Secretary of State under s.2 (3) of the Higher Education and Research Act 2017 (HERA) that stated a desire to continue the expansion process and distribute additional funding to facilitate an increase in the overall maximum fundable limits of medical provision by 350 for the academic year 2025-26. The additional funding to cover the full costs to the OfS for these additional medical students will be reflected within the Strategic Priority Grant allocations for academic year 2025-26 and future years.
2. We proposed that our allocation for the academic year 2025-26 of whole full-time equivalent (FTE) fundable numbers by provider would be based on the following criteria:
 - **Geography** – to seek to address imbalances in the distribution of medical training places compared with NHS workforce need on a regional basis.
 - **Capacity to teach in 2025** – we sought to prioritise increasing maximum fundable limits for providers that have capacity to deliver in academic year 2025-26 without a need for further capital investment.
3. The proposed total maximum fundable limits within each region was underpinned by NHS data analysis of ‘undoctored’ provision gaps, with the 350 places divided amongst the regions. This is shown in the ‘expansion’ column in the table below:

Medical school places	Current posts	%	Distributional guide (initial)	Distributional guide (new)	2025-26 (new)	
					Expansion	Starts
North East and Yorkshire	1,282	16.50%	15.60%	15.90%	52	1,334
North West	1,008	13.00%	13.50%	13.90%	54	1,062
Midlands	1,648	21.20%	19.30%	19.40%	58	1,706
East of England	621	8.00%	11.30%	11.10%	55	676
South West	644	8.30%	10.30%	10.00%	44	688
London	1,809	23.30%	15.10%	15.00%	10	1,819
South East	764	9.80%	15.00%	14.70%	77	841
Total	7,776	100%	100%	100%	350	8,126

4. We developed an approach that used the funding made available for the academic year 2025-26 by offering 350 fundable places by region to all providers that wish to grow.
5. We consulted with providers on 11 January 2024, setting out our proposed approach. We noted in particular that, in the event of oversubscription for places within a region, we would need to make an adjustment to the allocations. We offered two methodologies for consideration:
 - **Allocations are made to those providers with the greatest capacity for growth.** This method would consider the capacity for growth as the primary factor for determining the distribution of medical places within a region and would be based on the number that providers indicate they have capacity to grow by from the 2025-26 academic year.
 - **Allocation of numbers pro rata based on a provider's capacity for growth.** A modified version of the first approach where a simple pro rata reduction to providers is applied, based on their capacity for growth and the numbers of places available in the region.
6. The deadline for responses was 29 February 2024 and all but two providers responded. We have now reviewed the responses and collated the information to inform our final approach for allocating the additional places to individual providers.
7. The following provides a summary of the findings of the consultation:

Summary of findings on the overarching criteria of geography and capacity to teach in the academic year 2025-26

8. In general, providers supported the use of geography and capacity to teach as the two overarching criteria for a single year expansion exercise in academic year 2025-26.
9. Some providers also highlighted details of their innovations in pedagogy, encouragement of student diversity and widening participation activity in their responses as key factors in being able to support the delivery of the expansion.

Summary of findings on the following two methodologies for allocating the additional 350 places for academic year 2025-26

- **Methodology 1** – Allocations are made to those providers with the greatest capacity for growth
 - **Methodology 2** – Allocation of numbers pro rata based on a provider's capacity for growth.
10. In general, respondents had a preference for methodology 2 as it was seen as a fairer way of distributing the numbers to a range of providers within a region, as opposed to methodology 1 which would likely see just one or a small number of providers benefit from the distribution of places.
 11. Although there was broad agreement for methodology 2, a number of providers raised a series of caveats to their support. In particular the following comments were raised:

- Concerns were raised about the possibility of driving innovation with what would likely be a relatively small number of places per provider.
 - Although providers understood this was a one-year exercise for academic year 2025-26, with the allocation of a relatively small number of places, there was a request that for future years there is a larger expansion over a multi-year period to allow for sufficient medium and long-term planning.
 - New schools flagged the need to obtain a greater proportion of numbers to build a 'critical mass' and to put their medical provision on a more long-term, financially sustainable footing.
12. One provider did not have a preference for either of the methods proposed and suggested the criteria developed for the 2017-18 medical expansion (under our predecessor organisation the Higher Education Funding Council for England (HEFCE)) would be preferable as a set of detailed criteria.
13. A single provider had a strong preference for methodology 1. To counter this, one provider was strongly opposed to its use and a number flagged that, though methodology 2 had limitations, it was less risky and ultimately a fairer approach than methodology 1. Two specific issues were raised and considered during the consultation process and are addressed below:
- Reviewing capacity to deliver additional places with the GMC and others.
 - Placement locations straddling regions for a provider.

Reviewing capacity with the GMC and others

14. A number of respondents flagged the need to review a provider's capacity to deliver increased provision from academic year 2025-26.
15. Alongside the OfS consultation, a separate process was run by the GMC whereby they requested data from medical schools to set out their intentions on how they could deliver expansion for the LTWP. This was completed on 27 February 2024. Although this information is entirely separate to our own data, many respondents did cite this exercise in their response by means of demonstrating their compliance with the GMC.
16. Following consultation, GMC colleagues, alongside colleagues from NHSE, have reviewed the initial allocated numbers and they are broadly in agreement with the allocations. They note, however, future allocations beyond this year will be undertaken on a different, yet to be agreed, basis.

Placement locations straddling regions for a provider

17. Some respondents suggested that there should be an explicit listing of the region a provider is located in. It was also highlighted that some providers have placements spread across multiple regions. We understand that this may be an emerging issue which will need to be considered

by NHSE in future data analysis and factored into any proposed methodology for later years of the implementation of the plan, as we understand this is a wider concern with some providers.

Capital for beyond academic year 2025-26

18. Respondents were asked what their capital requirements might be beyond academic year 2025-26, should they plan to expand further.
19. Specific issues raised for consideration by respondents included:
 - The majority of respondents stated they would need capital monies to fund expansion. They noted that additional funding would be required for new buildings, or to refurbish and reconfigure existing teaching spaces within buildings to accommodate expansion plans.
 - Where investment for equipment was raised, it often included seeking funding for various simulation or immersive suites facilities, and similar VR equipment. Additionally, respondents mentioned the use of virtual headsets, lenses and other Smart technology, including using AI to aid teaching. Some respondents noted this could be used both for the teaching of medicine, but also shared across all healthcare disciplines.
 - A number of providers included reference to curriculum development, but examples as to what capital investment this might include was not specified.
 - Some respondents noted that capital investment requires larger numbers of new students to reach 'critical mass', to make innovation in ways of teaching financially viable and sustainable. Therefore, providers were keen to know anticipated timescales and levels of investment for any future capital funding in this area.
 - Some schools also noted that they have already undertaken capital investment in this area themselves, with some commenting that this was through existing OfS capital competitions.
20. Other broader comments included in responses covered areas for potential investment that fall outside of what is considered capital expenditure under existing OfS criteria. This included:
 - staffing and curriculum development
 - student accommodation
 - potential investment in clinical partners which may also be considered outside the OfS remit depending on what exactly is requested.