**The BMA response to the KCL consultation document**

**“A proposal for restructuring the Schools of Medicine, Biomedical Sciences and the Institute of Psychiatry”**

7th July 2014



**Introduction**

 The BMA objects to the proposals contained in the document “A proposal for restructuring the Schools of Medicine, Biomedical Sciences and the Institute of Psychiatry” on several grounds including

* No clear rationale has been offered as to why the Health Schools are solely affected
* No clear rationale as to why only academic staff in the Health Schools are affected
* Clinical academic staff will be made redundant
* There will be a consequent impact upon medical students and the reputation of Kings College London.
* No objective reasoning has been offered as to how the particular levels of teaching contact time and research grant income have been established
* Panel 2 has made selections not based on transparent objectively verifiable criteria
* Panel 2 has identified individuals rather than posts
* Panel 2 has acted precipitously in making decisions prior to the closure of the consultation

**BMA therefore considers that the consultation process has not been meaningful and the selection process is flawed**

**Overview**

The King’s proposals start with the statement –

“King’s has built a reputation for excellence and has established itself as a world-class university. Our success has been built on growing research volumes in key areas, improving research quality, developing our resources and offering quality teaching to attract the best students in an increasingly competitive environment.”

This statement is difficult to reconcile with the evidence**,** statements made by College officers and the opinions of the BMA’s medical student members. The table below illustrates this very clearly. We are also witness to the University Guide 2014; league table for medicine which ranks 29th out of 31 and the Complete University Guide 2013 which ranks 19th down from 17th the previous year.

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|  | **Guardian** |  |  |  |  |  |  |
|  |  | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|  | Rank | 14 | 14 | 11 | 16 | 29 | 28 |
|  | Guardian score/100 | 50.1 | 50.2 | 62.3 | 48.9 | 29.5 | 36.4 |
|  | Satisfied with course |  | 70 | 85 | 76 | 57 | 57 |
|  | Satisfied with teaching | 86 | 83 | 89 | 84 | 79 | 78.2 |
|  | Satisfied with feedback | 35 | 33 | 43 | 27 | 18 | 25.2 |
|  | Student to staff ratio | 6.5 | 5.8 | 4.9 | 5.1 | 5.4 | 6.3 |
|  | Spend per student/10 | 7 | 7 | 5 | 7 | 6 | 4 |
|  | Average entry tariff | 466 | 471 | 486 | 502 | 530 | 526 |
|  | Value added score/10 | 6 | 5 | 6 | 4 | 3 | 7 |
|  | Career after 6 months | 99 | 100 | 100 | 100 | 99 | 99 |
|  |  |  |  |  |  |  |  |
| **Complete University Guide** |  |  |  |  |  |
|  |  | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|  | CUG Rank | 15 | 21 | 17 | 19 | 21 | 30 |
|  | Entry Standards | 467 | 473 | 487 | 502 | 527 | 520 |
|  | Student Satisfaction | 3.49 | 3.46 | 3.73 | 3.49 | 3.19 | 3.3 |
|  | Research Assessment | 2.7 | 2.7 | 2.7 | 2.7 | 2.7 | 2.7 |
|  | Graduate Prospects | 100 | 100 | 100 | 100 | 100 | 99 |
|  | Overall Score | 96.1 | 95.1 | 95.7 | 94.7 | 95.7 | 94 |
|  |  |  |  |  |  |  |  |
| **Times Higher Education** |  |  |  |  |  |
|  |  |  | **2011** | **2012** | **2013** | **2014** |  |
|  | THE Rank |  | 27 | 22 | 20 | 13 |  |
|  | Overall Score |  | 75.5 | 79.6 | 80.4 | 81.3 |  |
|  | Teaching |  | 68.7 | 75.3 | 75.9 | 76.3 |  |
|  | International outlook |  | 83.3 | 88.7 | 83.7 | 84.2 |  |
|  | Industry income |  | 44 | 43 | 43 | 39.4 |  |
|  | Research |  | 78.4 | 75.9 | 80 | 78.5 |  |
|  | Citations |  | 79.3 | 86.6 | 86.2 | 89.9 |  |
|  |  |  |  |  |  |  |  |

It is clear that whilst Kings is rising in the Times Higher Education survey which focuses on research, it is declining in other surveys. We are aware that students take account of such surveys when choosing both their medical school and their higher research facility. We believe there is already a problem at Kings which is not addressed by the current exercise. Far from it, the proposal does not envisage the future academic shape of the University or teaching structure, it merely represents a crude reduction in staff numbers. This will inevitably impact upon the student staff ratio and thus student satisfaction. Moreover, the proposal risks jeopardising research students who may inevitably face a change supervisor midway through their research. These comments are supported by the Standard and Poor’s assessment (July 22, 2013, p 11) – “Further staff cost curtailment will be rather difficult, in our opinion, as Kings has already started to rein in these costs in the past and further pressure to keep the quality of its academic and non—academic services will weigh on its ability to cut costs further.”

It was reported to us in consultation by Steve Large, Director of Finance, that in each of the past three years approximately 600 out of 4000 postgraduate students who have accepted places have failed to turn up. Incredibly, it was confirmed to us that the college had done no research into the reasons for this. At a conservative estimate such students could bring approximately £6m p.a. into the University. We asked for the figures in relation to the health schools to have a better idea of the direct impact on the health schools but this was one of a number of pieces of requested information that KCL failed to supply. This is unsatisfactory.

The consultation document states that the health schools are not financially sustainable having been in deficit for several years. This is inevitable given the change in the funding of Higher Education to a fees-based system and the fact that scientific courses, particularly medicine, are much more expensive to run; in the case of medicine this problem is exacerbated by the length of terms and the cap on undergraduate medical places. Given that other areas of the University do have the ability to expand we believe it is reasonable to cross charge between the budgets until such time as this issue is addressed politically.

We were also concerned by comments made at the 16 June meeting that the current proposals were merely a short-term plan and not part of a long-term strategy. It appears to us that Kings is risking its reputation and on-going academic delivery and thus its ability to recruit students. It is astonishing to us that the process solely targets academic staff. We fear that more cuts will come and that there is a real risk of a downward spiral.

**The Process**

To date we have attended eight meetings and written three letters, to which we refer you once again (27th May, 17 June, 23 June), backing up our requests for further information and changes to the proposed process. Several of the questions we have asked have not been answered and for most of those which have been answered the responses could be described, at best, as incomplete. We have repeatedly pointed out that Kings has been consulting on a process whilst simultaneously undertaking such a process. We believe the process is fundamentally flawed and the consultation not meaningful. In particular (but not exclusively), Kings has not given us the methodology used to determine the relative weighting to its “metrics” attached to the IoPPN and the rest of the health schools. Nor have we been supplied with any weighting or criteria used to evaluate the additional information supplied on the pro forma under consideration by the panel. On the contrary we have repeatedly been told that putting a tariff to each area of additional information is “inappropriate”. We find the responses to these two fundamental questions so unsatisfactory as to render the consultation meaningless. Not only have we not been able to influence this vital part of the process but also we have not been able to advise our members meaningfully on their submissions. It is clear to us that the process is entirely subjective. These fundamental flaws are compounded by the rapid pace at which Kings is determined to proceed.

Our concerns are not limited to the above, we have also strongly represented that there does not appear to be a plan in place to consider suitable alternative employment or redeployment. Furthermore, by the time individuals are to be consulted on their ‘proposed redundancy’ they have already been selected, have been unable to influence that process and are merely thus appealing against confirmation of a decision already made. Indeed the consultation period (to July 7) will have ended. We further note that the consultation document stated that there will be an opportunity to update/ validate research data prior to the application of the criteria but we received complaints from our members that they were told too many people were trying to do this and so they couldn’t. Indeed, the document states

“During the next phase individual consultation meetings will take place with those potentially at risk of redundancy. These individuals will have an opportunity to make written representations in the form of a standard template.”

This statement clearly indicates that consultation was to take place prior to or at the very least alongside consideration by the panel. This has not taken place.

In summary we reiterate the following:

* No rationale has been put forward as to why only the Health Schools must contribute to the deficit reduction programme
* That we have been given no explanation as to why exclusively academic staff within the health schools have been targeted
* We have not been told how KCL determined the different metric levels required in IoPPN and the rest of the health schools and have therefore not been able to influence this
* That we have not been given the precise criteria used to evaluate the further information on the proforma
* That we have not been given any information as to the weighting given to the criteria being used by the panel or been able to influence it
* That KCL have not clarified whether individuals or posts are to be made redundant
* That we are unable to reconcile this programme with the stated aim of King's to become a world leading institution
* That no consideration appears to have been given to the impact of the proposals on those who remain and the students
* That no consideration appears to have been given to the impact of the proposals on the students
* That there is no transparent plan for the shape of the schools in the future
* There is no transparent plan of how the academic delivery of existing programmes will be delivered with less staff
* That there does not appear to be a plan to consider suitable alternative employment or redeployment
* That the voluntary redundancy scheme is the same as the compulsory redundancy scheme and thus not a useful tool in avoiding compulsory redundancy
* That we have not been supplied with all the information requested in our letters.
* That the process is precipitous

**Conclusion**

As a result we demand the withdrawal of the notices of proposed redundancy and a recommencement of the consultation period.

Yours sincerely,

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British Medical Association