

Tuition fees for graduate medical students in England

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Authors: Hannah Brotherstone & Jeremy Durston

(Graduate entry medical students, University of Southampton, Managers of Medschools Online)

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Executive summary

From next year, 21% of all new medical students will have to pay tuition fees of £3000 per year up front for up to four years of their course.

Tuition fees policy

From 2006, universities in England will be able to charge tuition fees of up to £3000 per year. It is expected that most, if not all medical schools in England will charge the maximum £3000 per year. Those studying medicine as a first degree will be entitled to take out student loans to cover these fees in their entirety, in addition to student loans to cover living costs. They will only be obliged to pay back their loans after graduation in accordance with the Student Loans Company's usual terms and conditions. However, all graduates studying medicine as a second degree will not be able to take out student loans to cover their tuition fees. These students will be required to pay their fees up front for up to 4 years of their course.

Graduates studying medicine

In 2005, 21% of all first year medical students in England were graduates studying medicine as a second degree. This is not expected to change significantly in 2006. These graduate students study on the two main types of undergraduate medical degree programme: standard courses (5-6 years) and graduate entry courses (4 years).

Those studying on graduate entry courses will be required to pay their tuition fees in the first year only. However, those on standard courses will be required to pay fees for the first four years. The Department of Health (DOH) will pay tuition fees for the remaining years.

For the years in which they must pay their fees, graduates will only be entitled to a maintenance loan of up to £4405 per year. They will receive no other financial help from the government during these years but will be expected to pay £3000 in tuition fees up front. This will leave a maximum of £1405 per year for all living expenses. Without a loan to cover tuition fees, many graduate medical students will be unable to fund their studies.

Objections to the policy

1. The selection of 21% of all medical students will be profoundly influenced by the financial status of potential applicants, as only those who can afford up front tuition fees will apply to study medicine. This is completely incompatible with the drive to widen access to the medical profession.
2. The financial assistance that is being denied is in the form of a loan not a grant. Given that most, if not all, of this money will be repaid with interest tied to inflation, this represents a very small price to pay for ensuring equitable access to the medical profession.
3. Those studying nursing, midwifery, social work and some allied health professions are entitled to non-repayable NHS bursaries for the duration of their courses and are not required to pay tuition fees at all. These funding arrangements are available even if a student has previously undertaken a publicly funded degree. Therefore, the policy is inconsistent with the funding arrangements for other qualifications in health care.
4. An online petition has been created to oppose the policy (www.medschoolsonline.co.uk). At the time of writing, this petition had collected more than 3500 signatories and it is expected that thousands more will sign before it is submitted.

Recommendation

We recommend an urgent review of tuition fee arrangements for graduate medical students. We strongly recommend that graduates are made eligible for a student loan to cover their tuition fees.

Introduction

In 2006, tuition fees will increase from £1,175 to £3000 per year at most English medical schools¹. Despite these increases, graduates wishing to study medicine as a second degree will not be eligible for any additional financial support from the government and will have to pay tuition fees up front for up to 4 years of their course.

As a consequence, medical schools will be selecting graduate medical students from a pool of applicants consisting entirely of those who can afford to pay tuition fees up front. Many excellent candidates will be prevented from applying to study medicine simply because they cannot afford to do so.

The aim of this report is therefore to outline the current situation regarding graduates studying medicine as a second degree, to explain the funding arrangements in place for these students and to put forward the arguments for providing graduate medical students with student loans to pay their tuition fees.

¹ This report relates only to tuition fees for English medical students studying at English medical schools. The policy for tuition fees varies between countries in the UK and may be different for English students studying in Scotland, Wales and Northern Ireland and for students from these countries studying in England. It is beyond the scope of this report to cover the policy for all parts of the UK.

Tuition fees policy for graduate medical students in England

From 2006, universities in England will be allowed to charge variable tuition fees of up to £3000 per year for any degree-level course that they offer. It is expected that most, if not all universities in England offering degrees in medicine will charge the maximum amount. This represents an increase of £1,825 from 2005 (155%), when the maximum tuition fee payable was £1,175.

In 2003, the government justified this increase by stating that:

"No student will have to pay their contribution up-front or while they are studying, although they will, of course, be able to do so if they wish. Every student, irrespective of their own means or those of their parents, will be able to pay their Graduate Contribution after they leave university, and are earning. This means that higher education will continue to be open to everyone with the potential to benefit and no-one will have to contribute to the cost of their course until they can afford to do so." (Department for education and skills, 2003).

In accordance with this statement, all students studying medicine as a first degree will be eligible for student loans to cover their tuition fees, in common with all other undergraduate degrees. Students will only be obliged to pay back these loans after graduation in accordance with the Student Loans Company's usual terms and conditions (Department for Education and Skills, 2005).

However, despite the assurances given in the 2003 white paper, the Department for Education and Skills (DFES) has announced that students studying medicine as a second degree (including graduates on medical courses) will not be eligible for student loans to cover their tuition fees (British Medical Association, 2005).

Graduates studying medicine

A career in medicine involves between 4 to 6 years at university, followed by 6 to 10 years in subsequent training before reaching consultant or GP status. The hours can be extremely long and the work is both emotionally and physically demanding. Some people feel ready to commit to this career towards the end of their time at school. However, many people make this decision later in life as a result of experiences at university and in their professional and personal lives. As a result, graduate students bring a number of qualities to medical school:

"GEP students seem to have greater maturity and more confidence to say what they think. That is not to say that students on the traditional five-year medicine course are immature, rather that the GEP students have come into medicine with fewer misconceptions and eyes wider open to the possibilities." (Senior Lecturer, St George's Medical School: British Medical Association, 2004)

Graduates bring considerable skills and experience to medical school and are highly motivated and committed to the profession. The British Medical Association has acknowledged these attributes:

"The BMA recognises the positive experiences and attributes that mature students, graduate students and students with families can bring to medical schools and to the profession. It welcomes the development of graduate courses and the increasing number of such students on conventional medical courses." (British Medical Association, 2004)

The British government has recognised the potential contribution of graduates by introducing new 'graduate-entry courses' to encourage the study of medicine as a second degree. These courses are open only to graduates and last only 4 years, rather than the standard 5-6 years for a medical degree. Since the year 2000, 14 new graduate entry courses have been established and the first cohorts of students are now qualified doctors.

There are also many graduates studying medicine on standard medical courses (lasting 5-6 years), and medical schools have been encouraging graduate applicants to these courses since the 1970s (British Medical Association, 2004).

In recent years, medicine as a second degree has become particularly popular in the UK. In September 2005, 5863 students² began a degree in medicine in England. Of these, 1229 were graduates, comprising 21% of all medical students in England starting in 2005 (see Appendix).

Of the 1229 graduates starting in 2005, 659 (53.6%) began 4-year graduate entry courses and 570 (46.4%) commenced standard 5-6 year courses. Students on graduate entry courses therefore represent 11.2% of all medical students starting in 2005 whilst those on standard courses represent 9.7%. These figures are not expected to change significantly for 2006 entry.

² Figures collected directly from medical schools by Medschools Online. These figures exclude 6-year 'Foundation Programmes'. Students from such courses join the first year of the standard medical course following a foundation year. As a result, the figures for standard courses may include people entering the second year of the foundation programme. It was therefore decided that students in the first year of the foundation programmes would not be included, to ensure that only one cohort was represented. It is possible that some schools did not include graduates from foundation programmes in their figures for standard courses. Our figures therefore represent a conservative estimate of the number of graduates on medical courses.

Financial assistance for graduate medical students

Tuition fees

Graduates on graduate entry courses (11.2% of all new medical students) will have their fees paid by the Department of Health (DOH) from years 2-4. Therefore they will have to pay £3000 up front for their first year only. This represents an increase of £1825 (155%) in tuition fees since 2005 entry. However, there will be no additional financial support available to cover this increase.

Graduates on standard courses (9.7% of all new medical students) will only have their fees paid by the DOH from the 5th year, which means that they will have to pay £3000 up front for years 1-4. Therefore they will have to find a total of £12,000 up front to study medicine on a standard course. This represents a total increase of £7300 (155%) in tuition fees since 2005 entry³. Once again, there will be no additional financial support available for these students.

Living costs

In 2006, all English medical students, including graduate students, will be eligible for student loans to cover living expenses (a maintenance loan). This policy has not changed since 2005. In 2006, the maximum maintenance loan will be £4405 (Department for education and skills, 2005).

In addition to paying the tuition fees for part of the course, the DOH also provides NHS bursaries for years 2 to 4 of graduate entry courses and for the 5th year onwards on standard courses (i.e. the same years in which tuition fees are paid). During these years, students are also eligible for reduced rate maintenance loans (approximately 50% of the value of the full maintenance loan). This policy has not changed since 2005.

The arrangements for funding for living costs and tuition fees for graduate medical students are summarised in Table 1.

³ For 2005 entry, tuition fees were £1,175 per year, meaning the total cost for 4 years was £4,700

Table 1: Summary of arrangements for graduate medical students

Course	Funding / Fees	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Graduate course	Maintenance loan	Full	Reduced rate	Reduced rate	Reduced rate	-	-
	Tuition fees	£3000	Paid by DOH	Paid by DOH	Paid by DOH	-	-
	DOH Bursary	No	Yes	Yes	Yes	-	-
Standard course	Maintenance loan	Full	Full	Full	Full	Reduced rate	Reduced rate
	Tuition fees	£3000	£3000	£3000	£3000	Paid by DOH	Paid by DOH
	DOH Bursary	No	No	No	No	Yes	Yes

Opposition to the policy

For the years not funded by the DOH (i.e. years 1-4 of standard courses and the first year of graduate courses), the only financial support provided by the government is the maintenance loan. The maximum maintenance loan in 2006 will be £4405 per year (Department for education and skills, 2005). From this graduate students must pay £3000 in tuition fees, leaving approximately £1405 for all living expenses for an entire academic year. This is clearly not a realistic possibility and the provision of maintenance loans is no justification for the decision to deny graduates access to student loans to pay their tuition fees.

Bill Rammell, the Minister for Higher Education, has attempted to justify the plans by stating: "support for tuition fees has always been restricted to those who have not already had a chance to experience Higher Education" (Bill Rammell, September 2005).

However, because the costs of higher education will increase dramatically in 2006 and the financial support systems will also change significantly, this retrospective rationale is no longer valid. The sections below outline the key reasons for reviewing the policy.

Limiting access to the most wealthy

This policy will prevent all those who do not have the financial means to pay £3000-12000 up front from applying to study medicine as a graduate. This will not only deter those from poorer backgrounds from applying but will make medicine as a second degree inaccessible to all but the wealthiest graduate applicants. As a result, the selection of 21.0% of all medical students, and therefore future doctors, will be profoundly influenced by the financial status of applicants, as only those who can afford to study medicine will apply to do so.

This policy is completely incompatible with the government's agenda to widen access to higher education, detailed in the DFES white paper, 'The Future of Higher Education' (Department for education and skills, 2003). This document outlined plans to abolish up front tuition fees for all students in order to widen participation:

"Education must be a force for opportunity and social justice, not for the entrenchment of privilege. We must make certain that the opportunities that higher education brings are available to all those who have the potential to benefit from them, regardless of their background. This is not just about preventing active discrimination; it is about working actively to make sure that potential is recognised and fostered wherever it is found."(Department for education and skills, 2003)

It is also incompatible with the specific drive to widen access to medicine. Research has established that people from lower socioeconomic backgrounds are under-represented in medical schools and large-scale efforts are being made to address this (British Medical Association, 2004). This policy will undermine these efforts.

Loans not grants

It should be understood that this report does not oppose the introduction of tuition fees in principal and it is not proposed that the government should pay graduate medical students' tuition fees for them. Rather, we propose that the government should provide graduate students with student loans to pay their tuition fees whilst they are at medical school. These will be repaid to the government after graduation at a rate of 9% of all gross income over £15,000 per year. The credit risk for the government would be negligible as most doctors will easily be able to repay their loans within the 25-year repayment period.

Based on the figures for 2005 entry, the total cost of providing an entire national cohort of students with loans to pay their tuition fees for the duration of their degrees would be approximately £8.8m. Given that most, if not all, this money will be repaid with interest tied to inflation, it represents a very small price to pay for ensuring equitable access to the medical profession.

Inconsistency

Medical students already receive less financial support than students on many other degrees in health care. For example, students studying nursing, midwifery and social work are entitled to non-repayable NHS bursaries for the duration of their courses and are not required to pay tuition fees at all. Similarly, the NHS funds many places on courses for allied health professionals who also receive a bursary and are exempt from tuition fees. These funding arrangements are available even if

a student has previously undertaken a publicly funded degree (Department of Health, 2005). Therefore graduates studying nursing, midwifery, social work and allied health professions are not required to pay tuition fees at all. This is inconsistent with the requirement for graduate medical students not only to pay tuition fees, but also to pay them up front.

Online petition

Medschools Online is a free web-based resource for potential medical students (www.medschoolsonline.co.uk). Soon after the graduate fees policy came to light, the website opened an online petition to give applicants, students and members of the public the opportunity to raise an objection. At the time of writing, this petition had collected more than 3500 signatories.

Approximately 1500 signatories have felt strongly enough about the issue to write comments. Some examples are given below:

"I am a mature student, having done one degree already. I am struggling already financially and wouldn't have been able to cope if I had faced this situation. I feel as a mature student this was the best time for me to enter medicine. I would not have been prepared at the age of 18." (Medical student)

"I graduated from medical school this year having done a previous degree. £3000 up front a year would have put the course out of my reach financially, and I wouldn't have applied. I agree with top-up fees in principle, and would have no (financial) problem paying £3000 per year of study off once working as a doctor. Please be fair with this." (Doctor)

"1. The country is already very short of doctors 2. Graduates are usually the most motivated medical students. 3 Once trained, they bring maturity and a wider experience of life to junior doctors. 4 You are penalising students for not knowing exactly what they want to do when they are still teenagers." (Doctor)

"I am incredibly passionate about studying to become a doctor and cannot believe that the government should promote graduate entry with one hand and remove funding with the other. I have the right grades, aptitude and commitment to make a real success of this profession but am powerless to act because I cannot afford the tuition fees. We are heading back to the pre-welfare state days where only the rich were educated and our society will suffer as a result. I feel I fit the profile of the arts graduate who has seen a bit of the world and wants to contribute the diverse, well-rounded approach to medicine the government speaks of. What a shame." (Graduate applicant)

"I missed out on going to medical school when I finished my A levels as I am from a deprived and low income background. I never applied to university, but have worked for the NHS for 14 years whilst studying for a degree with the Open University... This is my chance to finally do what I always wanted to do, if I don't get the tuition fees [loan] I can't afford to take the course (unless I sign up to join the forces and win a cadetship!). Graduate medicine is supposed to be about widening access to provide tomorrow's doctors, but it seems like the government only want people who can afford to pay for study!" (Graduate applicant)

Recommendations

We recommend an urgent review of tuition fee arrangements for graduate medical students. We strongly recommend that graduates are made eligible for a student loan to cover their tuition fees. If they are not eligible for this loan, many talented people will be denied the opportunity to study medicine for financial reasons alone.

References

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Appendix: Student intake for 2005 entry

Course	Total places on SC	Graduates on SC	Places on GEP	Total Places
Barts and the London, Queen Mary's School of Medicine	277	77 (27.8%)	40	317
University of Birmingham	370	25 (6.8%)	40	410
Brighton and Sussex Medical School	138	17 (12.3%)	0	138
University of Bristol	216	26 (12.0%)	19	235
University of Cambridge	280	0 (0.0%)	20	300
University of East Anglia	130	38 (29.2%)	0	130
Hull York Medical School	130	44 (33.8%)	0	130
Imperial College London	326	25 (7.7%)	0	326
University of Keele	128	31 (24.2%)	0	128
Guy's, King's and St Thomas' School of Medicine	336	33 (9.8%)	24	360
University of Leeds	238	16 (6.7%)	0	238
University of Leicester	235	33 (14.0%)	64	299
University of Liverpool	268	27 (10.1%)	32	300
University of Manchester	380	20 (5.3%)	0	380
University of Newcastle	225	13 (5.8%)	25	250
University of Nottingham	246	5 (2.0%)	91	337
University of Oxford	150	2 (1.3%)	30	180
Peninsula Medical School	167	35 (21.0%)	0	167
University of Sheffield	241	29 (12.0%)	0	241
University of Southampton	206	15 (7.3%)	40	246
St Georges Medical School	187	18 (9.6%)	70	257
University College London	330	41 (12.4%)	0	330
University of Warwick	0	0 (0.0%)	164	164
Total	5204	570 (11.0%)	659	5863

SC = Standard Course, GEP = Graduate Entry

Contact information

For further information regarding tuition fees for graduate medical students and to sign the petition, please visit www.medschoolsonline.co.uk.

To contact the authors of this report, please email

Hannah Brotherstone: hbrotherstone@medschoolsonline.co.uk

Or

Jeremy Durston: jdurston@medschoolsonline.co.uk