BMA Briefing on Higher Education
April 2014

The British Medical Association (BMA) is an independent trade union and voluntary professional association which represents doctors and medical students from all branches of medicine all over the UK. With a membership of over 153,000 worldwide, we promote the medical and allied sciences, seek to maintain the honour and interests of the medical profession and promote the achievement of high quality healthcare.

This briefing relates to Higher Education Policy in England.

Summary of BMA views on higher education policies

• The BMA is concerned about the impact of increased tuition fees on medical students. The introduction of £9,000 tuition fees will result in the average debt of a medical student increasing to approximately £70,000.

• There has been little improvement in improving access to medicine for people from low socio-economic backgrounds. The BMA has concerns about the impact increased tuition fees are having on improving access to medicine.

• Currently there are many more applicants for the UK Foundation Programme than places available. With the cost of training an undergraduate medical student currently set at £269,000, a sustainable solution to avoiding medical graduate unemployment in the UK is needed.

• The BMA notes that moving the point of General Medical Council registration has been proposed as a solution to the continued oversubscription of the Foundation Programme but is concerned that this fails to resolve that issue and may even make the situation worse. It would potentially create a number of other serious problems for standards of education and for the UK medical workforce, and may impact upon patient safety.

• Private medical schools are entering the higher education landscape in England offering medical degrees at a cost of approximately £35,000 per annum. The increased number of graduate doctors resulting from these medical schools is likely to put increased pressure on the already oversubscribed Foundation Programme.

Introduction

Debt is prohibitively high for students of all disciplines. However, medical students are in a worse position than their counterparts on other courses. Medical degree courses are longer, students’ opportunity to work during holiday periods and evenings to help keep debt down is more limited, and they face additional expenses for frequent travel to clinical placements and for equipment.
Medical students study for at least five years rather than the usual three and term time is longer, typically 45 weeks a year compared to approximately 30 weeks on other degrees. This additional 2 or 3 years of study, combined with the limited ability to earn during their course holidays and at evenings and weekends, leave medical students in a worse financial situation upon graduation than students on 3 year courses.

**Medical Student Finance**
The BMA was disappointed by the Government’s decision to introduce the Higher Education Regulations 2010 allowing higher education institutions to charge fees of between £6,000 and £9,000 a year, the latter figure being, it was said, in ‘exceptional circumstances’. As expected, all of the universities with medical schools charge the full £9,000 fees meaning that medical graduates from the 2012 cohort onwards have seen their debt burden increase.

The BMA has calculated that medical students under the pre 2012 system graduated with an average £37,000 worth of debt. The introduction of the £9,000 rate will see medical student debts increase to around £70,000. This figure only includes debts incurred from student loans and does not take into account overdrafts, credit cards and professional loans which many students depend on for additional support. BMA modelling predicts that for many medical graduates, total loan repayments will be higher than those under the present system and many medical graduates may never repay their student loan. This finding is also supported by the findings of London Economics who suggest that an increased proportion of graduates will never repay their student loans in the future. Graduation debt may therefore become more influential in the decision-making process of prospective medical students, dissuading students from lower and middle socio-economic groups from entering the profession. A study commissioned by the Department of Health in 2009 investigated the evidence and impact of healthcare and similar student financial support systems on a range of important factors and found that there was ‘consensus in research that debt aversion for non-traditional students is a factor that deters entry into higher education’

BMA research from 2013 found that students from the UK are on average £16,000 in debt after just one year at medical school, with first year students increasingly using commercial loans and credit cards to deal with financial shortages. The survey also found that first year medical students found the financial burden so high that 4.2 percent of them were considering leaving their course.

The BMA welcomed that the increase of the minimum earnings threshold for repayment of student loans was increased to £21,000 in 2012 from £15,000. However we remain concerned that the first cohort of medical graduates to graduate under the revised repayment scheme in 2016/17 will not benefit from any financial advantage from this cap being raised unless inflation is below 2.2%.

**Widening Participation**
Alan Milburn’s independent report, Fair Access to Professional Careers published in 2012, highlights that medicine is a career where there is a low rate of access for those from lower socio-economic groups. The report states that ‘medicine lags behind other professions both in the focus and in the priority it accords to these issues. It has a long way to go when it comes to making access fairer, diversifying its workforce and raising social mobility’. BMA research from 2013 cautiously suggests that those from disadvantaged educational are underrepresented within undergraduate medicine.

We recognise the Government’s commitment to measure the proportion of students from disadvantaged background entering higher education as part of their success criteria and support the aims of this proposal. The percentage of students from lower income families is slowly improving across higher education but the rate remains stagnant in medicine. It is for this reason that we strongly urge the Government to measure medicine separately so that cross-institutional averages do not conceal the situation in medicine. Access agreements must specifically address access to medical degrees which are longer and more expensive than the standard three year course.

The provision of high quality careers advice in key stages 3 and 4 would give more students a better understanding of the path into medicine. All students wishing to study medicine at university must demonstrate that they have undertaken some form of medical work experience as part of their application. There needs to be greater awareness of this requirement and the preferred A-level subjects. However, many students do not have the financial support to work unpaid for a period of time. It is also
more difficult for students from lower income families to gain access to these work environments as often they do not have the personal connections to professionals who can facilitate internships, shadowing and work experience.

Oversubscription to the Foundation Programme
Graduate doctors, upon completion of an undergraduate medical degree (typically lasting 5 to 6 years), must successfully complete the first year of the UK Foundation Programme (FP) in order to achieve full General Medical Council (GMC) registration which is required to practise as a fully qualified doctor. The foundation year programme is designed to build on the knowledge and skills gained during undergraduate training.

Each year since 2011, the FP has received more applications from eligible students than there are places available. In 2011 and 2012, all eligible students who applied were eventually placed on the FP because the pool of applicants decreased sufficiently as students failed finals, or dropped out for other reasons. For the first time in January 2013, the Government announced it would create and fund approximately 150 additional FP posts to ensure that all eligible UK medical graduates were placed6. For 2014 FP entrants, the BMA expects that once again a small number of additional posts will need to be created. However, the problem of oversubscription to the FP is predicted to continue for the foreseeable future. With the cost of training an undergraduate medical student currently set at £269,000, a sustainable solution to avoiding medical graduate unemployment in the UK is needed.

Graduates unable to secure a place on the FP are not able to become fully registered with the GMC and cannot practise medicine in the UK or elsewhere in the world, including other European countries. UK medical graduates who are unemployed will be unable to clear the tens of thousands of pounds of debt they have accumulated whilst studying and the personal and public investment in their training will be wasted.

Moving the point of GMC registration
Moving the point of full GMC registration to coincide with medical school graduation has been suggested as one way to ensure all eligible graduates can still practise medicine even if they are unsuccessful in gaining a place on an oversubscribed FP. We note that this is Health Education England’s (HEE) preferred solution⁶, but there remain a large number of outstanding questions and concerns about the merits of this proposal. These fall into two main areas:

- The failure of the proposal to resolve the central workforce question it was ostensibly intended to address, i.e. oversubscription to the foundation programme
- The proposal’s capacity to create a number of associated and serious problems relating to patient safety, standards of education and the UK medical workforce.

We firmly believe that a decision should not be taken until all the implications have been fully explored. In the event of HEE’s preferred solution being supported by Government, we have developed a list of safeguards to ensure any such changes will protect patients, medical graduates and the high standard of medical education and training in the UK⁷. For example, UK graduate entry programmes will need to be protected and continue to be fully viable. The number of additional FP applicants likely to come from EEA countries will also need to be determined in order to ensure the change in timing of full registration does not bring about large numbers of additional FP applicants from EU member states whose medical graduates are currently ineligible to apply to the UK FP.

Private Medical Schools
The first UK private medical school at the University of Buckingham opened in January 2014⁸ with new entrants able to begin studying undergraduate medicine in January 2015, and more are expected to open in the near future. Private medical school fees are not subject to the already inflated tuition fee cap, and the course at the University of Buckingham will cost students £35,000 per year. The high tuition fees mean that the course will be of no cost to the exchequer, or to the NHS.

Private medical schools, as the position currently stands, will not be subject to the number of controls imposed by the Government and the Higher Education Funding Council for England (HEFCE), which has the dual aims of ensuring the supply of medical students matches the NHS’s future workforce
requirements and reducing unnecessary investment in undergraduate education. As a result the number of student places at private medical schools will not be restricted and consequently may have an impact on UK medical workforce planning.

The UK Foundation Programme is currently oversubscribed with the number of graduates from UK universities exceeding the number of places on the FP. Medical schools in England and Scotland recently agreed to reduce their intakes to help prevent future medical unemployment. In England, there are 6,071 undergraduate places available at universities for the 2013/14 academic year, down 2 per cent from last year. The HEFCE can take action against institutions that exceed their intake. It seems illogical to allow a system to develop whereby government funded institutions are required to reduce medical student intakes to prevent wastage, but private institutions can effectively train as many students as they wish.

At present the GMC cannot refuse any school that makes a reasonable proposal and meets their criteria to be an approved medical school with an approved medical course. As such, the GMC is unable to halt the emergence of private UK medical schools which will result in more medical students in the UK, raising the prospect of unemployed eligible UK medical graduates.

The emergence of private medical schools also further compounds the barriers to widening participation medicine by providing another route of entry restricted only for those with the means to pay. At present we are not aware that students interested in medical degrees provided at private medical schools will be eligible for Student Finance England (SFE) loans and support. If they are eligible for this support, they would only be able to receive help for tuition fees of up to £6000 per year, meaning a student at the University of Buckingham’s private medical school would need to provide £29,000 in up-front fees each year which would undoubtedly price out students from lower-income families.

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