
BMA Briefing – Medical Students

About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Summary

Medicine is a hugely demanding course, but with the current shortages of doctors across the NHS it is vital that we encourage and support as many medical students as possible, from a range of backgrounds, to apply and to succeed. Without these additional doctors the NHS will no longer be sustainable, and patients will no longer be able to access the safe, timely care they deserve. We believe change is needed and are calling for:

- An increase in medical school, foundation programme and specialty training places and the expansion of physical training centres, educator capacity and teaching and learning spaces.
- A proportion of medical school places should be reserved for widening access schemes to ensure the future workforce is representative of the patients they see and treat.
- A comprehensive review of medical student funding to ensure financial barriers do not prevent students from completing their studies and becoming doctors. This should include urgent reform of the NHS bursary.
- Better mental health support for medical school students which reflects that their role is not 9-5 and provides appropriate access to accommodate their working hours.

Medical student numbers and training capacity

In comparison to other nations, England has a very low proportion of doctors relative to the population. The average number of doctors per 1,000 people in OECD EU nations is 3.7, but England has just 2.9. England would need the equivalent of an additional 46,300 full time doctors simply to put us on an equivalent standard with today's OECD EU average of 3.7 doctors per 1,000 people.

To address this, it is crucial that we increase the number of medical places. The BMA has long supported the RCP's call to double the number of medical school places from 7,500 to 15,000 per year, and it is encouraging that the forthcoming Long Term Workforce Plan is expected to do this. However, such a significant expansion of medical school places will not be possible without commensurate investment in and expansion of all aspects of the medical training pipeline: this includes the expansion of the consultant and medical educator workforce, of existing university capacity and infrastructure, and of hospital and teaching facilities, as well as the construction of new medical schools that will be required to support the growth in medical student numbers.

The BMA is calling for increasing medical school, foundation programme and specialty training places and the expansion of physical training centres, educator capacity and teaching and learning spaces. We expect to see these commitments in the Long Term Workforce Plan alongside a credible implementation plan, supported by funding commitments in the next budget round.

Finance

Medical student finance

A number of financial barriers exist to studying medicine which directly affect certain groups of potential students due to their socioeconomic circumstances. In the face of the current shortages of doctors it is even more pressing to address all barriers to recruiting medical students. Our most recent medical student survey highlighted severe concerns for medical students. Based on their current financial situation:

- 44% of students surveyed said they were likely to run out of money before the end of the academic year
- 62% said they would have to cut back on essentials including food and heating
- 12% would be unable to travel to their university/placement/location of their training; and
- 5% were considering leaving their course altogether, with a further 7% unsure about if they would leave their course or not.

We believe that financial arrangements for medical students should be reviewed in its entirety. For the following students, arrangements should be reviewed as a priority to ensure financial barriers do not prevent them from completing their studies and becoming doctors:

- Graduates who have already taken a student loan are not eligible to receive support if they wish to pursue medicine as a second degree and are offered a place on a standard five-year course.
- First year students on Graduate Entry Medicine (GEM) courses do not receive sufficient student loan to cover all of their tuition fee, leaving them with a gap that they must fund through an alternative source.

NHS Bursary

The NHS Bursary is received by students in their final year on standard courses, the penultimate and final year if the student intercalates (by taking a year out of their medical degree to study for an additional related degree) on a 5 year course, or are on a 6 year course, or during years two to four on GEM courses. The bursary covers a portion of tuition fees, a means tested maintenance grant, a non-means tested maintenance grant and enables students to reimburse some extraordinary travel costs associated with clinical placements.

In what is a counteractive approach, when a student receives the NHS Bursary, the amount of student loan finance they are eligible for decreases by more than what is offered by the NHS Bursary. This results in students being worse off day-to-day. For example, a London student who is eligible for the maximum student loan of £11,000, will only be able to receive £6000 of this on the NHS bursary, which would leave a £5000 deficit. In addition, the bursary has not increase in almost nine years, so has a drastically reduced value in real terms. The BMA want to ensure that the student maintenance loans or grants offered are in line with what a student would be receiving normally. The entitlement from one body should be matched by the other.

We believe that the NHS bursary is not fit for purpose, and respondents to our recent survey of medical students reported that the bursary covers less than a third of their living costs. To address this we believe:

- The Department of Health and Social Care/NHS Business authority should increase the number of means tested and non-means tested amounts available to students.
- The NHS bursary amount should be calculated based on the current financial means of the individual, their predicted expenses and what they had received previously in maintenance loans from student finance. The NHS bursary should cover the shortfall in student loans provided. Financial requirements increase in the final two years of medical school, and it is unjust for students to experience a cut in their finances during this time.

- The application process for the NHS bursary should be reformed. Requirements including students having to prove independence from parents and evidencing parental income to assess the means tested amount of the NHS bursary should be removed.
- Access to NHS bursary hardship funds need to be reformed. Students who are on the NHS bursary often start with a deficit and they should not have to wait three months to prove they are in financial hardship before having access to these emergency funds. This particularly impacts on support for students who are parents or have other caring responsibilities.

Widening participation

While strides have been made in increasing gender parity and ethnic diversity among UK doctors, the lack of people from lower socio-economic backgrounds entering the profession is still a reality. While just 6% of young people in the UK attend private school, between 2008 and 2015 over 30% of medical school students were privately educated.¹ Concerns have been raised that some applicants, despite having the necessary aptitude to study medicine, are being excluded from entering medicine. Admission to medical school should be based on capability, not ability to pay.

Reform of medical student financing is therefore urgently needed to ensure all can fairly enter and study at medical school. The current model negatively impacts students from socioeconomically deprived background, those who have received free school meals, who are less likely to receive financial support from families, more likely to work to support their studies and who are more likely to have higher levels of student debt. **We believe any increase in medical student places should see a proportion of places reserved for widening access schemes to ensure the future workforce is representative of the patients they see and treat.**

Student Welfare

Mental health and wellbeing support

Medical students are at increased risk of stress, burnout, and depression². In the aftermath of the pandemic, the discrepancies in student wellbeing support services offered by medical schools across the country are more apparent now than ever before. While encouragingly 79.5% of medical students responding to our survey knew how to access mental health support on campus, worryingly only 19% knew how to access this support while on placement.

Furthermore, nearly a third of respondents (30%) reported having tried to access mental health support services, but of these only 57.6% reported they had been able to access the services they needed, while 28.7% reported having to wait more than 14 days to access support.

We do not believe this is good enough. The BMA has long campaigned for better mental health support for medical students. We know that because their study is not 9-5 this can leave them disadvantaged compared to other students, and for that reason we are calling for:

- Mental health support opening hours to be extended to be accessible to medical students while at university or on placement.
- Medical schools to use our [medical student mental health checklist](#)³, which provides guidance on practical and actionable adjustments that universities can make in order to help cultivate and sustain student mental and physical wellbeing.

For further information please contact Gemma Hopkins via ghopkins@bma.org.uk

¹ Lambe et al, 2018. [Development of UKMED multidimensional measure of widening participation status](#)

² Fitzpatrick O, Biesma R, Conroy RM, et al, 2018 <https://bmjopen.bmj.com/content/9/4/e023297>

³ <https://www.bma.org.uk/media/6046/med-students-wellbeing-checklist.pdf>