Debt Crisis Ahead for Irish Medical Students

Abstract
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Internationally medical student debt is a cause of concern. A survey of medical students in UCC (response rate of 191 representing 35% of the EU student cohort) reveals that 34(26%) of direct entry medicine (DEM) students and 36(61%) graduate entrants (GEM) have a loan with an anticipated average debt of €17,300 and €80,000 on graduation respectively. Fifty-three(90%) graduate entrants and 75(57%) direct entrants revealed that they often worry about their current financial situation. Fifty-three(28%) of students have a part-time job and many were concerned about the degree to which this conflicted with their academic workload. 118(89%) of school leavers and 48(81%) graduates received financial assistance from their families to fund their college expenses. Student responses recommended the introduction of a government supported low interest rate loan and other incentives to help service high levels of debt associated with medical education.

Introduction
Medical Education in Ireland comprises Direct Entry Medicine (DEM) i.e. school leavers and Graduate Entry Medicine (GEM) courses. GEM programmes offer graduates of any discipline the opportunity to study an accelerated four-year medical programme in contrast to the traditional 5/6-year undergraduate courses. A small number of places are also reserved for mature and disadvantaged students. Fees for EU GEM students are between €14,580 and €14,915 on a tuition only basis, for each of the four years of the programme. These figures exclude the cost of living which is estimated to be 7,902 for students living away from home, bringing the total direct cost for this graduate student cohort to 22,482 per annum at a minimum. GEM students cannot qualify for the student grant or any other state financial aid and must fund their entire tuition and cost of living privately through personal loans and family support, where available. In contrast, DEM students who are eligible for the free fees initiative pay a registration fee of €2,500 per annum and are eligible to apply for state financial supports.

Medical student debt is an increasing concern internationally. In the US, where a graduate entry model predominates, on-going expansion in medical school places has not led to any significant increase in the number of students from lower socio-economic groups in medical schools. It is speculated that the prospect of debt dissuades these students from applying to medical school. It is also recognised that students with higher debt may underperform academically and are more likely to experience significant stress and adverse mental health. Such is the concern regarding the adverse impact of student debt in the US, it is proposed that medical degrees be shortened. In a context of reduced funding for medical education and decreased remuneration for doctors, we were keen to evaluate the current financial situation of students in our medical school.

Methods
All medical students at University College Cork were invited to partake in a survey between the 15th and 20th February 2013. We collected demographic data and determined the nature and source of financial aid they received, and whether they undertook part time work. The survey was distributed through student emails. Responses were anonymous and participation was voluntary. Participants were advised that the data may be used for oral presentations and publications in the future. Data was analysed using Microsoft Excel. The responses from non-EU medical students were excluded from the current analysis.

Results
There were 212 complete responses from a student population of 775. 132 of these were EU-DEM students, 59 were EU-GEM students and 21 were Non-EU DEM/GEM students. The EU response represented a response rate of 35% of all UCC EU medical students. Of the 132 EU-DEM students who replied, 12 (9%) had to pay full EU tuition fees for at least one year of their course while 120 (91%) were covered by the free fees scheme. Twenty-seven (20.5%) students of the DEM respondents were in receipt of a higher education grant. A total of 118 (89%) EU-DEM students received financial support from their families while the corresponding figure for GEM was 48 (81%). Fifty-three students worked part-time, 40 DEMs (30%) and 13 GEMs (26%). Of those that work, only 8 (15%) said that it did not affect their studies, while 27 (51%) said it moderately to severely affects their studies. Fifty-three (90%) GEMs and 75 (57%) DEMs answered yes when asked if they worried about their current financial situation.
A total of 34 (26%) of DEMs and 36 (61%) of GEMs have taken out loans to fund their course/living expenses. The purpose for the loans differed between DEMs and GEMs as illustrated in Figures 1 and 2. The anticipated mean GEM loan on graduation (before interest) was €79,554 (range: €30,000 - €100,000, median: €85,000) and that for DEM was €17,295.50 (range: €2000 - €100,000, median: €10,000). Fifty-three (90%) graduate entrants and 75 (57%) direct entrants revealed that they often worry about their current financial situation. Free text responses were analysed and coded with 4 themes emerging; hidden costs of medical training (such as stethoscopes, travel to placements and electives), calls for incentives to support medical students, challenges of juggling a part-time job with college work and reliance on family rather than bank loans.

Discussion

There is a scarcity of information regarding medical student debt in Ireland. The response rate achieved is representative of that achieved in research projects which attempt to collect such sensitive data. The majority of students surveyed received financial aid from their families (DEM 89% vs. GEM 81%). Twenty-seven (20.5%) of DEM students surveyed were in receipt of some form of state higher education grant and this is in stark contrast to the national average of 43% of students receiving state assistance. One study from the UK examining social class in school
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The survey found that the average level of personal debt among the graduate entry cohort was 79,554 with 36(61%) of students on this programme availing of a specialisation term loan. Prior to 2013 a typical loan package offered GEM students approval for a 100,000 personal loan to cover the full cost of tuition and living expenses during the four years of the programme. Currently, the typical loan package offers students up to 60,000 to cover tuition fees only. With a monthly salary after tax of 2,072 for newly qualified interns, many graduates are struggling to meet repayments in the order of 1,300 per month to service a 100,000 Graduate Medicine Loan. Graduates are voting with their feet with many opting to leave Ireland in search of better working conditions abroad. A number of factors are at play but past research has established that debt is an important predictor of medical workforce migration.

There is an increasing literature regarding the stress experienced by medical students compared to other undergraduate students. Debt induced medical student stress is known to contribute to academic underperformance especially in the early years of the course. Student responses revealed the conflict felt by students trying to minimise loan burden, and economic pressure on their families by trying to manage a part-time job and still perform in medical school. Survey participants alluded to an ideal solution to this problem. This would involve EU medical students receiving some financial encouragement to pursue postgraduate training opportunities in Ireland. Many provinces in Canada have used this return of service scheme successfully for a number of years. Financial rewards to promote recruitment and retention are offered for medical graduates who, for example, agree to work in rural communities. Another option, worthy of exploration, is a government backed interest-free or low interest rate loan for medical students. In the UK, a non-profit making government-owned organisation provides such loans to students for tuition fees and living costs. Furthermore, graduates do not have to repay their loans until their income reaches a certain threshold.

Research evaluating career intentions of NCHDs is also limited in the Irish context. International research has suggested that those medical students who graduate with debt are less inclined to consider general practice as a career. It is worth noting though that others have suggested that it is students from high-income families who are most likely to pursue surgery and surgery specialties as opposed to family practice. While some conclusions may conflict there is consensus that medical school debt can influence career choice. Medical student debt is a concern for both direct entry and graduate entry students but it is also a concern for all stakeholders working to ensure that there is equity of access to medical education and equity of opportunity for all who graduate from medical school. Solutions to medical school debt could and should be part of medical workforce planning.

References
7. On request from Higher Education Authority.

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We would like to thank all the students who took the time to complete this survey.

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References
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