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A perspective on financial hardship among medical students and its impact on wellbeing

EDUCATION

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ABSTRACT

Summary: The escalating cost of medical education in the UK, set against austerity and financial crises, poses significant challenges for medical students. This paper examines financial pressures, increased living costs, and inadequate support schemes. It highlights the impact on students' mental wellbeing, academic performance, and the necessity of part-time employment, whilst critiquing widening participation schemes and financial uncertainties during clinical placements.

Relevance: Understanding the financial pressures on medical students is crucial for policymakers, educational institutions, and support organisations. This commentary offers insights into these challenges, examining the inadequacies of support schemes and their impact on students' wellbeing and performance. It underscores the need for effective support systems and financial strategies to support students throughout their education.

Take-home message: A more transparent and supportive financial structure is needed to ensure medical students can succeed in their education.

INTRODUCTION

The cost of studying medicine is among the highest of all undergraduate degrees, due to tuition fees, course length and additional expenses from clinical placements. (1) UK medical students graduate with an average debt between £50,000 and £90,000, significantly higher than most other UK undergraduates. (2) Financial pressures disproportionately impact students from lower-income backgrounds, contributing to barriers in access and participation. (3) These financial pressures disproportionately impact students from lower-income backgrounds, acting as barriers to access and widening participation. They also affect students' academic performance, well-being, and future career choices. Although some students adopt individual coping strategies, such measures are insufficient in addressing the broader structural issues. This commentary discusses financial challenges faced by UK medical students, evaluates existing support schemes, and proposes reforms to mitigate the impact.

FINANCIAL PRESSURES IN MEDICAL EDUCATION

Medical students experience financial challenges distinct from those encountered in other degrees. Their five-to-six-year programme extends living costs, while tuition fees of up to £9,250 per year accumulate over a longer timeframe. (4) On top of tuition, students must budget for placement travel, professional attire, medical equipment, textbooks, and elective fees. (5) The maintenance loan system does not sufficiently cover these additional expenses, leaving many struggling to bridge the gap between available funding and actual costs.

Loans are means-tested based on parental income, with eligibility determined by household earnings, living arrangements, and course duration. The maximum maintenance loan varies by location, with higher amounts awarded to students studying in London. However, living costs frequently exceed loan provisions, especially in areas with high rent. (6) In their final year, students receive reduced loan amounts despite ongoing placement-related costs, adding to financial difficulties. (7)

Students from low-income backgrounds often face financial pressures, relying on family contributions, additional debt, or part-time work to cover costs. (8) Those without parental financial support, sometimes termed "estranged students", are at greater risk of financial hardship. (9) 53.6% of medical students take on employment to support themselves financially during their studies, yet financial aid access remains inconsistent and unclear. (10) Administrative barriers, uncertainty about eligibility, and stigma linked to financial aid discourage applications, further compounding financial strain. (11)

Different countries employ varied models for financial assistance. Germany and Norway offer subsidised or free medical education, though limited places create intense competition. (12) In Canada, loan forgiveness schemes incentivise graduates to work in underserved areas. (13) Australia also operates such a scheme, (14) although unpaid placements have raised concerns over burnout and inequity, prompting discussions on reform. (15) Examining these approaches could help shape UK policies to reduce financial hardship among medical students.

While part-time employment provides financial relief, clinical placement schedules and academic workloads limit feasibility. (16) The GMC warns against excessive work hours due to negative effects on wellbeing and academic performance. (17) The challenge of balancing work and study further exacerbates the financial difficulties faced by medical students.

EFFECTS OF FINANCIAL PRESSURES ON WELLBEING

For many students, employment creates a conflict between work and university responsibilities, especially when clinical placement expectations reflect a full-time schedule. (18) This struggle, combined with financial pressures, contributes to anxiety and burnout. Of part-time medical students, 73.1% reported negative academic impacts. (19) Medical students experience disproportionately high stress and depression levels compared to other undergraduates, exacerbated by financial strain and underfunded support networks. (20) The financial strain further exacerbates these mental health struggles, creating barriers to both academic success and access to wellbeing support. (21) In addition, working alongside medical training to help with financial pressures can disrupt study time, rest, and wellbeing. (22) Many medical students take on term-time work due to financial pressures, leading to fatigue that negatively impacts academic performance. (23) Similarly, the lack of need-based scholarships forces many students to rely on loans or part-time work to cover their expenses, which can interfere with their studies. (24)

Financial barriers also reinforce inequalities in medical education. Students from disadvantaged backgrounds are disproportionately affected, perpetuating underrepresentation within the profession. (25, 26) The financial exclusivity of medical training deters capable individuals who lack resources. (27) The cumulative effect of financial stress risks both individual wellbeing and the diversity of the future medical workforce.

CURRENT STRATEGIES AND GAPS

Medical schools and healthcare institutions have implemented various wellbeing initiatives, including resilience workshops, Schwartz Rounds (structured forums that promote emotional wellbeing through reflective discussion), mindfulness sessions, and confidential counselling services. (10, 28) These programmes promote mental health but largely focus on individual coping strategies rather than systemic financial barriers. (28) Financial difficulties remain under-addressed within existing welfare frameworks, as most wellbeing initiatives concentrate on emotional support while failing to mitigate economic burdens. (29)

Financial wellbeing is frequently treated as an individual budgeting issue rather than a structural problem requiring institutional intervention. (30) While financial literacy workshops help students manage resources, they do not resolve the mismatch between living costs and available funding. (31) Hardship funds and emergency loans provide financial assistance for medical students, but access is often unclear or constrained by eligibility requirements and inconsistent provision. (32) Many students remain unaware of what financial support exists or how to access it, leading to unnecessary financial stress and additional barriers for widening participation students. (33, 34)

Navigating financial aid systems is another burden, typically falling on students already in crisis. A proactive approach embedding financial wellbeing into broader institutional strategies is necessary to prevent unnecessary financial stress among students. (35)

RECOMMENDATIONS FOR CHANGE

To support financial wellbeing and ensure equity, several measures must be implemented. This commentary draws on sector-level insights and selected public sources relevant to medical student finance between 2019 and 2025. While not based on a formal literature review, the discussion synthesises current challenges to support institutional planning and policy development. Increasing maintenance loans is crucial, as current provisions often fail to cover realistic living costs, leaving students financially strained. (33) Loan adjustments should better reflect the extended duration of medical courses and account for additional academic expenses. Expanding hardship funds and simplifying access is also necessary, with institutions streamlining application processes, broadening eligibility criteria, and improving communication about available financial aid. (36) Medical schools must provide transparent guidance on financial commitments.

Clear breakdowns of costs, including placement travel, equipment, and examination fees, would allow students to plan more effectively. (37) Universities should also advocate for policies that reduce financial burdens, such as placement reimbursements and increased government funding. Introducing paid clinical roles could alleviate financial hardship by reducing reliance on non-clinical jobs that interfere with studies. Workforce-linked financial incentives, similar to international models, could help students manage expenses while contributing to healthcare services. (38)

Financial wellbeing should be integrated into institutional support systems. Universities must ensure students receive financial guidance alongside pastoral care and mental health resources, recognising the link between economic security and overall wellbeing. (39, 40) Finally, universities and professional bodies should lobby for higher maintenance loan caps and debt relief schemes. Loan forgiveness programmes seen in Canada and workforce-linked financial incentives in Australia provide valuable examples of policy solutions that could be adapted for UK medical students. (41) Ongoing evaluation of interventions is essential, as institutions must systematically assess student financial wellbeing and the impact of support measures to refine and improve strategies over time. (42) This commentary is intended to support institutional reflection and reform, acknowledging the need for further empirical work to guide future decisions.

CONCLUSION

Financial hardship remains a significant challenge for medical students, affecting wellbeing, academic performance, and career progression. Despite existing support schemes, financial inequality persists, discouraging talented students from disadvantaged backgrounds and reinforcing systemic barriers. A coordinated response combining institutional reforms, increased financial aid, policy advocacy, and transparent funding structures is essential to ensure medical education remains accessible and equitable. Addressing financial stress through structured interventions will foster a more inclusive, sustainable, and supportive pathway for future doctors.

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