

Letter

Top up fees and medicine

Waive repayments completely if working life is spent in the NHS

EDITOR—If, as Mayor reports,¹ the BMA is concerned that one in four medical graduates is considering not practising medicine and that the introduction of top up fees might encourage more graduates into lucrative private work instead of public service, then why cap the fees at £3000 a year for medical students?

Why not instead charge them nearer the full costs but waive their repayments while they are earning less than £15 000 or working exclusively as a medical practitioner for the NHS or in another public sector?

Medical students who worked until retirement for the state would then never have to repay a penny of the costs of their expensive state funded education. At the very least, this should help applicants to medical schools think a little more carefully about their future careers before applying. Should they wish to work in private medicine or in another career unrelated to health that is similarly lucrative, they could at least help, through their repayments, to fund the training of the extra medical students needed to replace their lost efforts. Waiving top up fees for people who work for the state could be of wider benefit in encouraging people to use their education wisely.

According to the 2001 census,² there are already over 26 000 qualified medical doctors in England and Wales in employment but not working as medical practitioners. Only 5000 of these seem to have been working in non-medical public sector jobs.

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Competing interests: DD went to university in Britain when access was free.

References

1. Mayor S. University fee changes may deter poor students from studying medicine. *BMJ* 2004;328: 128. (17 January.)
2. National Statistics. *Census 2001: National Report for England and Wales*. Standard table 116. Available at www.statistics.gov.uk/StatBase/Product.asp?vlnk=10441 (accessed 15 Mar 2004).

Related Article

University fee changes may deter poor students from studying medicine

Susan Mayor

BMJ 2004 328: 128.