

COVID-19 impacts on the Doctor in Training (DiT) workforce

The situation:

- COVID-19 has caused disruption to usual progression through medical training with potentially wide-reaching medical workforce implications including further workforce maldistribution.
- This paper highlights potential ramifications of COVID-19 on the doctor in training (DiT) workforce and training pipeline. Our aim is to work collaboratively with stakeholders to develop effective solutions.

The impact on the training pipeline:

Medical students

- COVID-19 may reduce the number of graduating medical students overall
- Specifically, this will affect international medical students (IMS). Reports suggest there are 100+ international medical students overseas who may be unable to return to Australia to complete their degree if travel restrictions continue.
- As IMS graduates are more likely to fill rural intern places, a shortage of IMSs may lead to rural internship places going unfilled in 2021.
- Travel limitations and ongoing restrictions to prevent COVID-19 resurgence will also have implications on incoming international students commencing medical study in Australia.
- The employment of medical students to aid the COVID-19 surge response, should not be accepted as a strategy to fill general (non COVID-19) workforce gaps, especially in rural areas. This poses a risk of inappropriate supervision and exploitation in those roles.

Interns

- Internship accreditation requirements have been waived by the Medical Board of Australia (MBA) and Australian Health Practitioner Regulation Agency (AHPRA). Interns will be able to progress to general registration, so long as appropriate supervision is maintained.
- AMACDT formally acknowledges the timely efforts of the MBA and AHPRA in this area. Their work has given many interns around the country security around progression through early prevocational training.

Prevocational trainees (PGY2+)

- Prevocational trainees preparing for college applications have had a number of key requirements disrupted by COVID-19. These include:
 - Cancellation of training prerequisites, including:
 - Exams.
 - Courses (e.g. ALS-2, CCRISP, EMST, Radiation Safety etc.).
 - Conferences.
 - Other networking and research opportunities.
 - Prerequisite clinical terms have been cancelled as part of the jurisdictional responses to COVID-19. This impacts time, log book and specific term requirements. It also impacts the ability for trainees to seek out referees for their application.
- Some Medical Colleges have also not confirmed their intention to accept trainees for 2021. AMACDT encourages Colleges to strive for transparent communication around:
 - Applications to training and the timing of these.
 - Meeting prerequisites for applying to training (including new schedules of exams and courses).

- Fees associated with applications (including registration of interest, exams and courses).
- Given the above, we expect an increase in the average time taken to apply for a college training program. This will likely further exacerbate the inequalities experienced by prevocational DiTs and service ('unaccredited') registrars to progress through training.
- This will impact jurisdictional resident recruitment campaigns and Australian General Practice Training recruitment for 2021.
- Workforce gaps frequently filled by prevocational DiTs from the United Kingdom and Ireland will be impacted by travel restrictions. We anticipate this will particularly impact rural and regional centres.
- This shortfall will have follow-on effects for DiT wellbeing due to lack of cover for annual recreational leave and professional development leave leading into the 2021 college examination season and vocational trainee selections.

Vocational trainees

- Progression through training will be impaired for trainees of all levels. This impacts the number of trainees following and therefore the number of new trainees colleges can accommodate.
- Colleges have taken variable approaches to these issues, which may exacerbate under and over supply in various specialties.
- There are a number of factors impairing trainees' ability to progress through training and meet educational requirements.
- There have been significant changes to patient caseload due to:
 - Cancellation of outpatient and planned elective inpatient care.
 - Decreased emergency and community presentations and caseload.
 - Redistribution of workload in private practice from trainees to supervisors.
 - Redeployment.
- This has led to an inability for trainees to meet educational requirements such as:
 - Volume of practice and log book requirements.
 - Casemix requirements.
 - Eligibility to sit exams.
 - Subspecialty rotations including rural and remote rotations / secondments.
- Specific educational activities have also been cancelled, changed or delayed including:
 - College Exams (both primary and fellowship/secondary), and exam preparation opportunities (tutorials and courses).
 - College Courses.
 - College Conferences, and other research or networking opportunities.
 - University courses.
 - University coursework required for completion of degree or non-degree programs.
- These will all contribute to more vocational trainees entering extended or interrupted training.
- Specifically on the impact of postponed or cancelled exams:
 - The significant preparation for these, usually several months to years of personal sacrifice (including time away from family and delaying significant life events), means that changes to set schedules has and will continue to cause significant stress to many trainees.
 - Some specialty medical college exams have limits on the number of exam candidates per sitting creating a new bottleneck. This will impact trainees sitting in 2021 and may further prolong training time.
 - Increased numbers of trainees sitting exams in 2021 will also reduce availability of examination leave and professional development leave for other reasons (courses, presentations etc).

- Therefore the AMACDT would advocate for clarity and transparency of communications with trainees, particularly:
 - Decision-making processes in Medical Training Colleges including:
 - Examination timelines.
 - Options for progression through training.
 - Whether failed exam attempts during COVID-19 will count towards maximum examination attempts.
 - Whether extended or interrupted training during COVID-9 will count towards maximum training time.
 - Avenues for further discussion of personal circumstances.
 - Jurisdictional decision-making processes regarding access to examination leave and professional development leave in the lead-up to postponed portions of examinations.

Effects on particular cohorts

- GP registrars have suffered due to the industrial fragility and clear lack of protection under current employment arrangements. GP registrars have reported a decrease in patient presentations, redistribution of work to supervisors, decreased clinical rostered hours, and in some instances loss of job and training position. This has affected income, job security and access to leave.
 - This emphasises the need for a single employer model that delivers equitable remuneration and employment conditions for GP registrars, and between GP registrars and non-GP registrars, while at the same time meeting the needs of supervising practices. It is important to note these issues can affect all private practice trainees including GP Registrars, Psychiatry Registrars and Sport and Exercise Physician Registrars.
- International Medical Graduate (IMG) specialist trainees are likely to experience delays with their ability to meet the Australian Medical Board's accreditation process in the form of the Australian Medical Council exam and Work-Place Based Assessments.
 - Those IMGs who hold AHPRA registration are also at risk of their registration expiring prior to attaining specialist registration.
 - Related to the above issues is the risk that IMGs will be relied upon heavily to fill gaps in rural and remote regions increasing the burden on this already vulnerable cohort.

Effects on all doctors in training

- The psychosocial wellbeing of trainees in rural and remote areas/interstate has been affected by travel restrictions. Trainees remaining in place to fulfil service requirements are unable to return home to family and friends; nor can family and friends travel to visit them.
- Usual accreditation reviews of specialty trainee positions and prevocational positions are likely to be waived during the COVID-19 response. This may:
 - Prolong exposure of DiTs to unsuitable training positions, potentially causing unnecessary harm to those individual trainees occupying those training posts.
 - Delay recognition of prevocational / non-training / unaccredited / service positions as potential training positions, exacerbating the bottleneck in training for all DiTs.

The way forward:

- A group of essential organisations should be convened to meet monthly, analyse incoming data and develop a coordinated national approach to managing medical workforce and training pipeline demand and supply.
 - Work by the Medical Workforce Reform Advisory Committee (MWRAC) to develop a National Medical Workforce Strategy will be delayed but workforce data and modelling on the likely impacts of COVID-19 on the DiT workforce will be important in managing workforce availability/shortages in the doctor in training workforce pipeline and beyond.
- This group should work to:
 - Develop a strategy to mitigate the risk of a postgraduate year (PGY) 2 & 3 shortage in the second half of the year.
 - Consider streamlined recruitment for DiTs to better fill workforce gaps.
 - This may include exploring the provision of longer-term employment contracts to create security of employment for all trainees, and to provide an incentive for trainees to live, work, and train in rural and regional areas.
 - Consider a single employer model for GP trainees and other private practice trainees including Psychiatry and Sport and Exercise Physician Registrars.
 - Seek a commitment to fund and resource the appropriate accreditation of all prevocational training positions. This will
 - Improve the quality of training.
 - Provide some certainty to workforce supply for health services.
 - Review funding and support to trainees in areas of need (particularly rural) to continue quality training.
- Flexible and innovative approaches to supporting DiTs to meet training requirements and progress through training should be considered. Including:
 - Outcomes/competency-based approaches to learning.
 - Alternate approaches to assessing fellowship that rely less heavily on a penultimate exam.
 - Alternate means of assessment than use of volunteer patients.
 - Alternative care models.
 - Remote Supervision.
 - Telehealth Training.
 - Ongoing feasibility of these approaches should also be considered. This may support placements in rural and remote hospitals, less popular specialities and where the opportunity for exposure and access to training may have impacted as a result of COVID-19.
- Colleges and other training providers are encouraged to accredit and recognise the experiences and skills acquired by trainees working through a pandemic so that they contribute to training in a meaningful way and provide an alternative method for trainees to meet their training requirements.
 - Every attempt should be given to accommodate trainees who are not ready for progression and/or feel that they require more training time. There should be flexibility to recognise frozen rotations and redeployment where necessary.
- Implementing measures to support the wellbeing of trainees impacted by COVID-19 must be a priority, as travel restrictions and social distancing measures introduced during COVID-19 present unique challenges for trainees separated from family and friends to maintain psychosocial wellbeing.