AMA

2020 AMA Trainee Forum

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Session 5 Costs and competition in training

Chair: Dr Bernadette Wilks, AMA Council of Doctors in Training (AMACDT Deputy) Co-Chair

Speakers:

1. Assoc Prof Susan Wearne, Senior Medical Advisor, Health Workforce Division, Department of Health, Canberra
2. Dr Kym Jenkins, Chair, Council of Presidents of Medical Colleges (CPMC)
3. Dr Megge Beacroft, Surgical trainee, AMACDT WA rep
4. Professor Anthony Scott, Medicine in Australia: Balancing Employment and Life (MABEL) project

This session will explore costs and competition in training and hear about the approach the National Medical Workforce Strategy is taking to address this in respect of strategies to reduce reliance on registrars and how this might impact on the training pipeline. It will also discuss initiatives colleges are taking to improve transparency in costs, and to better manage the competition surrounding entry into training.

Introduction

Over the past decade, the number of doctors in Australia has increased significantly, driven by a significant rise in the number of medical schools and medical graduates. The number of doctors in Australia (2015) sits just above the Organisation for Economic Co-operation and Development (OECD) average at 3.5 per 1000 population (compared to UK 2.8 per 1000 and USA 2.6 per 1000 population). Record growth in medical graduate numbers well above the OECD average has raised concerns about a potential medical workforce oversupply in the years ahead.

Notwithstanding this, distribution of the medical workforce remains an issue both geographically and by specialty. Australia continues to rely heavily on overseas trained doctors to fill workforce gaps, particularly in rural and remote areas. Some medical specialties are in undersupply, with others in over-supply, especially in metropolitan areas. This is exacerbated by a shortage of vocational training places, increased competition for entry into vocational training and exit block for employment of new fellows.

In 2019, COAG announced funding for a National Medical Workforce Strategy. The development of this strategy has identified several key issues, discussed briefly below. [1]

A lack of coordination in the training and career pathway. Initiatives aimed at increasing or decreasing trainee numbers in certain specialties to match demand are often not implemented end-to-end.

[1] Taken from National Medical Workforce Strategy Scoping Paper 2019.

Instead, they tend to be localised, differ between jurisdictions and are 'siloed' from the rest of the workforce planning system.

Different entry points and requirements. Specialist medical colleges have different entry points and requirements, meaning that prevocational doctors are often not sure what they need to achieve to be selected for their chosen training program. For instance, some colleges permit entry in Postgraduate Year 4, while others require varying numbers of research publications.

Insufficient training positions for competitive specialties. There is no shortage of doctors who want to train in competitive specialties that are potentially in undersupply, such as dermatology and ophthalmology; the challenge is identifying a process to determine the appropriate number of accredited training positions. As entry into these training programs becomes increasingly competitive, doctors in training are being pushed to complete academic activities to maximise their eligibility based on the selection criteria, often at the expense of clinical experience.

Some Colleges have also introduced limits to training numbers and/or limit the number of times a doctor in training can apply to a training program.

Reliance on registrars for service delivery. The potential oversupply in certain specialties, such as emergency medicine, is primarily driven by the increasing rostering and service delivery pressures that are placed on public hospitals. Registrars are needed to meet demand in terms of day-to-day service delivery, but they are often not needed as consultants once they finish their training.

The NMWS scoping paper reports that the number of accredited training positions grew between 2007 and 2018, but this growth occurred at different rates across specialties. Specialties such as emergency medicine and paediatrics have increased trainee numbers by 10 per cent and 12 per cent per year, respectively, potentially leading to an oversupply. This is often driven by public hospital reliance on the registrar workforce to deliver services. Conversely, specialties like dermatology, ophthalmology and surgery have increased their advanced trainee numbers by 3–4 per cent per year, potentially leading to an undersupply.

Remuneration. Various funding models—including fee-for-service models, activity-based funding, and models where procedures receive greater remuneration than consultations—create income disparities that significantly affect career decision-making. Such incentives attract some doctors in training to specialties where they may not be needed.

Wellbeing. The training environment also plays a crucial role in the professional fulfilment and well-being of Australian doctors. Increased competition for specialist training positions is causing stress and burnout amongst prevocational doctors, who sometimes have to work a number of years in unaccredited registrar jobs in the hope of securing a position on their chosen training program.

Costs associated with training programs. The costs associated with training programs are a longstanding concern for trainees. In work conducted by the AMA in 2013 to assess self-education expenses for the medical profession, the average cost for trainees in vocational training programs was $11,369 per annum. This revealed that 20 per cent of respondents had delayed or cancelled training requirements and educational activities because of the costs involved, and 14 per cent indicated that the costs involved in certain specialty training programs had affected or would affect their choice of the specialty training program.

Research suggests that cost is a significant determinant of specialty choice for trainees and that the effect of study debt can be significant. While the colleges have an undisputed right to set their own training fees, transparency of fee structures is a constant source of complaint from trainees, and trainees report feeling disenfranchised by poorly communicated and unexplained fee increases.

Preliminary data collected by the AMA in early 2020 from trainees enrolled in specialist training programs suggests the costs associated with training range from $40-68K over the course of the program, depending on specialty.

AMA policy

- AMA Position Statement Medical workforce and training – 2019
- AMA Medical Workforce and Training Summit Report 2018
- AMA Position Statement Support for non-vocational trainees prior to entering a vocational training program – 2016
- AMA Position Statement Entry requirements for vocational training - 2014

Key questions for discussion

- What are the factors impacting on increased competition for specialty training positions?
- What costs of training are rising/changing (both official and unofficial costs)?
- Do selection and assessment processes need to change in response to this? (e.g. providing transparent ranking of an application)
- Can the NMWS address this? Should it?
- How should/could we better manage reliance on registrars for service delivery?
- What should the AMA be focusing its advocacy on in this area?
- What current initiatives are in place to address these issues?
- What works? What doesn't? What needs to change and how?
- How can we engage with relevant stakeholders to address this?
- How will change be measured?
- What is the AMAs role in this space?
- What are your top three priorities for action that need to occur in this space?

Further reading

National Medical Workforce Strategy

Scott A. Getting the balance right between generalism and specialisation. Does remuneration matter? AFP 2014; 43:229-232.

Scott A, Joyce CM. The future of medical careers. Med J Aust 2014; 201:2.

Scott A, Joyce C, Cheng T, Wang W. Medical career path decision making. Sax Institute. August 2013.