A look into medical training in Australia

Taking care podcast transcript

Ahpra acknowledges the Traditional Owners of Country throughout Australia and the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present and emerging.

Welcome to *Taking care*, a podcast of Ahpra and the National Boards. I am Tash Miles and today we turn our thoughts to the many doctors in medical training. It can be a long journey, with lots of professional and personal rewards and challenges, some of which overlap. We discuss key issues and opportunities of medical training, understand what it is like to be a doctor in training and ask what the future of medical training could be. For this and more I am joined by three guests. Hello, and welcome Dr Hash Abdeen, Chair of the AMA Council of Doctors in Training, Associate Professor Stephen Adelstein, Medical Board of Australia member and also a supervisor and Dr Ekta Paw, prevocational trainee.

Tash Miles: Ekta, can you tell us a bit about yourself?

Dr Ekta Paw: I am a prevocational trainee which means that I am not currently on a formal training program. Given my interest is surgical I would say that is pretty common for people who are interested in entering surgery because it takes a number of years after graduation before you are actually eligible to apply for a training program. I graduated about six years ago from medical school and since then I have been working as a doctor in multiple different surgical areas. And as I gained more experience in different surgical areas, I decided that I wanted to do maxillofacial surgery and to do that surgical speciality you actually have to have a dental degree as well as a medical degree. So, I am currently back at university studying dentistry with a goal of pursing that in the future. I also have interests in research, and I was lucky enough to go to the US and do a master's degree in Public Health. Public health and surgery - typically not a lot of people are interested in both of those areas but that is something that I am really interested in and, as well, I am doing a PHD and I am a little bit involved in some advocacy around junior doctors.

Tash Miles: Fantastic, Stephen can you tell us a bit about yourself and your background?

Associate Professor Stephen Adelstein: So, I am an immunologist in clinical practice at a teaching hospital in Sydney and I am also on the Medical Board of Australia. And in that role I am a Chair, in fact, of the medical training survey that aims to look at the quality of medical training in Australia for doctors in training.

Tash Miles: Hash

Dr Hash Abdeen: Thanks for having me first of all. I am a registrar in rheumatology. I am dual training with rheumatology and general medicine up in Townsville Hospital and I am currently seven years past my graduation from medical school.

Tash Miles: Great. So, you are a doctor in training. Can you tell us what a doctor in training is?

Dr Hash Abdeen: Yes. So, that can be a bit confusing. A doctor in training really means, well, the colloquial term is junior doctor. So, it is anywhere from when you finish medical school until you become a consultant in whatever speciality you choose. And so this is the period where we call doctor in training, or DIT for short.

Dr Ekta Paw: I liken that to if you are in like a firm, like an accounting firm or a law firm or something like that, kind of being like the manager. So, as the doctor in training you're the person that kind of runs the floor. You do all of the legwork and you get around and you really, kind of, get in and see what is happening and making sure that everything is ok and you probably have the most interaction with the patients. So, you know if you come in to a hospital probably the first few doctors that you see are going to be doctors in training and then you may or may not see a fully qualified consultant. You would probably see one at some point, but that doesn't mean that they are not involved with your care. It just means that they are getting all of their information through the doctors in training. The doctor in training role is usually that kind of manager level and then above that you have, like a more senior person who has broad oversight of everything that goes on and who is more experienced and has finished training.

Tash Miles: And Hash, I am wondering if you could talk to us about what is good about how this system works and maybe what isn't so good?

Dr Hash Abdeen: There is a lot of good that is happening in medical training. I think Australia has a world class training program both at the medical school level and up into your training as a registrar. The less good things, of course, are the things that we have talked about for a long time which is things like bullying and harassment, and also issues around wellbeing for doctors in training, and also senior doctors as well.

Dr Ekta Paw: There has been a lot of scrutiny perhaps in the media recently about the culture of medicine. It was really shocking to a lot of people with that of Yumiko Kadota. She talked about her experience as a plastic surgery non-accredited trainee in a particular hospital and how she was really expected to work very long hours and she was not very well supported in that role. And she was really honest about the impact that had on her mentally as well as physically because they can be very demanding roles. And it's not unheard of to have doctors in training perhaps have a supervisor who is not very supportive or doesn't know good teaching and learning techniques and how to appropriately give feedback. And I think unfortunately, historically, the culture of medicine has been more about tough love and learning in a way we perhaps wouldn't have those conversations nowadays. And so, a lot of seniors will say 'Well, this is how we had those discussions back then', even though now we know from an educational perspective that is not the most constructive way to have those conversations.

Tash Miles: Ekta, can you talk about any racism or sexism that you have seen in the workplace around you amongst doctors in training?

Dr Ekta Paw: I think that a lot of doctors, unfortunately, do experience racism or sexism in the workplace from multiple directions, whether that is from a colleague, whether they be medical or other colleagues that work in the hospital or from patients as well. In terms of doctors in training, there is a lot of discussion in terms of the impact of children or having children during training and how that can affect your ability to get on to a training program or your ability to undergo training. And I think for a lot of women that is particularly important because of the time you might have to take off for pregnancy even if you have a partner who is very supportive and might be able to help with childcare after that time. So, it is definitely a huge consideration for people in that space. Because, as I said before, doctors in training are not necessarily university students. They are older. They might have families already. They might be trying to plan families. And they might be trying to plan around their own fertility as well, because training does happen during those exact years where you might be thinking about raising a family. And, unfortunately, as we have seen, there is a lot of data around the fact that the differentiation between earning or working, particularly heterosexual couples, becomes vastly different around the time of having children. And junior doctors obviously have to handle those same issues that everyone else in other professions have to handle. But perhaps being from a more junior spot because you are still in training and you still have to meet requirements and you still have to do them within a certain time period, so I think those are some of the issues that I have seen definitely for colleagues.

Tash Miles: And how does that experience in training affect how you emerge as a practitioner?

Dr Hash Abdeen: Doctors in training are usually people providing primary care, so I think it is very important for the public to realise that they do have an interest in making sure that doctors in training do have quality education and training. So that when they seek medical attention, they know that they are provided with the highest quality care that trainees can provide.

Associate Professor Stephen Adelstein: Training is vital to medical care and good training parallels good medical care. You can't have one without the other and they are mutually dependent on each other, so good training will end up in good care and providing good care gives good training. Training encompasses a number of different issues. It's not only medical knowledge that is involved in training, but

also behaviours and attitudes and responses that are important for doctors to learn so that they have fulfilling careers and provide fulfilling care to their patients.

Dr Hash Abdeen: I think your training is so imperative to how you turn out as a consultant. As a junior doctor and a doctor in training you are learning the habits that you will keep with you for the rest of your life and so it is really important that we focus on quality education and training so we continue to produce high quality Australian doctors. So, I really feel that if we keep the focus on this, and this is why the medical training survey is so important, it allows us to highlight the good and the bad of training so we can make sure we are producing those high-quality doctors at the end of the day.

Tash Miles: Speaking of the medical training survey, Hash, you are the Chair of the Australian Medical Association Council of Doctors in Training. Can you tell us what the medical training survey is?

Dr Hash Abdeen: So, the medical training survey is a survey of all trainees from the time they graduate from medical schools – the first year – all the way to becoming a specialist or a consultant. It basically looks at Australia-wide, in every state, the quality of training and education and asks questions related to this. And I guess what it ultimately does is, and what we at the AMA Council of Doctors in Training are advocating for, is information and data to help support changes within the medical training system to kind of highlight what is the good and the bad like we talked about at the start of this conversation so that we can make real change ultimately at every year, year on year.

Associate Professor Stephen Adelstein: The survey is to obtain, consolidate and integrate information that is obtained from, we hope, every doctor in training. Because information is power and it is only with that information that we will know if and when changes are required to improve medical training and ultimately improve medical care.

Tash Miles: Ekta, can you talk to us about why that is important?

Dr Ekta Paw: Particularly as a prevocational trainee, and knowing that there are lots of junior doctors who are in the prevocational space for various reasons whether they are like me still gearing up to meet the expectations for applying to a training program or whether they have other reasons, they are not sure what training program they want to apply to yet. This is the only place to get information about this group of doctors and I think, as evidenced perhaps a little bit from the previous discussion, is that people who are in the prevocational space and not being under the purview of a formal college are perhaps a little more vulnerable because you are really relying on your supervisors to do the right thing without college oversight necessarily. So, I think the medical training survey is so valuable because, previous to last year, we didn't even have a good idea as to how many junior doctors were in that prevocational space. And we don't know how that space is going to change over time as well. Because back in the time when most consultants now trained, prevocational doctors didn't really exist. But now with the change to requirements in applying and also the increased numbers of medical graduates we have seen a lot more junior doctors in that space of not being on a formal training program or not being in formal internships still. So, getting the information on how that changes over time as well, particularly when colleges continue to amend their requirements for training, we can see the effects of that year to year and go and help support prevocational doctors in that space.

Tash Miles: So, your message to your prevocational trainee colleagues is 'Do the survey and do it again', Do it every year that you are a doctor in training'?

Dr Ekta Paw: Yes, definitely. I think you can give your own individual situation. It's anonymised and that data can then be used by organisations like, for example, the AMA who are looking to lobby for junior doctors in that space. We can know what your situation is and what the situation is more broadly and then put specific numbers to that when we talk to trainee organisations.

Associate Professor Stephen Adelstein: And I would also like to add that this year in our annual training survey we have added some questions on the impact of COVID-19 to doctors in training. Because in some ways we don't know exactly what the impact is, and we want to know. The COVID-19 epidemic has had a profound effect on all aspect of our life and including healthcare and including processes and the availability of services in hospital. This is varied through the epidemic and changes as case numbers change in individual hospitals and individual jurisdictions. It has both positive and negative effects. Certainly there is opportunities for training in infectious disease medicine that are provided by this very unusual circumstance, training in public health in following up cases, other opportunities that are not usually available. But it also has negative effects in that a lot of resources, a lot of man power, woman power a lot of person power has in fact been, can I use the word 'quarantined', has been shifted –

quarantined for the care and has been required for the care of people who may be infected with coronavirus or are infected with coronavirus. And this affects not only healthcare professionals, not only doctors in training but all medical professionals and also patients. And one is also worried that with the resources that are being required to undertake the care of coronavirus patients, those resources are not available for usual care of many patients. And so, the potential is there that the usual care of people will, in fact, be negatively impacted because people can't access their medical care as easily as they should be able to.

Dr Hash Abdeen: That has definitely put a lot of stress on the medical workforce and we see the public via social media and different companies supporting healthcare workers and I guess recognising that they are making sacrifices for the community as frontline workers. I think, in particular, the issue for doctors in training would be looking into, I guess wellbeing issues, and wellbeing issues for doctors in training. How are they coping with these extra stressors? Some of them being quarantined away from their families because of the fact that they are providing care to these COVID-19 patients. And so we need to consider all these kind of factors that are contributing to the stress for the medical workforce and ultimately how that impacts the wellbeing of our trainees.

Tash Miles: Ekta, we are in this really strange and difficult time of the COVID-19 pandemic. How has that affected your work and your role as a doctor in training and what do you see for the future of medical training?

Dr Ekta Paw: I think the main thing I see for the future for medical training is that it is going to have to have increased flexibility in many ways as evidenced from what has happened with COVID-19. The rigidity of having exams perhaps in a particular place or time has not been feasible in the current setting for a lot of colleges and a lot of training colleges have looked into new and innovative ways of delivering exams or delivering teaching. And I think that will have, hopefully positive outcomes. Most of my experience clinically is in a regional area, and so having increased access and perhaps not having to travel as much for exams or courses or teaching I think could be really positive for the future. The impacts on training are definitely being reflected in prevocational training. I think it will be really interesting to look at the medical training survey results next year to see, without the same progression through particular training programs that we would have expected this year, what the impact is on prevocational training. Because I think there may be an increase because we are still going to have junior doctors finishing their internship and moving on to other jobs in the workforce. So, I think that is having huge impacts on training generally and to see the results of that in the survey next year is going to be really valuable in trying to plan for the future as well.

Tash Miles: Thank you. And Hash, your vision?

Dr Hash Abdeen: COVID-19 has really highlighted how innovative we need to be in healthcare, whether that be through technology, digital health and I think training is moving in that direction very fast. The amount of research that is getting produced every day is hard to keep up with and so trainees are needing to learn more and more, and I think training will need to focus on how to be adaptable as trainees in the environment that we are growing in.

Tash Miles: Where to from here?

Associate Professor Stephen Adelstein: The future of medical practice is one of continuous innovation and development and to ensure that we have quality healthcare, we need quality training. And so, we need to know exactly what is occurring in training now so that we can, if necessary, make appropriate changes to ensure that we have quality training to underpin quality healthcare.

Tash Miles: Thanks to our guests, Dr Hash Abdeen, Associate Professor Stephen Adelstein and Dr Ekta Paw for an enlightening conversation about the state of medical training in Australia and what the future might look like. Subscribe to our podcasts and if you would like to get in touch email communications@ahpra.gov.au and see you next time.