

Cost of Training from FY1 to CCT

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On behalf of the Junior Doctors Committee of the British Medical Association

Background

The costs of gaining a medical degree in the UK have been steadily increasing, and have recently jumped with the changes to university tuition fees. The average debt at the time of obtaining a medical degree now stands in excess of £27,000 with projections of student debt reaching in the region of £70,000¹ for students starting their degrees from 2012 onwards. Little consideration has been made of the costs incurred for training by junior doctors during Foundation and Specialist training to achieve CCT.

Aims

To calculate the costs of training to trainees from qualification to CCT in a representative sample of specialties.

Methods

10 specialties were selected by the BMA Junior Doctors Committee to cover a broad range of post-graduate training programmes.

Specialty	Length of Specialty Training
Acute medicine	6
Anaesthetics	7
Clinical radiology	5
Dermatology	6
Gastroenterology	7
General Practice	3
Obstetrics and Gynaecology	7
Paediatrics	8
Psychiatry	6
Urology	7

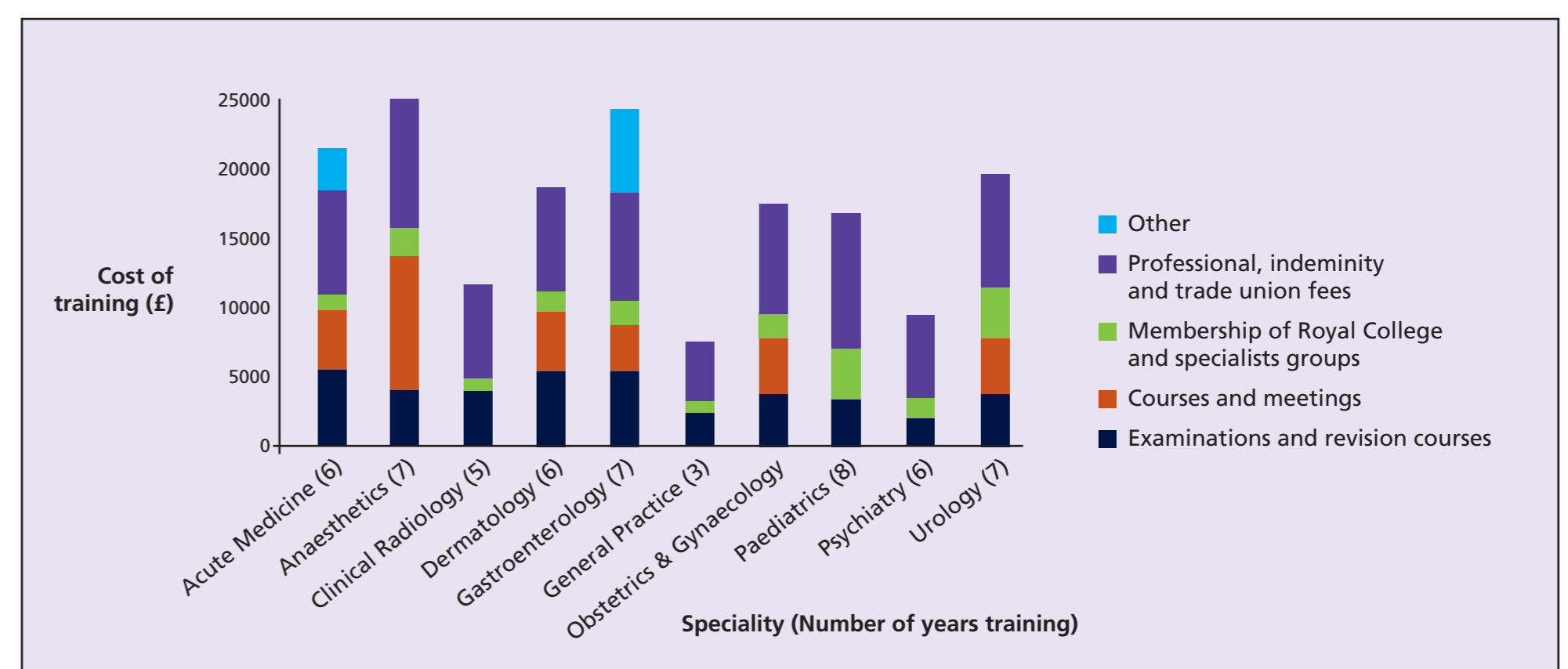
- Using specialty, professional, BMA and GMC websites, data was collected by JDC members between November 2009 and July 2011.
- Foundation years calculated at the same rate for all trainees, as study leave is not allowed to be used towards specialty exams² during the completion of the Foundation Programme and most essential courses are provided locally
- Data was distributed to JDC members from within each specialty for initial corroboration.
- Trainee representatives from the Colleges and/or through specialist societies were then asked to complete a proforma about the costs of training for current entrants to the specialty training programme (ST1/CT1 level).
- The relevant Specialty Schools were also asked to validate the data and a second request for validation was made for those who did not provide an initial response. Validated data was received for 8 of the 10 specialties. After initial contact, follow-up requests were sent out on a further two occasions to those specialties who had not submitted a response.

Included	Excluded
Professional Fees	Travel and subsistence costs for attending courses and examinations
Royal College Fees	Costs of re-sitting failed exams
Trainee fees (where applicable)	Additional time for research outside the training programme
Examination fees	Any non-essential courses
Essential courses	
Trade Union Fees	

References

- Estimate based on calculations from the BMA's Health Policy and Economic Research Unit based on the completion of a five year course and paying fees of £9,000 at 6.5% interest rate (3.5% RPI + 3%)
- UK Foundation Programme Reference Guide (August 2011, Para 9.25)
- HM Treasury Civil Service Pay Guidance 2011/12
- Bank of England
- NHSBSA

Results



- There is a large variation on the cost of training between specialties. General Practice is the least expensive specialty to train to CCT at £6,825. Anaesthetics was found to be the most expensive specialty at £24,912.
- The mean cost of training for the 10 specialties was found to be £17,114. However, if GP training is excluded £18,257 is the mean cost of the remaining 9 specialties.



Discussion

For the first time, a direct comparison of the cost of training from the Foundation Programme to Certificate of Completion of Training. Whilst this only covers 10 of the more than 50 medical specialties, it does provide a useful insight into the real cost to junior doctors in specialty programmes. Most of these costs are borne by the trainees themselves, not by their employers. Trainees do have access to study leave funding each year, and this varies from approx £300 to £850.

There are a number of other costs borne by trainees during their training such as relocation and travel expenses which have not been included in these projections. Other factors such as working on a less than full-time basis, entering research and local study leave policies to name several examples will also impact on the financial circumstances of the trainee.

Following the New Deal in 2000, junior doctors' salaries increased markedly to reflect their high hours. Since then, hours and average pay have decreased and DDRB awards have not kept up with inflation or reflected the high (and increasing) costs detailed above. In a financial climate of frozen pay³, rising inflation⁴, pensions changes⁵ and reduced banding supplements (as a result of EWTD), these costs provide a useful insight to the cost burden facing trainees.

This initial piece of work highlights the large and often invisible cost burden to junior doctors faced with many mandatory expenses. It should act as a note of caution for all those involved, but especially for the Colleges whose membership and exam fees make up a large percentage of the cost burden.

Acknowledgements

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