Impact of the COVID-19 pandemic on the career of junior doctors

Junior doctors face uncertain career progression and futures as a consequence of the pandemic

Frontline health care workers have been central to the coronavirus disease 2019 (COVID-19) pandemic response. For most individuals in the medical profession, this required an adjustment to a new way of working in an established career, but for junior doctors it emerged in the very early and formative days of their career. The implications of working in the pandemic may have significant consequences for junior doctors, in particular, the disruption to career progression.

The first Australian case of COVID-19 emerged in January 2020 at the start of the new medical training year. While junior doctors willingly responded to the emerging crisis, they encountered an uncertain clinical scenario, the possibility of redeployment, and risk to self and colleagues.[1,2] As the Australian Medical Association (AMA) points out, training pipelines have been significantly disrupted and, as a result, junior doctors currently face uncertain career progression.[3] Key concerns for junior doctors are redeployment resulting in missed rotations and training opportunities, anxiety regarding cancelled examinations and learning activities, and a bottleneck in the workforce, with delayed progression and reduced opportunity to progress in 2021.[4]

The potential impact on the wellbeing of junior doctors was recognised early by the AMA Council of Doctors in Training (AMACDT).[1] Before the COVID-19 pandemic, Australian junior doctors reported very high levels of psychological distress at rates higher than the general population or other professional groups.[5] The 2019 Medical Training Survey indicated that 75% of the junior doctor cohort were concerned they may not successfully complete their training program and achieve Fellowship.[6] COVID-19 has magnified these concerns, and further understanding of career disruption and its consequences is critical for ensuring adequate support for the current junior doctor workforce and for future medical workforce planning.

Redeployment

Progression through the Australian medical profession typically follows a linear trajectory, commencing with internship, residency, training registrar positions, and Fellowship enabling independent practice. Colloquially known as the "lost tribe", the cohort of post-intern, pre-vocational doctors have fewer protections than interns or College training program candidates. Their day-to-day work is organised by their local hospital employer. The AMACDT has highlighted the tension between the workforce needs of a health service and the training needs of the junior doctor cohort.[3] Health services control the distribution and deployment of the junior doctor workforce and, while under contract,

they have an obligation to meet the directives of their employer. Redeployment to areas needed to address the COVID-19 pandemic rather than to sought-after training placements causes anxiety for members of the cohort.

While internship requirements are defined by the Medical Board of Australia,[7] the pre-vocational residency years allow for exploration of areas of professional interest. Given the competitiveness for training positions with specialist medical colleges, junior doctors see securing experience in particular training rotations as critical to demonstrating their commitment to a specialty, and perceive they are unlikely to be accepted into the training program without this experience. Exposure to these work environments also assists in building professional networks and securing referees for the College application process.[3] Redeployment away from perceived critical training rotations is a serious concern for the junior doctor cohort.

In many hospitals there are few opportunities to experience particular specialty areas, and even when such a rotation is secured, in the highly dynamic context of COVID-19, junior doctors can be redeployed away from these highly valued job opportunities. This presents challenges when Colleges indicate that experience in these areas is expected or viewed favourably in the selection process for training positions.[8,9] The work of junior doctors in a pandemic is organised at the local level by senior medical and health management leaders, with a remit to staff critical patient areas (eg, fever clinics) as a priority over junior doctors' preferred rotations. This creates a point of stress as they look to position themselves for selection to a national training program with no control over the work opportunities that may optimise their career chances.

Training opportunities and examinations

Colleges have a broad range of expectations for satisfactory progression through training, including caseload experience, log books, and examination

Kate Johnston[1,2]
Chloe Tyson[2,3]
Indra Danny[2,4]
Lois Meyer[2]

1 Gold Coast Hospital and Health Service, Gold Coast, QLD.
2 UNSW Sydney, Sydney, NSW.
3 Queensland Children's Hospital, Brisbane, QLD.
4 Austin Health, Melbourne, VIC.

kate.johnston@health.qld.gov.au

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expectations. The COVID-19 pandemic has resulted in cancellation of some outpatient clinics, elective surgeries and non-essential procedural activity and reduced specialty-specific clinical learning opportunities for trainees.[3] In addition, trainees have been expected to work outside their specialty field, further reducing the experience essential for career progression. Educational opportunities such as annual scientific meetings and candidate workshops have been postponed.[10] Scheduling of final examinations has changed. Given that many examinations require candidates to clinically examine patients, deliver oral presentations and, at times, travel interstate or overseas, the ability to proceed in the context of a pandemic remains under significant scrutiny.

Colleges are approaching the challenge of the pandemic by deferring, rescheduling, redesigning or cancelling exams.[4] Significant challenges were encountered with the second wave of COVID-19 in Victoria including lockdowns and border closures. As the safety of candidates, examiners and simulated patients cannot be guaranteed, the conduct of face-to-face exams remains uncertain.[11] Colleges are developing alternative models of examination delivery such as virtual exams, but candidates have had no preparation for this style of assessment, generating further anxiety.[11,12] The AMACDT reports deferred and cancelled exams as the greatest concern for those on training programs.[13] The uncertainty around exam scheduling exacerbates anxieties, as preparation for recently cancelled exams may have taken significant time, cost and personal sacrifice.[3] This is particularly concerning for those who anticipated moving to independent practice and consultant roles on completion of the final examinations. For these trainees, and for junior doctors in the training pipeline, a clear training end point is no longer in sight.

The AMACDT advocates an innovative and flexible approach to meeting training requirements, including workplace-based assessment, a reduction in reliance on Fellowship examinations, and setting realistic benchmarks for passing.[13] However, even in the face of a new and rapidly evolving situation, Colleges must uphold standards of education, training and assessment as defined by their accreditation with the Australian Medical Council.[14] This tension constitutes an additional point of stress for junior doctors. Despite all efforts to proceed, the unprecedented disruption to examination and assessment procedures in the pandemic leads to great uncertainty for progression of candidates to Fellowship and ongoing career development.

Workforce bottleneck

A bottleneck in the workforce is a major concern for College trainees, pre-vocational junior doctors and international medical graduates. As a result of the inability of current College candidates to progress, there is a risk that new training places and job opportunities may be reduced in 2021.[15] For training programs with basic and advanced components, progression requires both completion of exams and employment in an accredited training position. Failure to progress at the expected rate may result in a surplus of junior doctors for positions available.[3]

International medical graduates are also affected. Postponement of examinations will delay completion of training pathways throughout 2021 and possibly beyond.[16] As a result, international medical graduates may experience delay in progression to general medical registration with the Australian Health Practitioner Regulation Agency (AHPRA). These delays may impede progression to the next stage of a medical career in Australia, including specialist training programs.[3]

Traditionally, there has been workforce progression allowing some junior doctors to step up to more senior roles in the second half of the year, and resultant workforce gaps are often filled with visiting doctors from the United Kingdom and Ireland.[3,11] However, given the current limitations on international arrivals, these opportunities may be lost, with junior doctors rostered to positions dictated by workforce demand. Therefore, if the workforce deficit persists throughout 2021 and senior trainees are unable to progress, this cohort may find themselves in a holding pattern of unaccredited registrar positions and increased competition when training applications reopen. As there is no policy to mandate the progression of these doctors, and no guarantee of sufficient training places for all junior doctors, this cohort finds itself at risk of both a short and long term delay in career progression.

Conclusion

This article opens a discussion about concerns for career progression as a result of the COVID-19 pandemic and represents a starting point to a broader discussion on the impact of COVID-19 on Australian junior doctors. It identifies their key concerns of redeployment, examination uncertainty, workforce bottleneck, and potential failure of career progression. It highlights tensions between local workforce demands, experiences required for career progression and the requirements of training, accreditation and registration bodies.

Further work is required to understand the true impact of the pandemic on career progression and the personal, professional and mental health consequences in the junior doctor cohort. It is imperative that their experiences of working in the COVID-19 pandemic are understood to enable both the provision of adequate support for the current workforce and for future medical workforce planning.

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References are available online.

1 Australian Medical Association. AMA advocacy to support junior doctors in training during the COVID-19 response. Canberra: AMA, 2020. https://ama.com.au/sites/default/files/documents/AMA%20Advocacy%20to%20support%20doctors%20in%20training%20during%20the%20Covid%2019%20response.pdf (viewed Aug 2020).

2 Coughlan C, Nafde C, Khodatars S, et al. COVID-19: lessons for junior doctors redeployed to critical care. *Postgrad Med J* 2020; https://doi.org/10.1136/postgradmedj-2020-138100 [Epub ahead of print].

3 Australian Medical Association. COVID-19 impacts on the doctor in training (DiT) workforce. Canberra: AMA, 2020. https://ama.com.au/sites/default/files/documents/AMACDT%20Briefing%20Paper%20COVID-19%20impacts%20on%20DiT%20Workforce%20July%202020.pdf (viewed Aug 2020).

4 Kelly T. Uncertainty in medical training is worse than ever with COVID-19. *MedicGuild* 2020; 22 Sept. https://medicguild.com/articles/uncertainty-in-medical-training-is-worse-than-ever-with-covid-19/ (viewed Sept 2020).

5 Beyondblue. National mental health survey of doctors and medical students [updated 2019]. Melbourne: Beyondblue, 2013. https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdmss-full-report_web (cited Aug 2020).

6 Medical Board of Australia and Australian Health Practitioner Regulation Agency. Medical Training Survey 2019: annual report. Melbourne: MBA and Ahpra, 2020. https://medicaltrainingsurvey.gov.au/Download/2019/2019%20Medical%20Training%20Survey%20National%20Report.pdf (viewed Mar 2021).

7 Medical Board of Australia. Intern training — guidelines for terms [website]. Melbourne: MBA, 2014. https://www.medicalboard.gov.au/Registration/Interns/Guidelines-resources-tools.aspx (viewed Aug 2020).

8 Australasian College of Dermatologists. Becoming a dermatologist: Australian medical graduates. Assessment of applications and references [website]. https://www.dermcoll.edu.au/for-health-professionals/becoming-a-dermatologist/australian-medical-graduates/ (viewed Aug 2020).

9 College of Intensive Care Medicine of Australia and New Zealand. Becoming a trainee [website]. Melbourne: CICM, 2013. https://www.cicm.org.au/Trainees/Becoming-a-Trainee#Eligibility (viewed Mar 2021).

10 Australian Medical Association. Collated College COVID-19 responses — AMACDT [website]. Canberra: AMA, 2020. https://docs.google.com/spreadsheets/d/1_mqAEFgEcq4UkhYKq9CI1iTrfxKBomoDrrjoO9jAEs8/edit?fbclid=IwAR3xG4YRFdXnydWM8WBApZNJeAUcj9yJ_iTYhqYmdiiLi6vbQeEcqNrvDME#gid=1458667452 (viewed Aug 2020).

11 Australian Government, Department of Health. COVID-19: doctors in training [webinar]. Canberra: Commonwealth of Australia, 2020. https://publish.viostream.com/app/s-nh3rk3d?fbclid=IwAR1LsCU9VeexN16jwohcNyH9rCEsTOBWZKwS2-_QDMCdD7h95YG4QR55eAI (viewed Aug 2020).

12 Royal Australasian College of Physicians. Divisional Clinical Examination [website]. Sydney: RACP, 2020. https://www.racp.edu.au/trainees/examinations/divisional-clinical-examination#:~:text=The%202020%20Divisional%20Clinical%20Examination,if%20you%20meet%20the%20requirements (viewed Sept 2020).

13 Australian Medical Association. AMACDT and medical college trainees discuss COVID-19 and its impact on specialty training. Canberra: AMA, 2020. https://ama.com.au/sites/default/files/documents/Meeting%20Communique%20Online%20AMA%20Trainee%20Forum%201%20June%202020_1.pdf (viewed Aug 2020).

14 Australian Medical Council. Assessment and accreditation of specialist medical programs [website]. Canberra: AMC, 2018. https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/ (viewed Aug 2020).

15 Australian Medical Association. Delaying recruitment and the start of the 2021 clinical year in response to COVID-19. Canberra: AMA, 2020. https://ama.com.au/sites/default/files/documents/AMACDT%20Briefing%20Paper%20Delaying%20recruitment%20and%20the%20start%20of%20the%20clinical%20year%20April%202020.pdf (viewed Aug 2020).

16 Australian Medical Council. Changes to the format and delivery of the AMC Clinical Examination for IMGs [website]. Canberra: AMC, 2020. https://www.amc.org.au/changes-to-the-format-and-delivery-of-the-amc-clinical-examination-for-international-medical-graduates/ (viewed Mar 2021). ■