

# **AMA Council of Doctors in Training:**

# Trainee College, Association and Society (CAS) Forum

## Friday 19th November

#### National Medical Workforce Strategy Update

### **CHAT & QUESTIONS SUBMITTED DURING THE SESSION**

Name	Comment
Robert Nayer	Does the national workforce strategy address funding requirements? (i.e., reducing service registrars likely = more specialists which requires increases in funding)
Natasha Abeysekera	Hi! Is there any work being done addressing the high costs for selection into training? These costs are prohibitive to vulnerable populations including but not limited to medical parents, IMGs, and those experiencing financial hardship
Sally Gyzen	Hi all, where does the responsibility lie with Unaccredited Registrars who are attempting to get into Surgical Training. The pool is getting larger and it is taking longer to get into training.
Hannah	Thanks for the presentation. You spoke about data collection and workforce need projection. Is this something that will be shared with medical students and DiTs so that it can help them make decisions about which specialties to pursue? If so when will this information be made available?
Robert Nayer	but all that "important work" could be done by a specialist. it's just more expensive.
Antony Bolton	How will a career that essentially stops at unaccredited registrar be made to look attractive? I doubt many would start on that path knowing they can't become a specialist at some point
Natasha Abeysekera	Is any work being done to hold consultants accountable for their commitments to the public health sphere? Example issues have been raised with consultants on call being unavailable because they are operating in private hospitals

Hannah	How does the strategy address to undersubscription to GP training, especially in rural areas?
Carmen Nayer	Many questions have been asked about oversupplied specialties, my question relates to those specialties which are undersupplied. What work is being done to expand the workforce in undersupplied specialties - e.g., psychiatry which has significant workforce shortages at both a trainee and specialist level
Natasha Abeysekera	Apologies but to respond to your comparison that middle level in other professions (vs example principal) - is not in my opinion an appropriate comparison. Sure being a GP and being specialist consultant is same hierarchical level but being an unaccredited reg for life (vs a teacher not a principal) but I may have misunderstood - is that correct?
Antony Bolton	There is a paid entrance exam, college fees and VERY expensive exams in GP training.