MD: the new MB BS?

Rob D Mitchell, Michael A Bonning and Alex L Markwell

To the Editor: Roberts-Thomson and colleagues[1] raise important questions about the implications of introducing masters-level medical degrees with doctorate-level nomenclature (ie, Doctor of Medicine [MD]) to Australia. In particular, the potential consequences for postgraduate training deserve further attention.

As graduate numbers rapidly increase,[2] competition for training positions will further intensify. At the prevocational level, perceptions of enhanced work-readiness could favour applicants with masters-level MD qualifications, such that other graduates might be displaced from popular, metropolitan teaching hospitals. At the vocational level, rigorous college selection processes (which typically include assessing a candidate's interview performance, curriculum vitae and academic achievements) could favour graduates of new-age MD programs if they specifically reward the attainment of postgraduate qualifications (as is currently the case for some specialties[3]). Graduates might also lay claim to advanced standing and additional recognition of prior learning on the basis of their academic status.

The extent to which these situations materialise will depend on whether masters-level medical programs claim, and deliver, a superior quality in education. For example, the University of Melbourne has committed to producing "outstanding graduates with advanced clinical skills"[4] through its new model.[5] In the short term, there is unlikely to be any objective evidence of difference in outcomes between the pathways, and demonstrating this would be both complex and contentious. At present, Australian Medical Council standards do not differentiate between qualifications, and new programs will continue to be accredited according to the same rigorous process.

Alternatively, if masters-level MD programs lay no claim to enhanced quality over their undergraduate cousins, then the rationale for

change should be examined. A purely market-driven deviation from recognised nomenclature could have important unintended consequences, and would be out of step with international efforts to standardise nomenclature (such as the Bologna Process in Europe).

An important aspect of the University of Melbourne graduate-school model is the reintroduction of full-fee-paying places for professional-entry degrees. This brings with it significant implications for student debt, both for the trainee (in terms of debt accumulation, career choice and wellbeing) and the community (in terms of workforce distribution).[6] Some commentators have suggested that the principle of merit-based entry is compromised by the presence of full-fee-paying places.[7]

It is unknown exactly how masters-level MD courses will differentiate themselves from undergraduate programs, and what their impact will be. The divide between so-called academic and vocational programs will probably be exaggerated,[8] with potential implications for postgraduate training and workforce development. Whatever eventuates, the call for national consistency in higher education nomenclature deserves serious consideration, and the drivers behind any such process must be enhanced quality and equity of access at all stages of training.

Competing interests: Rob Mitchell and Michael Bonning are Deputy Chair and Chair, respectively, of the Australian Medical Association Council of Doctors-in-Training; Alex Markwell is a past Chair of the Council.

Rob D Mitchell, Senior House Officer, Emergency Department[1]
Michael A Bonning, Resident Medical Officer[2]
Alex L Markwell, Fellow, Emergency Department[2]
1 Townsville Hospital, Townsville, QLD.
2 Royal Brisbane and Women's Hospital, Brisbane, QLD.
mitchell.rob@live.com.au

1 Roberts-Thomson RL, Kirchner SD, Wong CXJ. MD: the new MB BS? *Med J Aust* 2010; 193: 660-661.
2 Australian Government Department of Health and Ageing. Medical Training Review Panel. Thirteenth report. Canberra: Commonwealth of Australia, 2010. http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-mtrp-13 (accessed Dec 2010).
3 Australian Orthopaedic Association. Application for selection into the Surgical Education and Training Program in Orthopaedics. http://www.surgeons.org/media/362648/scr_2010-12-02_orthopaedic_au_cv_scoresheet.pdf (accessed Dec 2010).
4 University of Melbourne Medical Education Unit. MD course development. http://www.meu.medicine.unimelb.edu.au/md (accessed Dec 2010).
5 University of Melbourne. Melbourne Medical School. Doctor of Medicine (MD). http://www.medicine.unimelb.edu.au/future/md (accessed Feb 2011).
6 Moore J, Gale J, Dew K, Davie G. Student debt amongst junior doctors in New Zealand. *N Z Med J* 2006; 119: U1853.
7 Trumble S. Outstanding in their field: distinguishing medical schools. *Med Educ* 2010; 44: 640-642.
8 Australian Medical Students' Association. Melbourne University private medical places defy Bradley review [media release]. May 2010. http://www.amsa.org.au/press-release/melbourne-university-private-medical-places-defy-bradley-review-recommendation (accessed Feb 2011). ❑