

Medical Doctor Degree Apprenticeships (MDDAs) in the UK

J.F.A. Murphy - Editor of the Irish Medical Journal

The UK plans to roll out a medical doctor degree apprenticeship (MDDA) programme in September 2023. It is an alternative pathway into medicine outside the standard undergraduate and graduate university programmes. It is recognised by the General Medical Council (GMC) and has been approved by the Institute of Apprenticeships and Technical Training. The apprentices will be employed by the healthcare provider organisations. Initially there will be 200 places¹.

The existing medical school system consists of the integration of the pre-clinical sciences to clinical practice in order to develop clinical knowledge and skills. The new apprenticeship programme differs in a number of respects. The big change is that the student will be working as well as studying. It will be 'on the job' learning. They will be applying their new learning immediately to clinical practice. The benefit to the apprentice is that there will be early exposure to the hospital and healthcare environment. There is a benefit to patients through the availability of additional expertise on the wards.

The Medical Doctor Degree Apprenticeship offers NHS organisations the opportunity to grow their future medical workforce and attract and recruit from a wider pool of people in the local community. It also gives individuals, who for a multitude of reasons may be unable to attend university full time, a new route to train as a doctor. It is hoped that the apprenticeship scheme will stem the flow of doctors leaving the NHS. The BMA has stated that 4 out of 10 doctors are actively planning to leave as soon as they can get another job. Also 13 of secondary care doctors and 18% of GPs are reaching retirement age in the next 10 years with a loss of 25,000 doctors. The Royal College of Physicians (RCP) has previously stated that the final year of medical school should be taught under an apprenticeship model². This would better prepare students as they transition to being doctors. The RCP statement, however, only refers to final year students.

One of the aspirations of the apprenticeship programme is to open up opportunities for students who previously could not afford to attend medical school. Minister for Health Maria Caulfield said: "It is vital that no talented student is hindered from pursuing medicine and this new apprenticeship will make a huge difference in improving access to the profession by enabling students to earn while they learn. Alongside this we are expanding the pipeline of doctors and have already increased the number of funded medical school places by 25% and opened five new medical schools across England. This means patients will be seen quicker by a growing workforce that is more diverse and representative of local communities".

Professor Liz Hughes, Medical Director of undergraduate education at HEE, said: “The medical doctor degree apprenticeship will make a career in medicine accessible for talented people from every background while maintaining the exact same high standards of training set out by the General Medical Council”.

The material published to date about the apprenticeship programme has not provided any details about the proposed structure of the work placements. One commentator said that the doctor apprenticeships will have to be very different to what most people recognise as an apprenticeship – more like 4 days at university and 1 day working for the employer.

It is stated that the knowledge, skills, and behaviours taught will meet GMC standards. The apprenticeship will span 60 months, similar to the current medical training curriculum. However, there are reservations that training will ultimately be watered down. In particular whether the students will have a sufficient knowledge base of the basic sciences. The hospitals will pay the apprentices for their labour, however, the actual amount has not been stated. Tuition fees to the medical school, currently 9000 stg, will still need to be paid. However, these fees will be subsidised.

There have been concerns expressed about the introduction of the apprenticeship programme. Many find it difficult to see the justification in spending 10 million stg to support an alternative unproven medical education route. The BMA is worried about the ability of hospitals to provide the current high standards of medical education similar to the universities. There is the logistical implications of the additional student doctors on the wards. There is a potential bottle neck with an excess of graduating doctors seeking foundation places. Currently universities contract out clinical placements to hospitals in return for payment of 30,000 stg per student each year. In the apprenticeship programme this system will be turned around. The student will be the hospital employee and the NHS will contract out the student’s academic studies to the universities. The direction of money flow will change and there are concerns that there may not be enough of it.

It is currently difficult to obtain detailed information about this new apprenticeship medical training. There is no description about the type of paid work the students will undertake in the hospitals and the other health care settings. It would appear to offer an opportunity to study medicine for students who would otherwise not be able to afford the course. On the other hand it will be more challenging in that the individual student will have to work as well as studying to the same standards of their university counterparts. There will be less free time and the university experience is likely to be less rewarding. Over a long course like medicine there may be a decrease in the hours of study outside class time and time spent on sport activities. Research has shown that students working more than 20 hours a week obtain lower grades and there are lower retention rates on the course³. If it is going to work it will require empathy and understanding of the student’s position by both the employer and medical school managers. Stress points will inevitably arise around the completion of assignments and at exam times.

The main issue, however, is whether the apprentice doctor will be held in the same professional standing as the university doctor. The answers to these questions can only be fully obtained after the first cohort have graduated from the programme.

References:

1. Phillips N. What are medical doctor degree apprenticeships: a brand new route into medicine. BMJ 2022;379; Dec 7
2. Apprenticeship model would better prepare medical students for practice, Royal College of Physicians. BMJ 20121;372:Jan 8.
3. Hall R. Work-study relationship: experiences of full time university students undertaking part-time work. J of Educ and Work 2010;23 (5).