



*COSTS OF TRAINING IN EMERGENCY MEDICINE*

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## Introduction

The aim of this survey was to provide some evidence in the form of a self declaration from Emergency Medicine Trainees as to the costs of training in Emergency Medicine, both to the minimum standard for CCT and to the average standard for those achieving CCT, recognizing that achieving a desirable substantive post often requires trainees to go “above and beyond”. To do some comes at a cost, and this work aims to try to provide a foundation for further discussion on the costs of delivering tomorrow’s consultant workforce and who foots the bill for this training.

### Baseline respondent data

There were 482 respondents to this survey, with representation from all LETBs and 54% male. There are more respondents at more junior grades, as per this table.

Answer Options	Response Percent	Response Count
ACCS ST 1	24.1%	116
ACCS ST 2	19.5%	94
ACCS ST 3	15.8%	76
ST 4	15.8%	76
ST 5	11.2%	54
ST 6	10.4%	50
ST 7	3.1%	15
ST 8	0.2%	1

Respondents were currently in the following dispositions with respect to training. Of note, amongst those LTFT, 90% were female.

Answer Options	Response Percent	Response Count
OOP	7.5%	36
LTFT	6.6%	32
Maternity / Paternity leave	2.5%	12
Academic training	0.4%	2
Dual CCT	4.8%	23
None of the above	78.2%	377

## From CT1 to CCT – the unavoidable costs for training in Emergency Medicine

### Compulsory College Costs Associated with Training

*RCEM membership for UK trainees*

Associate (for trainees who have yet to acquire MRCEM):	£91
Member (for trainees with MRCEM):	£293
Fellow (for trainees with FRCEM):	£712.50

*Training administration fee/ePortfolio costs*

- £90 for trainee members of the College
- £300 for trainee non-members
- £50 for non-trainee members
- £100 for non-trainee non-members

Over the course of CT1 to end of ST6, trainees will pay 6 ePortfolio fees, and at least 3 years of associate membership, 2 years of Membership and 1 year of Fellowship, at a total cost of £2111.50.

### GMC registration

GMC registration is mandatory for anyone working as a doctor in the UK. The cost is currently £425 per year for the annual retention fee for registration with a licence to practice, and from CT1 to ST6 this summates to £2550.

### Medical Indemnity Fees

Despite repeated requests for average costs for doctors working in Emergency Medicine at CT1 to ST6 level, no indemnity figures have been provided. As an indicator, the author has used his own personal figures, giving an estimated total cost on the basis of no claims from CT1 to ST6 of £1095.

### College Exams

MRCEM is made up of parts A, B and C, all of which must be passed to gain the MRCEM Diploma and Membership by examination of the RCEM.

Currently, the RCEM has set the fees for MRCEM A as £310, MRCEM B as £305, and MRCEM C as £440, giving a total cost for MRCEM of £1055.

Component	Total respondents	Total sittings	Average sittings per respondent	Average cost per pass (as declared by trainees, including travel and accommodation)	Total cost to trainees
MRCEM A	388	593	1.42	£675	£400,275
MRCEM B	286	358	1.43	£382	£136,756
MRCEM C	258	338	1.24	£576	£194,688

The total average cost of completing MRCEM is £1938, which is 84% higher than the basic college fee for the examination.

FRCEM is made up of Critical Appraisal (£240), Critical Topic Review (£220), Management Viva (£295), FRCEM SAQ (£300) and FRCEM OSCE (£420). Completion of all five of these components completes the FRCEM Diploma (total cost £1475), and allows holders to become a Fellow of the RCEM. It is a requirement for entry onto the specialist register, and completion of training.

Component	Total respondents	Total sittings	Average sittings per respondent	Average cost per pass (as declared by trainees, including travel and accommodation)	Total cost to trainees
CA	129	160	1.24	£449	
CTR	46	60	1.30	£347	
MV	47	64	1.36	£412	
FRCEM SAQ	48	74	1.54	£520	
FRCEM OSCE	47	74	1.57	£714	

The total average cost of completing FRCEM is £2443, which is 66% higher than the basic college fee for the examination.

### **Compulsory Life support courses**

Entry into ST4 is contingent upon completion of 3 life support courses: ALS and ATLS, and one of APLS or EPLS. During the course of training, trainees must be permanently “in date” for each of these courses once they reach ST4 or higher.

Course	Total respondents	Total courses	Average courses per respondent	Average cost per course (as declared by trainees, including travel and accommodation)	Min cost	Max cost	Total cost to trainees
ALS	398	648	1.63	£614	0	500	£398,099
APLS	315	426	1.35	£707	0	750	£301,164
ATLS	380	542	1.43	£837	0	1000	£453,417

The courses are each valid for 4 years from the date of certification, such that it is effectively certain that trainees will have to take each course at least twice. This is borne out by examining the ST6-8 cohort (n=66), in which an average of 2.25 ALS, 2.02 APLS and 2.13 ATLS courses have been completed.

For trainees working LTFT (n=32), it becomes more likely that these courses will have to be taken an additional time during their training. Their averages are 1.92 ALS, 2.05 APLS, and 1.96 ATLS courses – higher than the complete cohort.

The range of costs for the resus courses is considerable, with some trusts providing free courses for their employees, whilst others pay the full cost of all the courses they take. There is no consistency in when or if trainees will visit a trust that provides free resuscitation courses, and as such it is possible (but unlikely) that some trainees will never need to spend any money on resuscitation courses, whilst others will complete a minimum of two of each resus course, spending £4316 over the course of ST1 to completion of training.

### Ultrasound Training

Ultrasound training had been undertaken by 269 respondents, with 14 having undertaken a basic training course more than once. The average reported cost of the basic course is £387 including travel and accommodation, with a wide range of charges from £0 to £750. The sign off course has been completed by 57 respondents, with 5 having to repeat the sign off process. The average reported cost is £446, with a range of £0 to £1400. Deaneries offering a well-developed ultrasound training package that can offer both basic course and sign off save trainees on average £833.

### Total compulsory training costs

MRCEM	£1938
FRCEM	£2443
Resus courses	£4316
Ultrasound	£833
RCEM	£2111
GMC	£2550
Indemnity	£1095

**Total**                    **£15286**

## From CCT to substantive consultant – buffing the CV and what it really costs to finish training

### Examination preparation

Of 409 respondents, 251 (61.4%) used examination preparation courses for MRCEM and FRCEM.

### Life support instruction

Of 410 respondents, 104 had completed the ALS/APLS approved GIC course, at an average cost of £614, whilst 50 had completed the ATLS approved GIC at an average cost of £655.

Of 406 respondents, 93 were ALS instructors (22.91%), 36 were APLS instructors (8.9%), and 39 were ATLS instructors (9.6%) – a total of 168 instructor certifications. 103 respondents stated that they provided 3 or more days of unpaid life support teaching on these courses per year; 12 stated that they provided more than 10 days of unpaid life support teaching per year.

### Alternative Resuscitation Courses

181 respondents told us that they have completed other life support courses outside of the core expectation; the top 5 most popular are shown in the table below.

Course	Percentage of 181 respondents participating (number)
PHECC	21% (38)
ATACC	8.29% (15)
EPLS	6.63% (12)
NLS	6.08% (11)
PHTLS	5.52% (10)

159 respondents spent an average of £958 per person on alternative resuscitation courses.

### Postgraduate Training

Of 406 respondents, 103 had completed a postgraduate diploma (25.4%), 41 had completed a Masters degree (10.1%), and 12 had completed an MD or PhD (3.0%).

Medical Education was the most commonly studied diploma.

### Dual and Subspecialist Training

Of 406 respondents, 22 had completed Paediatric Subspecialty Training (5.4%). Of these 13 (59.0%) had completed the Diploma in Child Health. None had completed the MRCPCH.

Of 406 respondents, 3 had completed Intensive Care Medicine Dual CCT Training (0.7%). Of these, all three had completed FFICM.

Of 405 respondents, 6 had completed Pre-Hospital Emergency Medicine Subspecialty Training. Ten people had completed the Diploma in Immediate Medical Care - more than are formally recognized as subspecialists in PHEM – but only 3 have complete the Fellowship in Immediate Medical Care.

Of 402 respondents, 62 hold membership or fellowship of a Medical Royal College other than the RCEM, with 46 of them paying ongoing fees to another college. Of 398 respondents, 23 (5.78%) had held a national training number in another specialty.

### **Summary**

Whilst there are common training themes that significant minorities pursue, there are no elements of additional training that are undertaken by the majority. It is outwith the intention of this survey to quantify the value of this additional training in gaining consultant appointments, but is clear that very few trainees end training with the bare minimum on their CVs.