Dear Editor

Thank to Judith Hudson and Kathryn Weston for their contribution in raising the awareness of the costs of education of medical students to supervisors1.

In measuring the 'cost' they actually measured the income produced – MBS rebates, fees, PIP payments etc, and confirmed what many of us have felt subjectively - that if we have students that have the opportunity to stay in a practice for a longer period of time, they reach a break-even point where as many patients are seen and charged as the supervisors would usually see.

Towards the later stages of a longer term even a few more patients may be seen – perhaps making up for the slower early months. However this does not account for the costs of having the students in the practice. To 'parallel consult' the student needs to be provided with a room, a computer, software, phone, reception staff to make appointments, support nursing staff, light, heating/cooling, etc, etc – to the same extent as any other full time doctor working in the practice.

If the average efficient practice has 40% overheads, then every $1000 of income is supported by $400 of expenses, leaving $600 profit. Take another $400 of overheads for the student and the profit is $200 to the supervisor. So counting income without considering outgoings can be misleading.

Some practices have received capital grants to set up teaching rooms – most haven’t. The PIP $100 per session goes
nowhere near to the costs of providing the services needed for one room for one session.

To remain viable for the increasing load of learners of all levels being taught in teaching practices, both the costs of the infrastructure and the support services provided to students need to be paid to practices by some equitable system, not yet in place.

References