

MD: the new MB BS?

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Having two types of medical degree in Australia runs the risk of creating a two-tiered system

Currently, all courses in Australia that qualify a graduate to undertake a medical internship are either a Bachelor of Medicine (BMed) or a Bachelor of Medicine, Bachelor of Surgery (MBBS). A bachelor degree is, by definition, an undergraduate degree, irrespective of whether the program has a graduate-entry pathway. While most medical professionals currently in practice gained their qualification by completing a 6-year MBBS, in recent times an increasing number of 5- and 4-year (graduate-entry) programs have been introduced.¹ More recently, the University of Melbourne and others with graduate-entry programs have been planning to change their medical degrees to masters-level degrees that will be rebadged "Doctor of Medicine" (MD). This change will have significant implications for both medical education and the medical profession in Australia.

In January 2009, the federal government phased out and then banned domestic full-fee-paying places for undergraduate programs in Australia.² By changing its medical degree to a masters-level qualification, the University of Melbourne is able to circumvent this ban, and it has stated that it will be accepting about 30 domestic undergraduate full-fee-paying places from 2011.³ This move will restrict access to these places to students who are able to afford the \$204 000 cost of completing the 4-year University of Melbourne MD.³ This is despite the recommendation of the Bradley review that higher education in Australia needs to be made more accessible to people from low socioeconomic backgrounds.⁴ Legislation is needed to ensure that both bachelor-level and masters-level medical degrees remain accessible to all Australians.

In July 2010, the Australian Qualifications Framework (AQF) Council issued a consultation paper proposing a universal system for higher education coursework degrees that included certificates and bachelor and masters degrees. The paper also proposed that the nomenclature used to describe these degrees should be standardised so that, for instance, any bachelor course would have the title "Bachelor of ..." and any masters-level degrees would be called "Master of ...".⁵ Under this system, a masters-level medical degree would be called a "Master of Medicine", which more appropriately reflects the technical status of the degree. The University of Melbourne's plan to label their masters-level medical degree as "MD" defies the AQF recommendation. In response, the Group of Eight Executive Director, Mr Michael Gallagher, has claimed that "the AQF is an important external reference but it has never been, nor should it become, a prescriptive regulatory tool".⁶

The lack of regulation of degrees allows universities to overstate the academic level of their degree, creating an "arms race" in degree nomenclature. In fields other than medicine, the number of masters-level degrees using nomenclature that is inconsistent with the AQF recommendations is increasing, with the introduction of the Juris Doctor, Doctor of Physiotherapy, Doctor of Veterinary Medicine, and many more. It is important to acknowledge that the research MD already exists in Australia, and is regarded as a doctorate-level qualification equivalent to (or higher than) a Doctor of Philosophy (PhD). The introduction of a masters-level MD

threatens to devalue the current doctorate-level MD in Australia for current and future holders of this research qualification.

Having two types of medical degree in Australia runs the risk of creating a two-tiered system, ultimately leading to a divided profession. This is the most worrying potential consequence of introducing the masters-level MD degree in Australia. The age-old adage that "a doctor is a doctor is a doctor" is very much under threat. University strategies to differentiate themselves in the medical education market should not be allowed to take precedence over the integrity of the medical profession and Australia's higher education system. As Australia addresses the need for consistency across qualifications, it is useful to consider how Australia's educational structures fit with the changes seen internationally.

Through their consultation paper,⁵ the AQF Council has in effect proposed a move towards the European Bologna Process, an initiative designed to enhance the quality of higher education in Europe and to promote convergence and harmonisation of higher educational systems and structures.⁷ This system is gaining recognition internationally, and American graduate schools have recently started moving in a direction compatible with the same goals.⁸ The Bologna Process divides higher education degrees into three cycles (levels) (bachelor, masters and doctorate), with a rough timeline for the duration of each cycle and progression between cycles. The Bologna Process has proposed benefits for mobility, recognition of qualifications, quality assurance, social cohesion and improving learning.⁹

The AQF Council's consultation paper outlined a notional learning duration of 5–6 years to complete a bachelor degree together with a masters degree. Similar to the Bologna Process, the AQF considers bachelor degrees to be 3–4 years and masters degrees to be 1–2 years. This compares with the 5–6-year duration of undergraduate-entry medical courses in Australia.⁴ In recognition of the duration and cognitive input required for an undergraduate-entry medical course, European countries such as Spain are now awarding a masters degree, in addition to a bachelor degree, at the completion of a 6-year medical course.¹⁰ If this were implemented in Australia, it would negate the imperative for universities to change to postgraduate programs for perceived marketing advantages, allow medical graduates to receive the same recognition as other professions for similar notional duration of university courses, and ensure that medical graduates in Australia are all considered equally qualified by peers, supervisors, patients and members of the community.

University-based medical education is on the brink of significant change. This brings with it a number of risks that require significant discussion and consultation so that the integrity of Australia's medical education system can be maintained. Specifically, government legislation is needed to ensure that medical degrees remain accessible to all Australians. Further, the AQF must be given regulatory power to enforce its recommended nomenclature. The level of qualifications for medical graduates must be consistent to prevent future fragmentation of the profession.

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