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REALLY GOOD STUFF

Helping medical undergraduate students to understand healthcare costs

1 | WHAT PROBLEMS WERE ADDRESSED?

Developing clinical leadership competencies in medical students ideally would be an experiential process. One crucial leadership competency in the UK Faculty of Medical Leadership and Management leadership framework, is 'managing services'; a key aspect of this is being aware of healthcare costs. This is challenging within the crowded MBBS curriculum, with students naturally focused on their emergent diagnostic and clinical management skills.

2 | WHAT WAS TRIED?

A pre-existing epidemiology assessment at St George's University of London (SGUL), the case analysis project (CAP), requires first year clinical students to investigate the sensitivity and specificity of screening and diagnostic tests and the treatment evidence base for a patient condition they have encountered clinically. To give students an appreciation of the cost of healthcare, this innovative extension of the project required that students additionally estimate the costs of both their chosen diagnostic tests and treatment.

The students are provided with a tailored form of the English National Cost Collection for the NHS,[1] an annually published spreadsheet of average costs for every test and treatment, ranging from phlebotomy to heart transplantation. The resource was downloaded, irrelevant content removed, and a simple costing methodology created, ignoring the database's subtle categorisations such as 'case complexity'. Students were directed to the British National Formulary for drug costs. A pre-recorded lecture and worked examples were prepared on the SGUL online learning platform, demonstrating the use of the tailored spreadsheet, and other resources, in estimating costs.

Students are supported with their project by clinical and epidemiological tutors in two separate small group tutorials. A training session and access to student resources were provided to tutors, as this was unfamiliar content for them. During implementation, student queries which tutors could not answer were escalated to the CAP clinical academic lead.

3 | WHAT LESSONS WERE LEARNED?

The tutor training session generated improvements in presentation of material and offered an opportunity to pilot the intervention with educators. Keeping the task simple, and our focus on developing clear training resources for students and tutors, were successful approaches as there were few student queries requiring escalation. Delivering the tutorials required no additional tutor time. Nearly all students costed investigations and treatments correctly. Tutors reported lively and engaged discussions around healthcare costs and encouraged students to use this resource in their future discussions and learning around health economics. The innovation was successful in achieving an appreciation of health service costs for medical students and giving them the opportunity to practise scholarship relating to a crucial leadership competency. Two challenges encountered by students were the different terminology used for tests in the database compared with clinical terms and locating the test or treatment, both issues were resolved within the tutorials. Finally, an important limitation is that the costings in the NHS database do not take account of 'care' provision, admission duration, costs for co-morbidities or indirect costs such as building maintenance/utilities. However, these limitations could be a focus for further expansion of this educational intervention, thus continuing the development of our future clinical managers and leaders.

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1. NHS England. National Cost Collection for the NHS 2020–21. NHS England. 2022 URL NHS England, National Cost Collection for the NHS [accessed 7.9.2022]

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