



European Junior Doctors

Statement on trainee-funded residency positions in Lithuania and its impact in workforce planning

The General Assembly of the European Junior Doctors Association (EJD) supports Lithuanian Junior Doctors in their claim against trainee-funded postgraduate training (PGT) and the improvement of health workforce planning in the country. Since the introduction of trainee-funded residency positions in Lithuania in 2009, this practice has exacerbated the difficulties of health workforce planning efforts by the Lithuanian Government. This model, which allows access to a certain specialty on the basis of personal wealth, fails to align with the actual medical workforce demand, and creates an inequitable system where privilege determines access to medical education, undermining fairness and equal opportunity.

In 2024, 429 doctors graduated from medical school in Lithuania, yet only 354 secured government-funded residency positions. The remaining 17% of graduates faced the choice of paying for trainee-funded residencies or leaving the medical profession altogether, effectively hindering many medical graduates from advancing their training and becoming practicing doctors. Consequently, some may abandon the profession or even seek opportunities abroad. This situation represents an inefficiency in the use of public funds, as many students receive costly, government-funded education that does not translate into medical workforce contributions due to limited access to PGT.

The disparity between Lithuania's healthcare needs and residency positions is further aggravated by a lack of cohesive workforce planning, as two separate entities - the Ministry of Health and two autonomous universities - hold decision-making power over residency allocations. This divided responsibility leads to a misalignment between healthcare demand and academic priorities, as universities determine the number of trainee-funded residency positions independently of national healthcare strategies. As a result, graduates who can afford PGT often gravitate toward popular specialties, leaving the most underserved fields with continued shortages.

Moreover, the inefficiency in residency allocation also strains public funds, as all resident salaries, whether for government-funded or trainee-funded positions, are paid by the Ministry of Health. This means that trainee-funded training in specialties with less demand incur the same costs as government-funded ones, reducing the overall effectiveness of residency training investments and failing to meet the nation's actual healthcare needs.

From a moral standpoint, having trainee-funded PGT creates unfair barriers for graduates who cannot afford it, limiting their opportunities to pursue their chosen specialties. It also fosters the perception that the work of PGT trainees is less valuable because they are essentially paying to work. This system can attract less motivated trainees by creating perceptions among some graduates that paying for residency might entitle them to lighter workloads, leading to dissonance within the system - between specialties, trainees, faculties, and between the government and autonomous universities.

In summary, the existence of trainee-funded residency exacerbates the medical workforce crisis in Lithuania, by introducing misallocated public funds, discrimination with unequal opportunities, exacerbating the shortage of specialists, and undermining the country's healthcare needs. We strongly support Lithuanian Junior Doctors' proposals that trainee-funded residency positions should be eliminated.

The General Assembly of the European Junior Doctors Association