

T RAINEE IN TURN

NZMA Doctors-in-Training Council newsletter for TIs

ISSUE 17
OCTOBER 2019



Meet your Doctors-in-Training Council
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& more

 **NZMA**
New Zealand Medical Association
Te Hauora mō ngā Iwi Katoa

**THE NEW ZEALAND
MEDICAL JOURNAL**



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PGY1 REPRESENTATIVE ELECTION

Join the DiTC

Nominations are now open

Are you interested in health policy?

Keen to advocate for your colleagues and peers?

Want to see first-hand decision-making processes in medical education and vocational training?

Run for the PGY1 representative position on the DiTC!

This role is open to all NZMA members who will be PGY1 in 2020 (ie. trainee interns who are graduating in November 2019). Being a member of the DiTC offers a fantastic opportunity to experience and see part of the work that the NZMA does. It allows you to interact with senior colleagues from general practice, medical and surgical specialties, and have your say on matters that directly affect your role in the medical profession.

You must be nominated by a fellow NZMA member who will be a PGY1 in 2020.

Information handbooks and nomination forms have been sent out by email. [Visit the NZMA website to nominate directly.](#)

If there is more than one nominee, an election will be held.

Nomination period closes on Friday 1 November.

NZMA Doctors-in-Training Council

 Dr Katelyn Costello Chair PGY3 QUEENSTOWN	 Dr Inia Raumati ACEM trainee AUCKLAND	 Dr Ivan Robertson PGY3 WHANGAREI	 Dr Megan De Lambert PGY1 Rep 2019 BAY OF PLENTY
 Fraser Jeffery NZMSA President, Ex Officio UNIVERSITY OF OTAGO	 Dr Carrie Bryers RMO WHANGAREI	 Dr Rachel Robertson RMO WHANGAREI	 Dr Dylan Kimpton PGY2 WAIKATO
 Dr Kate Baddock NZMA Chair, Ex Officio WAIKATO	 Lesley Clarke NZMA CEO, Ex Officio WELLINGTON	 NZMA New Zealand Medical Association <small>Representing doctors and patients</small>	<p>Like us on Facebook</p>  NZMA Doctors-in-Training Council

The NZMA is your professional association.

As a new doctor, you'll be finding out that there are many different groups to belong to or register with: the Medical Council of New Zealand (MCNZ), which registers and regulates us; doctors' unions (RDA, STONZ), which advocates almost solely for RMO working conditions and underpins our employment arrangements; plus, as you progress through your career, Colleges and Societies will provide your training and promote the interests of doctors who share your chosen branch of practice.

Many of the big issues and challenges we encounter as doctors affect us all, no matter which branch of medicine we end up practising in—and that's where the NZMA plays a vital role. We are the only national body that represents the collective interests of ALL doctors (regardless of stage or specialty), promoting collegiality and all that we share in common.

As doctors, our day-to-day responsibilities to our jobs, patients and communities often mean that our time and ability to advocate for change in the health system we work in is limited. The issues we often want to advocate

for on behalf of our patients—like obesity, alcohol and climate change—may also take time we don't have as individuals.

Advocating on your behalf is the main role of the NZMA; we are ideally placed to be a voice that is heard on health and policy issues. Your membership strengthens this ability and allows us to do more.



The New Zealand Medical Journal

Your NZMA membership gives you access to each issue of the *New Zealand Medical Journal* as it is released. Simply use your NZMA login details to access the latest from the NZMJ.



From the Chair

I want to start with an excerpt from one of the greatest doctors of all time...

*Congratulations!
Today is your day.
You're off to Great Places!
You're off and away!*

*You have brains in your head.
You have feet in your shoes.
You can steer yourself
any direction you choose.*

The time has come to lose the term “student” and accept the well-earned title of “doctor”. Over the coming months many people will congratulate you and it’s important to feel proud. You have worked hard to get where you are and will continue to work hard as a doctor.

Transitioning from Trainee Intern to a first-year doctor is exciting but can be tough. You’ll be feeling bombarded with new information. For many of you it will feel like you are learning more each day than you ever learnt during six (or more) years of medical school. However, with time things become second nature, you become more confident and realise you have come a long way in a short time. Remember you are never alone; make sure you utilise all the resources available to you in both human and technological forms. I encourage you to

always keep learning. Remember a smile and the ability to ask for help or advice goes a long way. It is also so important to look after yourself. Take leave in advance and plan some time for yourself and with family and friends.

Many of you have been NZMA members throughout medical school – thank you! For those who weren’t, now is a great time to join. The NZMA is New Zealand’s professional organization for doctors of all specialties and stages of training. With over 5,500 members we are the largest and most unified voice for the profession. We provide regular submissions on government matters and health issues affecting our patients and the health workforce. Some recent submissions and hot topics include climate change, access to contraception and vaccinations, smoke-free environments, medicinal cannabis, and abortion legislation bill. Feedback from all members is included in these submissions and we always welcome your input.

As a new graduate doctor, you are specifically represented within the NZMA by our Doctors-in-Training Council (DiTC). The DiTC represents RMOs on all submissions but also for specific training issues. These include workforce innovations, pre-vocational

training, community-based attachments, career planning, wellbeing and pipeline issues. We work with groups such as Medical Council of New Zealand, ACE, DHBs and Colleges to ensure there are enough first year jobs, that pre-vocational requirements such as ePort are practical and useful and push for increasing specialty training positions for years to come. The working groups in which we participate have direct impact on you, your work, and your training. We acknowledge that this time of the year can be tough because you haven’t actually started working however I strongly encourage you to commit to NZMA and the voice we provide for the medical profession.

I look forward to meeting many of you during your transition into our profession of medicine. Best of luck and please don’t hesitate to get in touch! You can email me direct at ditcchair@nzma.org.nz with any thoughts or concerns you want to raise or talk through.

P.S. If you haven’t ever read Dr Seuss’s Oh the Places You’ll Go, it’s a great inspiring quick read!



Katelyn Costello
DiTC Chair





\$500 at Noel Leeming. Be in to win.



Upgrade your NZMA membership from TI to RMO status before **Friday 8 November 2019** and be in the draw to **WIN one of two \$500 Noel Leeming gift cards**.

Only \$10 per month (less than your weekly coffee) for your PGY1 year* if you sign up by direct debit payment. Find details to enter on the last page. Easy.

*This competition is only open to NZMA members who are trainee interns in 2019. When you graduate in November your student membership is upgraded to RMO membership (usually \$256 per full membership year). However, continue your membership by direct debit payment and you'll get our special membership rate of only \$10 per month for your PGY1 year and a chance to win \$500 at Noel Leeming. That's 9 payments - \$90. That simple. Enter before 8 Nov 2019 to win.

Trainee intern checklist

Things to think about when starting your first house officer year.

- ☐ Review and clean up your social media presence before you start work—what can patients find about you online?

After confirming your job offer:

- ☐ Ask around about run choices at your hospital and make your preferences known early.

In the last few months before starting work:

- ☐ Apply for Medical Council registration (need to contact [MCNZ](#) about when and how)—keep your invoice and receipt to claim this back through your employer.

- ☐ Arrange professional indemnity insurance (through [MPS](#), [Medicus](#) or your union scheme). Some hospitals have group medical indemnity plans through MPS—keep your receipt to claim this back through your employer.

- ☒ **CONTINUE YOUR NZMA MEMBERSHIP—AND WIN \$500 NOEL LEEMING VOUCHER!**

- ☐ Join a union.
- ☐ Keep receipts for any moving costs to claim some of this back through your employer.
- ☐ Consider when you want annual leave and apply for it—the earlier the better.
- ☐ Read your employment agreement and job description.

Handover period:

- ☐ Organise your 'ward bag'—a notebook for tips and contacts, on-call guide, extra pens, examination equipment, etc...
- ☐ Introduce yourself to the head nurse and ward clerk on your ward(s).
- ☐ Arrange a time to meet with and get handover from the house surgeon you are replacing.
- ☐ Don't forget that for your first financial year you qualify for a tax rebate!

We'll be sending you some info when you graduate, so make sure you let us know what email address you use most often (not your student one), and your new physical address if you move.

Email [Julie Hare](#) with your new details, or call us on 0800 65 61 61.

New email or
moving soon?

Are You OK?

NO: RED LIGHT GET URGENT HELP



Don't suffer in silence—ask for help. If you believe that one of your colleagues is struggling, speak up. We try to do this for our patients, it's the least we can do for ourselves and our colleagues.

MAYBE: ORANGE LIGHT WARNING SIGNS AND SUPPORT



Some stress is normal and, in some cases, necessary. Chronic stress is **not** normal and can negatively affect your health and wellbeing. Get to know your warning signs and have a look at the options for help and support on these pages.

YES: GREEN LIGHT STAY WELL, MAINTAIN HEALTH



Maintain your health and wellbeing so you continue feeling good. There are lots of simple things you can do to stay mentally and physically well. Check out some of the suggestions on our website www.nzma.org.nz

The figures around doctors' mental health and resilience continue to be alarming. New Zealand has a tragic record of suicide, depression and anxiety, and research suggests these rates are higher in RMOs than in their age-matched peers.

In recent years, at least two RMOs lost their lives to suicide (and those are the two we know about). The NZMA, including the DiTC, is directing more effort towards the health and wellbeing of its members. The job we do as doctors can be highly rewarding, but if the day-to-day work takes us to dark, sad and stressful places, then we need the strength to move on, the peer support to pull us through, and the flexibility in our work places and training programmes to give us space and time to work things out.

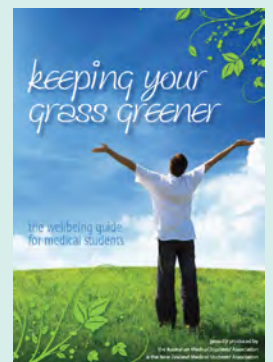
While not all stress is negative (and is sometimes necessary), the compounding effect of many internal and external stressors can seem overwhelming.

Our first step is to ensure that the barriers to accessing and asking for help are low. We strive to do this for our patients and should try just as hard to do this for our colleagues.

As well as the info on these pages, check out:

Keeping your Grass Greener

Although aimed at medical students, this guide is still very relevant for doctors and well worth a read. It contains articles by leading experts and covers stress management and mental resilience. You can find it on NZMSA's website.



www.depression.org.nz

A useful website which has a self-test to help you recognise signs of depression and options for support and treatment.

Fatigue and shiftwork training

All 20 DHBs and the RDA recently agreed to provide free online training on fatigue and shift work. There is real benefit in learning about fatigue and how to better manage shift work and rosters. Email your RMO office if you want to do this course.



The New Zealand Medical Teaching Awards aim to recognise professionals who:

- create/facilitate a positive learning environment
- are innovative in teaching
- are engaging in teaching
- provide a unique contribution to teaching
- show commitment and passion to education
- exemplify professionalism
- are excellent clinical role models
- provide constructive feedback in an appropriate manner
- go above and beyond their normal duties
- actively seek feedback for continuous improvement
- display other exemplary characteristics not covered by the above.

Teaching awards

“The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires.”
- William Arthur Ward

Teaching and medicine have been inseparable since the days of the earliest physicians. Medical knowledge can only be retained and accumulated in a society where it is passed on through successive practitioners. Even the first substantive paragraph of the classical Hippocratic Oath delves into details of the importance of teaching, and the very word ‘doctor’ finds its etymological roots from a Latin term for teacher.

“I will give to my teachers the respect and gratitude which is their due” – Physicians Oath, WMA

It is in keeping with this venerable tradition that last year, the New Zealand Medical Association (NZMA) and the New Zealand Medical Students Association (NZMSA) launched a National Teaching and Professionalism Award designed to highlight, laud, and exemplify some of the great doctors who teach in Aotearoa.

Why do we have such an award?

1. Firstly we wish to recognise and reward high calibre teaching. We are aware that teaching occurs throughout New Zealand, most obviously in academic centres, but also in remote areas where more determination and innovation may be required with limited resources. We want to acknowledge and reward teachers, and an award of national profile will go further—than what currently exists—to identify the very best of our teachers in all workplace settings.
2. Secondly—and perhaps more importantly—we wish to ele-

vate the profile of teaching throughout our profession. In an environment where we readily hear about national examples of bullying, inappropriate behaviour, and other examples of scandals or disgrace, we want to recognise and reward those fighting the good fight; providing a reminder that there are plenty of colleagues to be proud of and inspired by. We also hope that drawing attention to these role models and their techniques might inspire us, and provide us with practical suggestions to improve our own practice.

We acknowledge that simply providing two awards (one for SMOs and one for RMOs), and writing about just the shortlisted candidates means that a very large number of excellent teachers will not be directly recognised. However, we hope that these awards may help start local conversations about what good teaching opportunities the profession already has, and how we can supply support to build and further improve teaching for the future.

We were proud to celebrate the recipients of the 2018 award earlier in the year at the NZMSA conference, now the task is to select the winners for 2019!

The panel of NZMA/NZMSA judges are tasked with creating shortlists from the large list of very deserving candidates. These shortlists will be released to provide a further opportunity to give feedback on the selected candidates.

The final judging will be performed by a second committee of judges—including relevant experts—who will review all feedback for the candidates and select one winner for each of the RMO and SMO award categories.

So how do you take part?

Well, you can keep an eye out for examples of good clinical teaching, and consider nominating someone. Furthermore, you can also keep an eye open for the shortlisted nominees, and send us further feedback on any of the candidates you know about.

However, most importantly, we want you to feel inspired to teach with excellence, and to be proud in the knowledge that you are continuing an excellent tradition spanning thousands of years and generations of doctors.

Remember to show gratitude for the teaching you receive, at whatever stage you find yourself in your career. Teaching is central to both the science and art of medicine, and we are pleased to help provide a reminder of its importance. ■

by:

Jibi Kunnettedam
2018 NZMSA President
Ex Officio
University of Auckland

Dr Magnus Cheesman
Former DiTC Chair
Surgical Registrar
Waikato



Low-down on PGY1...



By Megan de Lambert
DiTC PGY1 representative
Bay of Plenty

Kia ora all! My name is Megan de Lambert, I have been your Doctors in Training Council PGY1 Representative since November last year.

First of all, massive congratulations to you all! I know you are told that all the time, but it is an amazing feat to make it to this point. Think about all the hoops you've had to jump through to finally get to the end of T1 year – from biochemistry exams in first year, lab visits, your first cadaver lab, OSCEs, progress tests, awkward fake history-taking with actors, hours and hours of rote learning and long ward rounds as a clueless fourth year, to big assessments like the fifth year exams (for you Otago students) and the Medicine Long Case (for your Auckland students). It is easy to lose perspective on how genuinely incredible it is that we all made it through that, especially because we are surrounded by so many other high achieving and talented

students. Just take a moment to congratulate yourself; you have done phenomenally well.

I am currently a House Officer at Tauranga Hospital, just a few weeks from reaching our one year mark. I still frequently feel lost and overwhelmed, but on reflection it's remarkable to realise how much we have learnt and improved over the year. It's an absolute rollercoaster of a year; you will have some awful days at work and some patients with awful outcomes, but other days with incredible successes and wonderful moments.

Being a House Officer is such a unique job. Your day to day tasks range from basic administrative jobs to complicated reviews of sick patients on ward calls and night shifts. The House Officer keeps the team together; you keep track of all the patients, co-ordinate the multi-disciplinary team and keep an eye on

all aspects of the patients care. You are the generalist in the team – in amongst the chaos of the healthcare system, split into different specialties and professionals, you have the most generalised knowledge and viewpoint of them all. You might pick up a murmur on a surgical patient when no one else holds a stethoscope, you might notice that a psychiatry patient has a medical problem that needs addressing, or you may observe that your medical patient seems deflated and depressed. Although sometimes you are too busy to address the small stuff, you are the team member most likely to be able to sit down with patients and explain their illness to them, hear about their personal life, and ensure their symptoms are well controlled. This is a huge privilege and often the most satisfying part of the job.

Low-down on PGY1

Here are some general tips for you going into your first year of work:

1. You must look after yourself before you can look after your patients. You will feel exhausted, frustrated and overwhelmed at times. Don't be quiet about your struggles – many of you are going through the same and being open about it may just be what someone else needed to hear. Make it a priority to take your own health seriously – get a GP, find a way to exercise that you enjoy, make time to socialise, take regular annual leave, find and sustain some hobbies and utilise the free counselling (through your DHB or through MPS). After six or more years of stingy student life you will find yourself with more money than you can shake a stick at – find some exciting and invigorating hobbies, purchases or holidays to reward yourself with.
2. Ask for help, at a low threshold. The best doctors are the ones who know what they know and know that they don't know. Your fellow House Officers are in the same boat, so operate like one

big team; help each other with discharges, difficult IV lines, or looking at xrays, etc. Registrars will be expecting to be asked for help from you, and they get paid really well to do so.

3. Medical knowledge and skill isn't everything. You can do a huge chunk of the job simply by being friendly, organised, a good communicator, pragmatic and compassionate – these are skills we learned at primary school!
4. Take opportunities and say yes to things. When you have time, you can go to the operating theatre, learn about a disease one of your patients has, do an audit, befriend the orderlies, learn to do a chest drain or attend workshops – the job can be so much more than paper pushing if you make the effort.

Lastly, it has been an absolute privilege to represent PGY1s on the Doctors in Training Council, and to be a part of the amazing organisation that is the NZMA. You may not have heard of or know much about what we do in the PGY1 Representative role (I didn't either!). Most of what I do has been behind the scenes; giving medical students and newly

graduated doctors a voice amongst all that NZMA is involved in. In my short time working with NZMA we have been involved in things at the ground level like the ACE RMO Recruitment process and Roadshow, how the Medical Council assesses and tracks the progress of PGY1s and 2s, and forum for representatives from specialty Training Programmes to meet and discuss issues. We are also working to create a forum where prevocational RMOs (RMOs not yet on training programmes, e.g PGY1s and 2s) from each DHB will meet up to discuss and share ideas around our support and teaching. At the other end of the scale, NZMA are also involved in things as enormous as Climate Change responses, controversial topics like euthanasia and abortion, Gun Law reform and the Budget Policy statement. You will realise how valuable and important your NZMA membership is when you see how much NZMA is involved in and the effort they put into advocating for doctors across all levels and specialties.

All the best with your exciting future,

Megan



Career planning - what is your career goal?





By Thomas Wong
*Medical registrar,
former DiTC Member
Auckland*

As medical students and junior doctors, 'Are you going to specialise?' must be one of the most frequently asked questions by both public and colleagues alike. And until we are accepted into a training scheme (almost a decade after entering medical school), we don't have an answer. However, there are a few questions that you should be able to answer as a junior doctor to help delineate your career pathway.

1. I have no idea what I want to do. Is there a finite list of potential medical specialties that I can choose from? You are part of the majority! A [study of Auckland junior doctors in 2006](#) showed that 70% of final year medical students, and around 50% of PGY1 and PGY2 doctors had not made a definite career choice. Your future specialty may be on the list of the [50 helpful career factsheets](#) provided by Health Workforce NZ. In the meantime, it is best to adopt a generalist approach and acquire the skill set you would expect of a GP. Check out the [MCNZ Medical Workforce in 2016](#) report, which has some really interesting demographic information on doctors. For example, 30% of New Zealand's doctors are GPs; emergency medicine has the youngest average age of specialists at 46.2 years; and orthopaedic surgery

has the lowest percentage of female trainees at 17.6%.

2. How do I get registration within a general scope of practice with the New Zealand Medical Council?

This is important. The priority of PGY1 is to complete [NZMC general registration requirements](#). To enter training schemes that start in PGY2 year, you must have completed the MCNZ requirements and paperwork in time. Each PGY1 rotation needs at least 10 weeks completed—so the maximum allowed amount of leave is 3 weeks per rotation. You need to go to house officer teaching—don't skip it just because of your workload! Keep up with the MCNZ paperwork and ePort. I was three weeks late in submitting my MCNZ paperwork at the end of PGY1, which resulted in having to work an extra year before I was eligible to sit my written exam for physician training.

3. Which house officer rotations will complement my future registrar rotations? If you are medically inclined, it is very helpful to do surgical runs as a first year house officer, and vice versa. The [RNZCGP lists](#) the house officer rotations that are required before entering GP training. Surgical specialties

require a rotation in ED or ICU of at least 10 weeks—as an example, the [General Surgery College](#) includes this in their list of stringent selection criteria. If you are planning on doing 6 months of cardiology as a medical registrar, don't do it as a 3-month rotation during your PGY2 year as only a maximum of 6 months in one specialty can be counted towards [physician training](#). There is often a maximum time limit on reliever rotations that can be counted towards training and doing too much relief can delay training in future.

4. Do I tell my colleagues what I am interested in? Yes, this is generally helpful. Doctors like to help people and often they can assist you to get closer to your chosen specialty if they know what your interests are—especially if you are interested in their specialty! Talk to senior registrars and consultants about their career and how they made their career decisions. Talk to your GP about their career choice. Try to spend time during quieter/summer rotations with the specialty of your choice; house officers interested in anaesthesia will be welcome in theatre during surgical rotations. There is time for research projects during the house officer

years as there are no constraints from clinics and answering GP phone calls—ask around and there may be a suitable project for you.

5. **What does my mentor think might be suitable for me?** It is helpful to have a mentor to discuss career planning with. Maybe there is a house officer, senior registrar or consultant from your student days that you've kept in touch with. Your educational supervisor will have experienced many house officers passing through training and is a mentor for many. It helps if they are not from the specialty of your choosing, so that they can provide an outsider view and there is no conflict of interest on the selection panel in future.
6. **What will I be able to put on my CV in 2 years' time?** A CV will be required again to apply for registrar positions. Presenting at conferences, publishing research and articles are your CV currency. Check out what your chosen specialty is looking for on a CV, and aim to fill any gaps over the long-term—projects typically take months or years to complete before they are medical CV-worthy. Surgical courses may be relevant in PGY2 such as Australia and New Zealand Surgical Skills Education and Training ([ASSET](#)) and Early Management of Severe Trauma ([EMST](#)). The Diplomas of Obstetrics and Gynaecology and Paediatrics can be undertaken in PGY2 via the University of Auckland or Otago.

7. **Is a career break suitable for me?** This is not something that is considered until after the reality of work has begun—after that, it is considered by many. It may be suitable for you in future. Many junior doctors have taken off 3 months, 6 months or years during training, often between the house officer and registrar years or while raising a family. Being a junior doctor can be overwhelming and it may be necessary to stop work for health reasons. There are full-time roles in teaching or management available to doctors within many hospitals, which can provide a break from clinical medicine and can sometimes be credited towards training or even college selection criteria. 0.5 FTE (Full Time Equivalent) or job-sharing roles are available. Further post-graduate study is always an option; learning and research has a new purpose from the perspective of a doctor who has now practised some clinical medicine. However, keep in mind that some training schemes may require consecutive weeks in a specialty before you can apply (e.g. general surgery requires 26 consecutive weeks of 1 surgical term, valid for 2 years). Note that CVs will require an explanation of any career breaks. Also be aware of any implications of career breaks on student loans or your financial situation.

8. **When will I sit the college exams?** Having finished medical school, exams are the last thing on anyone's mind. But every training college has their exams.

Plan for exams to be sat at a convenient time in your life, because they require intense preparation over months and they really are major hurdles along the career pathway. Make sure that you will definitely be eligible to sit the exam when the time comes. The initial [Generic Surgical Sciences Examination](#) is now sat before entering surgical training, often in PGY2; other specialty exams are sat while already in training. Some specialties like haematology require two separate, major exams.

9. **Where will I be living?** We are often required by our specialties to travel around the country. Having experience in both small and large centres allows a greater appreciation for both. Small centres can really feel like a family, with more clinical and procedural opportunities available due to having less junior staff numbers; whereas large centres allow access to the latest technology and subspecialised departments, such as transplant medicine. Be aware that your chosen specialty may determine where you will be working for a few months or years, and that being incredibly flexible is a requirement of the training scheme—this has a large impact on family. If you want to serve rural communities, then the career options can be narrowed down to the ones that are suitable for rural practice, for example [dual training in rural hospital training and general practice](#).

10. **Imagine a clinic full of patients**

1. **with your least favourite condition for your chosen specialty. Could you live with that for the next 30 years?** Imagine that you are the gynaecologist consulting on seven new patients with chronic unexplained abdominal pain; or running the general medicine consultant clinic with five co-morbid patients all suffering from “general fatigue”; or that you are the surgeon with the all-day theatre list of deep necrotic, festering pressure ulcers for debridement. Whatever your chosen specialty, the

potential downsides have to be weighed in as much as the benefits. For some, there is no “least favourite” condition for their chosen specialty and so the career path is certain!

So is there anything I should do now? Take 5 minutes to fill out this simple [RMO career planning form](#) from the Ministry of Health website and keep a copy for yourself to revisit each year. It makes a huge difference to have your career plan down in writing. You will be able to look back on it 10 years later and see

how it compares once you have truly reached your career goal. ■

Recommended reading (from a UK perspective):

Choosing a specialty, BMJ 2009; 339 doi: <https://doi.org/10.1136/bmj.b5237> (Published 10 December 2009)
<https://www.bmj.com/content/339/bmj.b5237.full>



How are you?



By Carrie Bryers
DiTC Member,
RMO Whangarei



My memories of being a first-year house officer essentially involved learning to be fast at everything: write fast, think fast, walk fast, type fast, eat fast. But, don't forget to be kind, give patients lots of time, establish rapport, take bloods, develop plans, write discharges, be punctual, go to the toilet and remember drink water before you give yourself acute renal failure.

In first-year, being a doctor seems to predominate one's life. But, it only takes about six months before you are reminded by someone (usually a significant other) that 'the list of to-do's' such as the ones I have mentioned above, are only applicable in the hospital setting. This is because, outside of the hospital, don't forget you have family, relationships, a social life, cultural, religious commitments, those hobbies that you had signed up to, weekend plans and so forth.

How do you balance this? Where do you give time for yourself? If you think I have an answer, I am now PGY3 and still trying to figure it out.

If anything, I spent a lot of my time in PGY2, dreaming up solutions on how to develop a more efficient hospital service so that I could go home earlier. Furthermore, if you are anything like me, my medical school years involved days of procrastination with assignments not being written until the night before. My motto seemed to be "if it's not due day, it's not do day". While I believe procrastination can be therapeutic, in retrospect I do not recommend applying this strategy to your work environment.

Luckily in PGY1, you will be assignment free (congratulations!). You can purely enjoy the clinical environment for what it is. So, I ask that you use this time to focus on yourself,

your wellbeing and take an interest in what you want to learn. Use your time not just efficiently, but effectively. Try to develop new perspectives, reignite old flames (of knowledge), get to know your patients and do challenge yourself.

In saying this, I can guarantee, there will be times in your environment where you will be exposed to higher levels of stress. There is no doubt that a career in medicine can be highly rewarding. However, it can also be demanding with high workloads, long hours, uncertainty and fatigue. Many will agree that an element of stress is necessary and normal in our jobs. But, don't forget the bigger picture, medicine is a lifetime career.

In our lifetime, we will be dealing with the effects of an aging population, increasing chronic disease, deprivation gaps and housing issues as well as a growing need for mental health services to name a few. We are not immune from the external pressures of health care demands. Long-term exposure or high levels of stress have the potential to create negative impacts on our own health. Chronic stress can trigger other areas of our lives to become closed off and develop a lack of enjoyment towards our job. If left untreated, it can lead to burnout, depression and anxiety.

So how often do you check in with yourself? How often do you check in with your colleagues?

As I mentioned before, medicine is a lifetime career. Working out your own balance is indeed tricky and is one that I am still trying to master. I have learnt there is no seesaw in life that sits perfectly on its fulcrum. However, through experiences and awareness, we can learn to detect when one end is beginning to tip too far. My top 10 tips for helping to maintain that balance:

1. Set up a chat site on your phone with your colleagues to help juggle busy days and for ease of swapping on-calls/weekend shifts. (As well checking everyone has stopped to have lunch!)
2. If you see another colleague with a high work load, offer your support—your kindness will be returned.
3. Debrief, debrief, debrief. Have someone to talk to when things haven't gone as planned.
4. Develop hobbies and interests outside of medicine.
5. Develop your interests inside of medicine.
6. If you are sick, stay home. You are doing no one any favours by spreading it around at work.
7. Always remember the bigger picture. Medicine is a lifetime career so enjoy the journey that you will create.
8. Sleep. Eat well. Hydrate.
9. Uncontrollable events in life will occur and throw that seesaw completely off balance. Speak to your RMO and take the time out that you need.
10. Don't be afraid to ask for help. ■



Thinking to travel?

Whether you're thinking of travelling for education or a holiday, it is important to keep the following in mind: The NZMA has an RMO overseas member rate. For only **\$39 per year**, you can stay connected to the NZ medical profession—that's even cheaper than your student membership rate was!

By staying an NZMA member when you go overseas, you will continue to have access to the *New Zealand Medical Journal* (NZMJ) and the *NZMJ Digest*. You will also receive the weekly e-newsletter *Vital Signs*—keeping you up to date with New Zealand's health sector.

If you are heading overseas and want to take advantage of the overseas RMO membership rate email [Julie Hare](#). The Australian Medical Association has produced a **Guide to Working Abroad**. Though it is directed towards the Australian audience, the information is very useful for NZ audiences. For example, there are facts about what to expect when working in healthcare in different regions around the world.

Be sure to use your NZMA Membership Benefits to assist your travelling. We offer discounts when flying Emirates, Air New Zealand Koru Club, and more.

NZMA Parenting Guide



Many a person has concluded, "There is no good time to have children". The reasoning is understandable, with myriad explanations: too young, not enough money, too many other things to accomplish (and experience), too busy, or too old. For doctors, those pressures seem to intensify...

...And yet we still have children...some of us must have found a workable solution!

— **Dr Maria Poynter** (Doctor, former DiTC member, and mother to three children)

The NZMA has produced a **guide for combining parenting and a medical career**. The guide covers parental leave clauses in New Zealand, statistics about New Zealand fertility and births, childcare options, and profiles doctors who have balanced a medical career and a family.

Did you know, NZMA members who are on maternity/parental leave are eligible for a special membership rate?

For more information email [Robyn Fell](#)
or phone **0800 65 61 61**.

Technology and the medical profession



The world to which the professional standards of doctors and medical students apply is expanding rapidly. Society has enthusiastically embraced user-generated content such as blogging, personal websites, and online social networking. Research shows that use of social media by the medical profession is common and growing.

Although doctors and medical students are increasingly participating in online social media, evidence is emerging from studies, legal cases, and media reports that the use of these media can pose risks for medical professionals.

Inappropriate online behaviour can potentially damage personal integrity, doctor-patient and doctor-colleague relationships, and future employment opportunities. Our perceptions and regulations regarding professional behaviour must evolve to encompass these new forms of media.

The Australian Medical Association Council of Doctors-in-Training ([AMA CDT](#)), the New Zealand Medical Association Doctors-in-Training Council ([NZMA DITC](#)), the New Zealand Medical Students' Association ([NZMSA](#)), and the Australian Medical Students' Association ([AMSA](#)) are committed to upholding the principles of medical professionalism. As such, we have created some practical guidelines to assist doctors and medical students to continue to enjoy the online world, while maintaining professional standards.

The NZMA, in partnership with the New Zealand Private Surgical Hospitals Association (NZPSHA), produced *Clinical images and the use of personal mobile devices—a guide for doctors and medical students*.

To view the guide [click here](#) (you must be logged in to the NZMA website to view the guide).



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Open letter to all TIs

Hi, my name is TI, I am 25 years old and about to start my first house officer year with the DHB. I planned every step of my way through medical school so now I need to plan my working career.

I have met with a professional financial planner who has shown me that between now and age 65, I have the potential to earn a net income of over \$4 million—and this is conservative, as it assumes I remain on my starting salary throughout. This is a large amount of income, but I may end up earning a lot more, depending on my chosen speciality and career path.



Medical Financial Advisory Services (MFAS)

09 337 0730 | 0800 379 325 | info@mfas.co.nz

Level 3, 149-155 Parnell Road, PO Box 37343, Parnell, Auckland 1151
www.mfas.co.nz

KiwiSaver/ superannuation

While employed by the DHB, it will match 6% of my contribution of 6%. This is a generous scheme.

I can also choose to contribute up to 10% of my gross salary to KiwiSaver and the DHB will contribute 6%. If I keep this up, every year until I retire then my KiwiSaver will be worth about \$3.0m when I retire at 65. Note if I choose to contribute only 4% of salary, DHB will only match to 4%.

I plan to use my KiwiSaver scheme to help buy my first home, but I don't intend buying this until I have finished my specialty training - so at least 6 years from now. I have chosen a KiwiSaver that provides me with access to my own personal financial adviser as they will help ensure I change my allocation as I get nearer to my home purchase.

Some DHB's will only contribute 3% to KiwiSaver and then another 3% to one of the 3 Super schemes they approve. One Super scheme would allow me to withdraw my funds each time I switched or resigned from DHBs. If I had a mortgage I could then repay lump sums from this - the downside is that I will have less in retirement, but my mortgage would be repaid faster. Another Super scheme will allow me to withdraw funds from age 55. I have talked to senior docs who say by that age you are focused on retirement and unlikely to want to withdraw funds. However the benefit of withdrawing early from a super scheme is something I should consider.

Risk protection

I always thought my house would be my biggest investment but my adviser reminds me that my (minimum of) \$4m of future income is my most important asset.

I wouldn't consider not insuring my house or car, and so I have also chosen to insure my income. I'm young and healthy now, and I love to travel off the beaten track and I'm bit of a mountaineer, trumper and skier—any of which could see me injured for a decent period of time.

While ACC will cover 80% of my income if I have an accident (up to a limit of \$100,000 p.a. though!) if I was sick for a prolonged period of time (or from a condition I couldn't recover from) then my income will be gone. How would I repay a mortgage? How would I take care of my family? I wouldn't be able to contribute to KiwiSaver, which means my employer wouldn't contribute either – a double whammy!

Trauma and income insurance cover is there to provide me with choices at a really difficult time. Life insurance may be important for the loved ones I leave behind. At this stage though I have chosen only a small amount of life insurance for final expenses (repaying the last of my credit card debt and cost of funeral)—for now. I will review this when I get married, have children and take on a mortgage!

Trauma cover and income protection will provide me with options and—hopefully dignity—in the event of a serious illness. I see this as vital to protect my future.

I've chosen level premiums as opposed to premiums that will increase each year as I get older. A little more costly to begin with but a significant saving over time.

My estate

My financial planner tells me it is important to make a will and appoint an enduring power of attorney to look after my affairs should I become incapacitated. These are pivotal documents to ensure that I don't

become a problem for my family and friends. To complete both a will and a power of attorney is likely to cost around \$500 with a lawyer—it will possibly cost my loved ones thousands without.

So my plan to commence employment is in place:

- KiwiSaver/superannuation
- house purchase on track
- know where I'm heading financially
- personal risk protection
- will and power of attorney in place.

But you won't find me resting on my laurels. I know I will need to monitor, measure and review my position regularly and ensure my plan evolves with me and my changing needs. My professional financial planner will be able to assist me with decisions as I get busier and my time even more pressured.

My retirement

This is a strange concept to consider at the start of my career. However I want to be in control of my future and have choices. Retirement savings beyond KiwiSaver contributions are likely to be required. If I save between \$100- \$200 a fortnight from when I start earning, I am likely to be in a far better position than, say, my professor who is 57 and now (reluctantly) saving \$5,000 per fortnight to meet her retirement targets.

The earlier I consider options the easier my future path will be!



Medical Financial Advisory Services (MFAS) are one of the NZMA's membership benefit partners.

MFAS offers a free review and a financial plan worth \$1500 to NZMA members.

With sound advice and extensive experience in dealing with medical practitioners, this exclusive offer will help you achieve your objectives—be it wealth accumulation, dealing with superannuation and KiwiSaver, retirement or mortgages. This is an opportunity for your various financial considerations to be streamlined to meet your specific personal objectives.

To book an appointment, contact:

Hamish | 021 632 226 | hamish@mfas.co.nz

Sue | 027 297 0950 | sue@mfas.co.nz

Click here to find out more about MFAS and their expertise, or call the NZMA financial helpline:
0800 379 325

Trainee Intern Prize 2019

NZMA Trainee Intern Prize 2019 entry form

Please complete this form in full, as well as the Membership Direct Debit Form on the next page, and mail/email to NZMA by Friday 8 November 2019:

New Zealand Medical Association

Freepost 185168

PO Box 156

Wellington 6140

Or scan and email to: communications@nzma.org.nz

Surname:

First name(s):

Postal address:

.....

Home phone number:

Mobile number:

Email:

Graduation date:

*Terms and Conditions:

1. By entering the New Zealand Medical Association (NZMA) Trainee Intern prize competition, all entrants agree to renew their membership with the NZMA for the next year (2018) by completing the attached Membership Direct Debit Form.
2. Membership cost: \$10 per month from December 2019 to September 2020 via direct debit (\$90 total). If you choose another payment method, the cost of membership from Dec 2019-Sept 2020 is \$252.
3. The competition is open to the Trainee Intern class of 2019 only.
4. Only one entry per person will be accepted.
5. Entries will only be accepted if a fully completed Membership Direct Debit Form is returned, either by post or scanned and emailed.

6. This competition closes Friday 8 November 2019. The prize draw will be made in the following week/s.
7. The winners will be contacted by the NZMA by email or telephone. The winners' names will also be announced in the NZMA e- newsletter *Vital Signs*.
8. The prize is one of two \$500 Noel Leeming Gift Cards.
9. Noel Leeming Gift Card conditions of use apply.
10. **HOW TO ENTER.**

Complete the entry form (above) and the attached Membership Direct Debit Form and send by Friday 8 November 2019 to:
New Zealand Medical Association
Freepost 185168
PO Box 156, WELLINGTON 6140
OR scan and email to:
communications@nzma.org.nz

SIGN UP ONLINE TODAY!

(c) Charge its current fees for this service in force from time-to-time.