

6 July 2020

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## **Proposed Change to Resident Medical Officer Rotation Dates from 2021**

Dear Peter and Nick

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Board and Advisory Councils.

### **General Comments**

The NZMA is supportive, in principle, of changing the Resident Medical Officer (RMO) rotation dates from 2021. While discussions about changing RMO rotation dates have been longstanding, COVID-19 has given impetus and focus to these discussions. We agree that the immediate benefits of such a change will allow the impacts of the COVID-19 response to be addressed so that RMOs are not disadvantaged, while key enduring benefits include the following: i) optimal supervision for new House Officers; ii) better alignment of vocational training across Australasian medical colleges; iii) increased opportunities for leave; iv) avoiding planned service gaps from trans-Tasman rotations. Providing Trainee Interns (TIs) with a break before commencing employment and more time to arrange relocation are also key benefits to wellbeing. However, we also agree that potential issues with this change requiring further consideration and mitigation include the financial impact on graduating medical students, impacts on international recruitment of RMOs, and RMO staffing over the transition period. Our responses to specific consultation questions are provided below.

## Responses to Consultation Questions

### **1. Do you support the proposed change to the 2021 rotation dates?**

Yes. We support, in principle, the proposed change to the 2021 rotation dates.

### **2. Are there any amendments you would suggest to the proposed 2021 rotation dates, and why?**

Yes. We note that the proposed starting dates for 2021 are Monday 18 January for House Officers and Monday 25 January for Registrars. While these are reasonable starting dates, we have concerns that there would only be a 1-week gap between the changeovers for new House Officers and new Registrars. This gap is too short from a number of perspectives including orientating newcomers, providing continuity of care to patients and ensuring safe levels of supervision and support. As such, we suggest it may be preferable to advance the starting date for House Officers to 11 January. This would ensure that there are 2 weeks between changeovers between House Officers and Registrars as is currently the case. New Zealand would still be closely aligned with Australia but would also have the additional advantage of reducing (slightly) the period that TIs are without an income (even more so for those offered placements at DHBs who provide a week of paid orientation prior to new House Officers starting work).

### **3. Do you agree with the identified benefits of the change to rotation dates? If not, which benefit(s) do you think will not be realised or are overstated, and why? What else could be done to ensure or support the realisation of the benefit(s)?**

Yes. We agree with the benefits of the change to rotation dates that have been identified. To realise the benefit of providing TIs a break before commencing employment, both universities need to ensure they do not extend the academic year for TIs simply because their employment dates have changed. This applies to the class of 2020 as well as the classes that will follow.

### **4. Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?**

Yes. The changed starting dates should give RMOs that have applied for vocational training programmes that have been delayed, such as surgery, more time to organise jobs and more time for the DHBs who employ them to fill service gaps. For example, RMOs that have applied to the surgical training programme will not know whether they have been accepted until potentially the end of October and not learn where they would be placed until perhaps mid-November. In the meantime, they still have to apply for, and accept, other non-training jobs which they would then have to pull out of in the event they are accepted into training. This is inefficient and means a DHB would then have to fill these gaps at relatively short notice.

We understand that the current short turnaround time from completing TI year to starting PGY1 has been a key driver behind the proposed revision of the advanced learning in medicine (ALM) curriculum. We are also aware that consideration is being given by at least one of the two medical schools to ways to allow students a longer break after their 5<sup>th</sup> year exams before starting TI year. Having a later RMO start date would allow for this without shortening the TI year. As such, a co-benefit of the proposed delay in the start of RMO rotations might be that the ALM curriculum revisions could be reviewed. Without the same need to cut academic time, there is the possibility that important learning opportunities could still be retained in the TI year.

### **5. Do you agree with the issues the DHBs have identified with the proposed change to rotation dates? Are there specific mitigations you think the DHBs should consider to address these issues?**

Yes. We agree with the issues that have been identified but believe there is a need to give more emphasis and detail on how to mitigate the expected financial impact on graduating medical

students. While this issue is of most concern for current TIs as they have less time to plan what they will do with the extra time this year, it is also an issue for subsequent classes. Accordingly, it is important to consult with all medical students before any decisions are made, not just current TIs, and to ensure that the NZMSA is fully involved in ongoing discussions.

With respect to concerns that some RMOs may resign their employment in response to the date changes to take an extended summer break, we suggest that DHBs be more proactive in planning for this rather than simply waiting for such resignations to roll in. For example, as soon as a decision is made regarding rotation dates, surveys could be sent out to ascertain the intentions of RMOs. The information this would elicit would facilitate planning and mean that shortages can be better planned for rather than reacted to. Another group of RMOs who potentially would not stay for the 6 to 7-week extension would be UK/Irish/other international doctors who are planning on heading home then. This is a large group of RMOs, and it would be worth asking about their intentions earlier rather than waiting for their resignations.

Related to the issue of RMO staffing over the transition period, we suggest that it may be useful to consider allowing new graduates who wish to work rather than take a summer break to register their interest somewhere centrally and be offered short (say 6 week) contracts by DHBs with shortages. They could be used to fill any PGY1 roles that were vacant., concerns regarding supervision and support notwithstanding. If a Registrar resigned, an existing House Officer could be temporarily promoted to that role while a new graduate is used to fill the House Officer's gap.

**6. Do you consider there are other issues with the change to rotation dates in addition to those identified by the DHBs? If so, what are these issues? What mitigations do you think should be put in place to address these?**

We have not identified other issues at this stage, however, it is possible that other issues may arise or become identified. It is important for DHBs to remain flexible and be able to address these as they arise.

**7. Do you agree that the changes to the start of the training year should be implemented through DHB employment offers for 2021?**

Yes. We agree that the changes to the start of the training year should be implemented through DHB employment offers for 2021. We seek further information on what the proposed changes mean for, and how they are perceived by, trainees in General Practice. While there are compelling reasons to extend GPEP1 this year given the impact of COVID-19, the salaries of College-employed GPEP trainees are less than they might otherwise earn so there are financial aspects to extending the year for this group of trainees. It is also important to engage directly with teaching General Practices on the implications of the proposed changes.

**8. Do you consider there are other requirements – professional, legal/regulatory or contractual – to make this change, including the effective extension of Q4 (for House Officers) or second half-year run for Registrars? If so, what are these requirements and how should they best be met?**

As the vast majority of RMOs are on open ended contracts, extending Q4 for House Officers or second half-year runs for Registrars should be ok, however, we expect that a legal opinion on this has been sought. It is possible that some RMOs do not agree to accepting the end of 2020 contract extension. We suggest DHBs proactively plan for this by way of surveying RMOs, for example.

**9. Do you think the original House Officer rotation dates for the balance of the 2020 RMO training year should be amended? If so, do you prefer option 2 or 3 or an alternate option? Are there specific steps or actions required to put your preferred option in place?**

Yes. We believe the original House Officer rotation dates for the balance of the 2020 RMO training year should be amended. However, we do not support Option 1 (which includes a 9-week run for Q3 and a 21-week run for Q4). A 9-week run is too short, even if the MCNZ is being “flexible and pragmatic” in applying the requirement for a minimum of 10 weeks, while a 21-week run is too long. Our preference is for either Option 2 or 3 which are broadly similar.

**10. Are there other transitional issues arising from the proposed change to rotation dates? If so, what are these issues? How would you suggest that these are addressed?**

No. We have not identified other transitional issues at this time.

We hope our feedback is helpful and would like to be kept informed of this work as it progresses.

Yours sincerely

A handwritten signature in blue ink that reads "K. Baddock". The signature is fluid and cursive, with a large initial 'K' and a long, sweeping underline.

Dr Kate Baddock  
NZMA Chair