1 July 2020

Tēnā koutou katoa

**Delaying changeover for Resident Medical Officers (RMO)**

The Ministry of Health (the Ministry) is aware that District Health Boards (DHBs) are considering delaying the start/changeover date for RMOs for 2020/21. As we understand it, the proposed change would mean RMOs would start their rotations in mid-January/February instead of November/December. The shift in changeover would be implemented across all DHBs in New Zealand and would be permanent.

For the purposes of this letter RMOs encompass:

- House Officers; post graduate years 1 and 2 (PGY1 and 2), otherwise known as interns.
- Senior House Officers; post graduate years 3 and above (PGY3+) participating in the house officer pool of allocations.
- Registrars; PGY3+ participating in the registrar pool of allocations, including vocational trainees.

The House Officer year currently starts late November and rotations occur quarterly. The Registrar year starts two weeks later, and rotations occur bi-annually.

We are aware that there have been discussions regarding a delayed changeover date amongst stakeholders including tertiary education providers, the Medical Council of New Zealand, Medical Colleges, Unions, and the Medical Student Association (NZMSA) and that there are a range of different views and levels of support.

The Ministry is not the decision maker in this situation. However, there are some issues and impacts that arise from this proposal that should be considered before a decision is made. The Ministry would like to facilitate a meeting to discuss these issues further with representation from each stakeholder group.

We have set out some of the issues below that we would like to discuss.

**Issues for consideration and further discussion**

*Aligning to the Australian RMO rotation cycle*

Many of the Medical Colleges are binational and the Ministry understands that delaying changeover means New Zealand would be better aligned with the Australian trainee cycle – which supports a trans-Tasman approach to training. This could be beneficial for rotations by potentially enabling trainees to switch between countries (and states) – noting that not all states within Australia necessarily align. However, arguably, having earlier changeover dates strengthens New Zealand’s competitive edge for recruitment by offering rotations earlier than Australia and other international counterparts. Although not necessarily relevant while the borders are closed, it is something to consider in the longer term.

*Supervision and orientation for PGY1s*

DHBs have indicated that delaying changeover to January/February offers the benefit of more senior supervisory support being available when the new PGY1 year starts since senior staff often take holidays over the summer months and Christmas period. With more staff back from leave, trainees should have a better learning experience with appropriate support in place. A deferred start date also potentially allows more time for strengthened orientation and induction. Of note, adequate staffing and supervision should already be in place regardless of when changeover occurs (as this is an accreditation requirement).
Impacts on Trainee Interns

Delaying changeover to January/February might be favourable to some final year medical students (Trainee Interns, TIs) who want to have a break from training before commencing their PGY1. However, the NZMSA has signalled the financial impact on TIs who will potentially be without income from November until the new start date, instead of going straight in to employment. TIs might also decide to travel abroad and consider other employment opportunities overseas; risking the trainee pipeline. The shorter the gap between training finishing and employment commencing the more manageable this becomes.

Impacts on student training

The NZMSA has raised concerns over the financial impact on TIs if Universities extend their programmes. The Ministry does not consider that a delay in changeover means that Universities/training providers will extend their programmes and courses. Nor should student fees increase as a result of this decision. This is not the driver of the proposal and should be considered separately with appropriate consultation. If programmes are extended or costs increased, there should be no expectation that the Crown will fund this.

Impacts of the Covid-19 pandemic

New Zealand’s response to the Covid-19 pandemic has already had an impact on RMO and medical student training. Some students have been unable to undertake their clinical placements and assessments during alert level 4 which has disrupted their learning. TIs were exempt from this -however they may have been impacted by personal health and safety issues.

A decision was also made to defer the usual RMO rotation changeover during alert level 4 as it was uncertain whether it would be safe to shift medical workforce at the scheduled time. The decision to defer the quarter 3 changeover has a potential impact on subsequent scheduled changeovers.

Delaying changeover dates to January/February might provide some flexibility for those trainees who were impacted (and may still be impacted) by the COVID-19 pandemic, or for other unforeseen circumstances that may arise in the future. A delayed changeover allows more time for trainees to complete assessments and/or clinical placements and allows Universities more flexibility to delay graduations where no other solution is available.

Adequate staffing and supervision over November to January/February

If the decision to proceed is made, the Ministry notes that RMOs may not be bound by their current contract to work over November- January/February and might not agree to extend their contract. Instead they may choose to finish as is within their rights and per their existing contract, choosing to take up other opportunities. This could result in a workforce gap for this period.

Proposed next steps

Delaying changeover for 2020/21 will require extensive consultation and engagement underpinned by a carefully planned and managed transitional period. On that basis, and to ensure we have understood the issues and impacts of this proposal, the Ministry would be happy to facilitate a meeting with you and other representatives from key stakeholder groups.

Yours sincerely

Anna Clark
Deputy Director-General Health Workforce
Ministry of Health

Andrew Simpson
Chief Medical Officer
Ministry of Health
8 July 2020

Central Region Technical Advisory Services
69 Tory Street
Te Aro
Wellington 6011

By email: workforce@tas.health.nz

Tēnā koe,

Re: Proposed change to Resident Medical Officer Rotation dates from 2021

Thank you for the opportunity to comment on the above proposal. As you will know, the Council of Medical Colleges (CMC) is the collective voice for the medical colleges in New Zealand, and through its members aims to improve, protect and promote public health via a well-trained medical workforce providing high-quality medical care.

The CMC has already signaled its support for the proposed change to Resident Medical Officer (RMO) rotation dates, as per the CMC letters dated May 1st and May 22nd appended to the TAS consultation document. The CMC would like to reiterate its support for the proposal, and to make some brief comments on the consultation questions, as set out below.

Do you support the proposed change to the 2021 rotation dates?

Yes. For the reasons outlined in CMC’s earlier correspondence, the CMC supports the proposed changes to the rotation dates. Primarily, these reasons are to:

- Minimise the disadvantage to trainees that has occurred due to COVID-19 related disruptions to training rotations and allow more time for completion of training requirements of the first half of 2020. This should also minimise disruption to the workforce pipeline.
• Support patient safety by avoiding PGY1s and registrars starting prior to the Christmas and New Year period where supervision and availability of Senior Medical Officers is reduced.
• Align with the Australian rotation schedules, to simplify training systems and examination processes for trans-Tasman medical (12 of the 15) colleges, and a lesser advantage of facilitating the flow of junior doctors in training between Australia and New Zealand.

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

Some colleges have suggested it would be advantageous to completely align the rotation dates with Australia. This would mean delaying the RMO start date for a further week, so the first RMO run started on February 1, 2021. However, we are aware this could be difficult for the Royal New Zealand College of General Practitioners (RNZCGP), as the GP training program would already need to be condensed to make the rotation date changes possible and condensing further would be problematic. Please see the RNZCGP’s submission for further detail.

Do you agree with the identified benefits to the change in rotation dates?

Yes, the CMC agrees with the identified benefits. As noted above, many of these benefits have been described in CMC’s previous correspondence on the issue.

Do you agree with the issues the DHBs have identified with the proposed change to rotation dates?

The CMC agrees with the issues identified, and in particular recognises that the change in rotation dates will have a financial impact on graduating medical students (trainee interns), which may result in financial hardship for some. The CMC agrees that DHBs should look at the options available to mitigate such hardship.

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?

Yes, the proposed changes will cause challenges for primary care due to the closeness of the proposed changeover dates. Although supportive of the change in general terms, the RNZCGP has indicated that significant lead in time is required to change rotation dates. The RNZCGP has submitted its own feedback on this consultation, providing further detail about the implications and what needs to happen to make the proposed changes to rotation dates from 2021 possible.

In its submission, the RNZCGP outlines that it is contracted directly by the Ministry of Health to train GP registrars, and is currently well underway processing applicants to begin GP training commencing in December 2020. To
change rotation dates, RNZCGP contractual arrangements with the Ministry of Health and the Resident Doctors Association will need to be renegotiated, as well as contracts with GP practices.

The RNZCGP has noted to enable the rotation dates to change within the short space of time required, agreement would be needed from both the Health Workforce Directorate at the Ministry of Health, and the RDA, and the decision would need to be made as soon as possible. As such, the CMC recommends that the DHBs engage directly with the RNZCGP, the Health Workforce Directorate at the Ministry, and the RDA to seek agreement as soon as possible.

It is important that work is undertaken to enable RNZCGP to align. The implications of not aligning would create services gaps, with GPEP applicants being offered employment to start GPEP in early December, when DHBs may not be intending to release them until mid-January 2021. This situation needs to be avoided.

Thank you once again for the opportunity to comment on the consultation document, and please be in touch if CMC can help with progressing this issue in anyway.

Nāku noa nā,

Dr John Bonning
Chair
Submission on the Consultation Document – Proposed Change to Resident Medical Officer Rotation Dates from 2021

Thank you for giving The Royal New Zealand College of General Practitioners (the College) the opportunity to comment on the Consultation document proposing changes to RMO rotation dates from 2021.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprise almost 40 percent of New Zealand’s specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and support our members to provide competent and equitable care to their patients. We do this to improve health outcomes and reduce health inequities.

General Practice Education Programme (GPEP) and Rural Hospital Medicine (RHM) training

The College is the Vocational Education and Advisory Body to Medical Council New Zealand for general practice (GP) and rural hospital medicine (RHM) training. We are contracted by the Ministry of Health to train GP registrars via our GPEP curriculum. Annually we enrol over 180 doctors into GPEP, and we are currently processing over 240 applicants to enter GP training commencing in December 2020, in addition to 27 applicants wanting to commence RHM training.

Summary of our feedback

We have consulted with senior clinical representatives who assist the College in the delivery of our GPEP and RHM training, sharing with them the Consultation Document. The College does support the proposed change to RMO rotation dates and the enduring benefits as expressed in the document have substance, and in our opinion, will ultimately benefit the GP and RHM training programmes.

The College does have considerable concern that the intent to implement this change by January 2021 creates significant change for us, particularly as we are currently well involved in the upcoming cohort intake that numbers close to 270 doctors. Contractual agreements with the Ministry of Health, and the collective agreement with the Resident Doctors Association will need to be renegotiated, in addition to new contracts for hundreds of GP practices, and Medical Educators.
We understand the decision to proceed with January 2021 is based on the detailed immediate benefits in response to RMO training impacted by COVID-19. However a full realignment of our GPEP training and assessment curriculum will be required, that will necessitate an urgent investment by the College in project and clinical resourcing and capability, to fully consult on, and manage these substantive changes within the very short window of time that is being proposed.

**GPEP annual cycle**

Our GPEP1 training commences annually in the 2nd week of December. Registrars have two rotations in their first year, being placed by the College into general practices, changing practices in June. In mid November they are fully assessed via a clinical (OSCI) examination, and a summative written examination is undertaken in early December. At the conclusion of the written examination, they become GPEP2, and are offered individual employment by general practices, continuing with their (full time-3 year) GPEP training.

The majority of GPEP1 registrars are employed directly by the College in their first year, and the College matches their training and location needs against College endorsed teaching practices.

Applications to our GPEP training close in April, and post interviews, applicants are advised of their outcome in June. From this time the College spends many weeks matching individual applicants with sector need, endorsed teaching practices, and Medical Educators. In addition we negotiate funding from the Ministry of Health, and an annual collective employment agreement with Resident Doctors Association, so that by August of each year we provide firm offers of employment to commence in December.

**Impact of proposed change to GPEP for 2021**

If the decision is made to proceed with the proposed change, effectively moving the 2021 first rotation date to mid/late January, the College would need to urgently align itself to this change. If the College did not align immediately, then it is likely that many GPEP applicants would be placed in the difficult position of having an offer of employment to start GPEP in early December 2020, at a time when their DHB employer would be reluctant to release them until mid/late January 2021. The ensuing conflict would not be desirable to any of the parties involved.

The College would likely, as an immediate interim solution, need to condense the 2021 GPEP1 training year so that it started January 2021, and alter the timing of both the clinical and written examinations to be held in early December. We could possibly delay the subsequent move of registrars from GPEP1 to GPEP2 to January 2022, to align with the new cohort of GPEP1 registrars commencing January 2022.

This would have the effect of shortening the GPEP1 training year by a few weeks, that in itself is doable. It does however require the College to fully consult with all stakeholders including the Ministry of Health, Resident Doctors Association, current registrar applicants, College GPEP1 and GPEP2 Medical Educators, College examiners and assessors, GP training practices and their Teachers. We would then need to negotiate new contracts, and to ensure that appropriate clinical and project management capacity is engaged, to manage what will be the substantive changes needed to implement this proposal with urgency.
**Impact of proposed change to Rural Hospital Medicine (RHM) for 2021**

Senior clinical representatives for our RHM training programme are supportive of the proposed changes, and as their training programme is substantially aligned to the DHB model, do not foresee any particular barriers to changing within the timeframe being proposed.

**Conclusion**

In summary, the College supports the proposed change to better align rotation dates and agree that over time there are enduring benefits to doing so. However we are concerned with the proposed timeline and its impact to GPEP, and for this to proceed by January 2021, will require:

- Agreement from Ministry of Health Workforce Directorate and alignment of their contract for services
- Agreement from the Resident Doctors Association to change the GPEP1 training year dates and duration
- All Medical Colleges and DHB’s to be aligned to avoid conflicts and sub-optimal competitiveness for the pool of doctors available for vocational training
- The College’s ability to invest and engage appropriate resources to implement the urgent changes required, as we are working substantively on a daily basis with 270 applicants for their December 2020 commencement.

Therefore, it is with utmost urgency that any decision to proceed and its effective date, is made quickly and decisively, and that its application is applied to all parties and relevant stakeholders.

If you have any questions, or would like more information, please email me at lynne.hayman@rnzcgp.org.nz.

Nāku noa, nā

Lynne Hayman  
Chief Executive

CC. Virginia Mills, Executive Director, Council of Medical Colleges
7 July 2020

Peter Bramley
Chief Executive Lead – RMO Workforce
Nick Baker
Chair, Chief Medical Officers

Email: workforce@tas.health.nz

Dear Peter and Nick,

Re: Proposed change to Resident Medical Officer training dates for the 2021 training year

The NZSA welcomes the opportunity to submit on the above TAS consultation. The NZSA is a professional medical education society which represents over 650 anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. Our key areas of work are advocacy, facilitating and promoting education, and strengthening networks of anaesthetists nationwide.

OVERVIEW
The NZSA is supportive of changing RMO rotation dates from 2021. Our response to the proposals is guided by wanting to ensure that the current cohort of trainees is not disadvantaged by the disruptions caused by COVID-19, that medical education standards are upheld for the benefit of patients through optimal supervision, and that the wellness of trainees is at the forefront of change. While discussion on the commencement of training dates for RMOs has gained impetus in the context of COVID disruptions, it has been a longstanding issue for discussion. We are strongly in favour of making changes to the status quo and refer to this statement in the TAS consultation document: “To miss this opportunity for the upcoming training year would not only leave the current COVID related disruption issues unresolved but also not realise the welfare, training and operational benefits of the shift for the longer term.”

ANSWERS TO SOME CONSULTATION QUESTIONS

Do you support the proposed change to the 2021 rotation dates?
Yes, we support the proposed changes.

Are there any amendments you would suggest to the proposed 2021 rotation dates, and why?
We do not have any changes to suggest.

Do you agree with the identified benefits of the change to rotation dates?
Yes, we agree with the benefits identified, particularly the long-term benefits which have been highlighted in relation to patient safety, quality orientation and access to training.
The current November/December start dates for anaesthesia Senior House Officers and Registrars occur at a time when activity begins to slow down and there is an increase in the irregularity of surgical and anaesthesia rosters. Therefore, junior doctors often enter a new rotation that is in a state of flux, with regular work and schedules disrupted over the Christmas period. This impacts on the quality of their orientation and their sense of “fitting in or getting to know the place.” It is common for junior doctors to feel disconnected and not really part of the team until sometime in February, as it takes such a long time to integrate at a time of so much instability, change and unpredictability in the workplace over Christmas.

Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?
The change is highly likely to improve patient safety over the Christmas period when there are only skeleton staff, as at least the medical staff that are working on the wards, in ED and in the ORs over the holiday period are well versed with their work areas, know the nursing teams and their consultants and are more likely to function at a higher level than when they are only weeks into a new job/rotation/hospital etc. Moving is stressful and there are many different policies, procedures and IT systems that need to be learnt when moving rotations. The shift in starting dates from this stressful time, to the proposed dates in the consultation document will allow for more stability especially as there will be more SMOs in the workplace to assist junior staff. This will be extremely beneficial.

Do you agree with the issues the DHBs have identified with the proposed change to rotation dates?
Yes, we agree a change this year may cause trainee interns financial hardship as they have not prepared to be unemployed in this period. However, there is significant hardship across all sectors of New Zealand in 2020 and this should not be the sole reason not to change to a safer, better aligned and long wished for system. Financial hardship can be mitigated in other ways no doubt and ways to lessen this downside should be explored.

Do you agree that the changes to the start of the training year should be implemented through DHB employment offers for 2021?
Yes, they should be – it is about 45 years since we moved to all changes occurring on 1 January. It was an improvement to move to Nov/Dec, and it is time to move to a better system now. Trainee Interns in future years (when they have had a chance to factor in the holiday) will be pleased and grateful for the last full Christmas-New Year holiday that they are likely to have for many, many years. As TIs they may not yet fully understand that they are entering a phase in their lives where holidays are no longer guaranteed and working on Christmas Day and the holiday season is the norm. The time to wind down and relax between being a TI and a new House surgeon will be a great start to assist these junior doctors to commence their professional lives relaxed, well rested and ready to enter an exciting profession.

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?
Not sure.
Do you think the original House Officer rotation dates for the balance of the 2020 RMO training year should be amended?
Yes, they should be amended.

If so, do you prefer option 2 or 3 or an alternate option?
No preference. We believe either is a viable option.

Thank you for the opportunity to comment. We are happy to answer any questions on our submission if required and look forward to being kept updated on the progress of this consultation.

Yours sincerely

Dr Kathryn Hagen
President
Re Consultation Document: Proposed Changes to Resident Medical Officer Rotation Dates From 2021

Thank you for the opportunity to comment on this important initiative. I am responding on behalf of the Faculty of Medical and Health Sciences, University of Auckland.

Our responses to your specific questions are as follows.

• **Do you support the proposed change to the 2021 rotation dates?**
Yes. The University of Auckland has been considering the potential benefits of a change to the dates for the start of the PGY1 year from the end of November to mid-January for some years and is strongly in favour of this proposal. In light of the challenges created by COVID-19 we are very much of the view that this should occur for the 2021 rotation dates.

• **Are there any amendments you would suggest to the proposed 2021 rotation dates, and why?**
We agree with the choice of dates, which address the difficulties and patient safety concerns associated with the current dates. We would not like to see a later start to PGY1 than the middle of January.

• **Do you agree with the identified benefits of the change to rotation dates?**
Yes – this is a good summary of potential benefits.

  o **If not, which benefit(s) do you think will not be realised or are overstated, and why?**
We note that they apply in general but the actual benefit will vary depending on the circumstances of each student/junior doctor.

  o **What else could be done to ensure or support the realisation of the benefit(s)?**
A timely decision on this matter will help current Y6 students to plan and thereby maximise the realisation of these potential benefits.

• **Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?**
It is worth emphasising that the situation in respect of COVID-19 is fragile; in the event that NZ returns to having significant community transmission, the additional time for training may move from being valuable to being essential.

• **Do you agree with the issues the DHBs have identified with the proposed change to rotation dates?**
Yes – we agree with them all. In particular, we know that at least some Y6 students are worried about the financial implications of the gap between graduating and starting work as a PGY1 house officer. This will be made more difficult by the fact that they have not been able to
budget for this from the outset of the year.

- Are there specific mitigations you think the DHBs should consider to address these issues?
  Measures to mitigate the financial impact of the decision for at least those students for whom it really does represent a genuine challenge would be very important.

Close consultation with the NZMSA would greatly facilitate the identification of effective mitigations.

- Do you consider there are other issues with the change to rotation dates in addition to those identified by the DHBs?
  No.

  - If so, what are these issues?
  - What mitigations do you think should be put in place to address these?

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

- 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?
  An extension of Q4 and second half-year runs should be part of this plan.

  - If so, what are these requirements and how should they best be met?
    It may be helpful to explore a staggered start to PGY1 appointments between 20 November 2020 and 18 January 2021 to accommodate some variation in current PGY1 doctors’ individual decisions on extending their term; this might also go some distance to managing the financial impacts of the change on current Y6 students.

- Do you think the original House Officer rotation dates for the balance of the 2020 RMO training year should be amended?
  This will probably be necessary.

  - If so, do you prefer option 2 or 3 or an alternate option?
    No preference.

  - Are there specific steps or actions required to put your preferred option in place?
    N.A.

- Are there other transitional issues arising from the proposed change to rotation dates?
  None that we are concerned about.

  - If so, what are these issues?
    N.A.

  - How would you suggest that these are addressed?
    N.A.
Yours sincerely

Alan

Professor Alan Merry ONZM FANZCA FFPMANZCA FRSNZ
Deputy Dean, Faculty of Medical and Health Sciences
30 June 2020

Dr Peter Bramley – Chief Executive Lead, RMO workforce
Dr Nick Baker – Chair of National Chief Medical Officers

Via email only: workforce@tas.health.nz

Tēnā kōrua Peter kō Nick,

Consultation on Proposed change to Resident Medical Officer Rotation dates from 2021
Thank you for providing the Medical Council of New Zealand (Council) with an opportunity to comment on the DHB proposal to change the start of PGY1 training year from the end of November to mid-January at the end of this year (2020).

Overall, our position on the proposed change is neutral. As we have previously communicated, we do not consider that there are any regulatory barriers to altering the start of the training year for PGY1s or other RMO groups. We note many of the proposed benefits and potential issues set out in the consultation paper are operational and beyond Council’s regulatory remit to protect and promote public health and safety in New Zealand.

We would make the following comments on the proposal:

- A stated benefit is that having PGY1 interns start work after Christmas and New Year would address the issue of SMOs taking leave during this time, which currently results in “reduced access to supervision” and “disrupts services and formal training activity”. Regardless of the time of commencement, Council requires all PGY1 and PGY2 interns to be appropriately supervised at all times. This is a standard that we assess when accrediting DHBs as providers of prevocational training.

- Council is able to register new doctors at any time they qualify (in the case of the medical school year), or at the time they receive their vocational qualification (in the case of completing College training).

- We note that PGY1 and PGY2 doctors must work only in Council-accredited clinical attachments as part of their training programme. Council position is that interns should not be adversely affected as a result of COVID-19 disruption to their accredited attachments and that, where necessary, the DHBs (via their prevocational educational supervisors) should take a flexible and pragmatic position in applying the requirement that interns complete a minimum of 10 weeks of any clinical attachment.

- However, when looking at the potential transitional options for Q3 and Q4 rotation dates in 2020 (at paragraph 65 of the consultation paper), Council notes that options 2 and 3 appear preferable to option 1. These options would enable those interns who changed rotations in June for Q3 to have additional weeks to meet their clinical attachment requirements and would avoid the need for a long 21 week fourth quarter.
Thank you again for the opportunity to comment. We would be happy to meet to discuss further if needed.

Ngā mihi

Curtis Walker
Chair, Medical Council of New Zealand
30 June 2020

TAS
Workforce information and Projects
69 Tory St
Te Aro
Wellington 6011

By email to: workforce@tas.health.nz

Tēnā koe

Re: Proposed Change to Resident Medical Officer Rotation Dates from 2021

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on ‘The Proposed Change to Resident Medical Officer Rotation Dates from 2021’ (the proposal).

The RANZCP supports the proposal to have run changes moved to early in the new year and we agree with the benefits outlined in the consultation paper. It would be more convenient to manage register runs as proposed rather than having registrar run changes made just before Christmas, when everyone goes on leave. It will require some temporary administrative changes to the RANZCP’s training system to accommodate the longer registrar run from June 2020 to 25th January 2021, but nothing that would be insurmountable. It would mean that some registrars, in this transition, might take 6 weeks longer to complete their training, but this is probably not a huge issue in the context of a minimum 5 year long programme.

The main issue we highlight is if the authors are going to implement a change to the terms, then we suggest they go with a 7 week phase shift rather than a 6 week one. This amendment would align the timetable with Australian run change dates (they rotate on Monday 1st February 2021, and then 26 weeks later, on Monday 2nd August), which would be a major advantage from an RANZCP training administration perspective.

The RANZCP notes that the proposed house officer run change dates (18th January and 19th July 2021) are only a week before the proposed Registrar run change dates (25th January and 26th July 2021). This proposal may cause more disruption to services than the existing two week gap between house officer and registrar run changes. The new scenario provides less time for the house officers to familiarise themselves with their new service before the registrars also change and this may impact on the continuity of care provided by RMOs. If the registrar run changes were shifted back by a further week to match the Australian dates, this would reinstate a two week gap between house officer and registrar run changes as well. Our suggestion may be viewed more favourably by the DHBs as it would ensure patient care is not compromised by large number of new medical staff entering the health system at one time.
In summary, while the RANZCP supports this proposal, we understand there are complexities in changing the training schedule in Aotearoa/ New Zealand and that agreement would need to be obtained from the universities, the DHBs, the Medical Council of New Zealand, the Resident Doctors’ Association and New Zealand Medical Students’ Association.

If you have any further questions regarding this letter please contact the New Zealand National Office - Tu Te Akaaka Roa. Ms Rose Matthews, National Manager, supports our work and may be contacted by email rosemary.matthews@ranzcp.org or by telephone on 04 472 7265.

Yours sincerely

Dr Alan Faulkner   FRANZCP
Chair, New Zealand Training Committee
07/07/2020

Dear TAS and the 20 DHBS,

Re: Proposed change to Resident Medical Officer Rotation Dates from 2021.

Thank you for inviting the New Zealand Medical Students Association (NZMSA) to give feedback on your consultation document. The NZMSA is the peak representative body for all medical students in Aotearoa, and we have made great efforts to capture their voices for this feedback.

NZMSA conducted a DHB Proposal for RMO Rotation Date Change Survey which was sent alongside the consultation document to all medical students. This was open from 18/06/2020 to 29/06/2020, was distributed to medical students from both University of Auckland and University of Otago, via Facebook pages, class representatives, and email. There were 292 responses in total; 185 Trainee Interns (TI), 92 Fifth year students, 10 Fourth year students, 1 Third year student and 3 Students who were classified as Honours/Other.

The survey asked these questions:

- What year of medicine are you in?
- Have you read all of the proposal?
- Do you support the change in dates?
- If any, what are your concerns regarding the proposal?
- What would you like NZMSA to do?
- What would you like the DHB’s to do?
- Any other thoughts / comments?

The results of this survey, as well as those of the previous Trainee Intern Survey regarding PGY1 delayed start and feedback from the student representatives, were used to form our response to this consultation document.
Proposal

Do you support the proposed change to the 2021 rotation dates?
The NZMSA cannot support the proposal as it stands until the matter of financial support is addressed.

Our most recent survey shows a growing support for the change amongst medical students. When asked if they supported the date change; 58.4% of respondents reported Yes, 30.2% reported No, and 11.3% said they did not mind. Of the 185 Trainee Intern respondents: 89% responded Yes, 10% responded No, 1% did not mind.

However, the matter of financial support is outstanding. Students continue to disclose significant financial concerns and they are disappointed that this proposal fails to detail any tangible plans for the mitigation. The NZMSA cannot support the proposed change to the 2021 rotation dates without any knowledge of financial plans or provisions being made.

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

The NZMSA DHB Proposal for RMO Rotation Date Change Survey highlighted student concerns about deterioration of their clinical skills over a break period and a need for extensive orientation when beginning their PGY1 employment. For this reason, we suggest that every DHB include a period of orientation that is designed to transition the new PGY1s into their job. We understand that this is already in place at many DHBs, but we think this would need to be further improved or extended with the new break from clinical work in mind.

University of Auckland Students note that the 2021 Trainee Interns are scheduled to start at the same date as the 2021 PGY1s, which is seen as less favourable for orientation purposes. We recommend that this is avoided where possible.

Benefits

Do you agree with the identified benefits of the change to rotation dates?
Overall, medical students understand and appreciate the benefits outlined in the proposal. From our most recent survey, many students who are for the proposed change indicated that this was due to their desire for a break.

The Trainee Intern year compared to other university courses is particularly extensive. This is especially so for University of Otago students who, following completion of their 5th year
exams, commence TI only two weeks later and work for twelve months with four short weeks holiday. These students typically have only the weekend between finishing TI and commencing PGY1 employment, in which time many need to relocate cities. Furthermore, the Trainee Interns reported that this year with COVID-19 was noticeably more stressful and disrupted than anticipated and that this warrants the opportunity to rest and recoup before commencing work. The RMO years are also well known for being time intensive, hard work and include a very steep learning curve. The combination of the extensive Trainee Intern year and difficulties of the RMO role is a recipe for mental distress and burnout. This does no favour for our new doctors, the employing DHBs, nor the patients that are treated.

After a long and intensive degree, having an extended break before starting employment would be beneficial for the mental health of a proportion of the medical student cohort. To be clear, this only applies to the medical students who would not face financial difficulty during this lull period between education and employment. This break allows for personal and whAnau time, as well as ample opportunity to relocate to the PGY1 job site. These factors are likely to have a positive impact on the mental health of medical students. We hope that this would have the flow on effect of having less burnout in PGY1, as well as maintaining mental health and wellbeing.

Students agree with other benefits such as:

- Optimal supervision for new House Officers
- Better alignment of vocational training across Australasian medical colleges
- More time to arrange relocation to new workplace

**If not, which benefit(s) do you think will not be realised or are overstated, and why?**

The benefit *Allows adequate time for all TIs to complete academic requirements prior to starting employment given indications that there may be a greater number than usual graduating late* has been overstated. In our original Trainee Intern Survey regarding delayed PGY1 start, less than 3% of the 262 TI respondents reported concerns for the competency for PGY1. The vast majority of Trainee Interns deny training disruption that is significant enough to require additional time to meet their academic requirements. The attached correspondence from Auckland and Otago Universities states that they “*have been able to keep most of our Y6 students in the workplace through the different levels of lockdown and we hope to graduate the majority of our students on time.*” However, it is noted that a delayed start would be helpful in
maximising the number of students graduating prior to starting employment, especially given that the uncertainty of what the rest of this year may bring.

The benefit *Provides TIs with a break before commencing employment* will not be fully realised. We believe that this time off will only benefit those students that are financially able to make the most of the break opportunity. However, the benefits of an employment break will not be afforded to all students, as financial hardship means a break will be out of the question for many. This period may have the opposite effect for these students, causing further distress, exhaustion, burnout. These Trainee Interns report that they will be starting employment exhausted, mentally distressed and in considerable debt.

**What else could be done to ensure or support the realisation of the benefit(s)?**

- Financial support. This is further discussed below under issues.
- Wellbeing support for RMOs. Although we have previously outlined that there may be some positive benefits for mental health and wellbeing, we also want to acknowledge that this has to be supported by tangible services. NZMSA recommends DHBs continue to support the mental health and wellbeing of RMOs. As COVID-19 has caused major disruption this year, we are already seeing the negative flow on effects of the stress of a pandemic. This is likely to be compounded by the sudden loss of financial opportunities for almost 2 months and the added pressure of becoming a PGY1 House Officer.

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

- Additional time between finding out ACE results and commencing employment, this allows for more time to find accommodation, move cities etc.
- For students in the earlier years of their medical degree, this may have benefits such as; increased time off before/after their trainee intern year, new opportunity to travel etc.

## Issues and Mitigations

Do you agree with the issues the DHBs have identified with the proposed change to rotation dates?

Yes. We are particularly concerned about the financial impact on graduating medical students.
The Trainee Interns have prepared to begin PGY1 employment in November. We feel this is a fair and reasonable expectation, as this is how it has been for many years, as well as the fact that they have been given confirmed employment dates and commenced their DHB applications via the ACE scheme. This means that, until now, they have been expecting to enter into fully paid employment 2 days to three weeks after finishing their studies. The suggested start date of the 18th of January is seven weeks after the expected start date of 30th of November. On a typical PGY1 salary, this is a loss of approximately $11,656 or $12,505 on the standard Urban scale Category C on the RDA (1) or STONZ (2) MECAs (respectively). For each and every new PGY1, this will be the cost of the proposed change.

These monetary values serve the purpose to remind you of the financial loss that these new PGY1s will make should this decision go ahead. Furthermore, please consider which members of the health system that are being financially impacted most by this decision. The new PGY1s will have just finished a minimum six years of study, majority with already considerable debts owed, and most of whom will not be currently employed, nor are likely to find a job of similar income for the seven week gap. The current house officers and training registrars are currently all employed and will continue to be employed over the seven week period. For the trainees whose programmes have been affected by COVID-19, this change will prevent them from having to undertake additional remedial training, thus saving them time and money. In short, for the RMOs who this change will affect, it stands to inflict the most financial damage on those that are the least financially stable.

As you can see by the results of the most recent survey, the current Trainee Intern class are largely accepting of the proposed change (89% of T1 respondents said that they supported the proposal). When they further elaborated on this, many said this was conditional of having financial support of some form. To others, those who voted no to the proposal, this financial loss was completely infeasible, unacceptable, and a great cause of concern. From our observations, those that are the most concerned by these financial loss include students from lower socio-economic backgrounds, older students who have previously worked in other professions that are more likely to have dependents or mortgages repayments to make, and students who either went on an overseas elective or lost considerable amounts due to failed planned overseas electives. When you consider the financial losses they will make, their financial obligations and current financial situation, it is clear to see why these groups of students are so concerned and distressed about the proposition of seven weeks unemployment. The options for these students to find short term employment over this time period are extremely limited, especially as many students will be needing to relocate cities in
this time. The job prospects are also worsened by the effect COVID-19 has had on New Zealand’s economy.

The Trainee Interns have been afforded a Tertiary Education Commission grant of $26,756 (GST exempt) for their final year and without sufficient notice in advance, they have been unable to plan and budget for this proposed change accordingly. They were expecting to commence employment in less than six months, and some require urgent financial support. The proposed delay in employment has the potential to have a devastating impact on them, their families, and their livelihoods. These issues will continue to be a concern long term for some future TIs; thus an on-going solution is imperative.

These financial concerns were outlined in detail in the Trainee Intern Survey report regarding PGY1 delayed start, which is referenced in the consultation document. NZMSA and the wider medical student community were concerned to see that this was not given much weight in the consultation document, nor were there any plans disclosed to mitigate the financial issue. Many students who responded to our latest survey disclosed fear that this survey was misinterpreted or simply not listened to by the consultation document authors. Those who are most concerned by the financial implications of the change have not been reassured by the stated intent to investigate financial solutions, “The DHBs are keen to consider what options could be explored to mitigate such hardship if the proposed change goes ahead.” Whilst this sentiment is appreciated, it is clear that this proposal proceeding without any knowledge of arranged financial assistance, will cause a great deal of distress and concern.

As the disclosed financial hardship is prevalent and significant, the NZMSA feels that the financial consequences of the change cannot be ignored and therefore have decided that we cannot support the change without any confirmed financial assistance.

NZMSA also agrees with the other outlined issues; Impact on international recruitment of RMOs, Certainty of RMO staffing over the transition period.

Are there specific mitigations you think the DHBs should consider to address these issues?

Our suggestions for financial mitigations are:

- Permanent increase of the Trainee Intern Grant effective immediately. This is a favourable long term solution, and would require cooperation with the Tertiary Education Commision.
- DHB provision of payment or hardship grants for this year’s graduating medical students.
• Alternative RMO employment options e.g. staggered employment starts, short term employment opportunities.
• Funding of research opportunities for Trainee Interns, such as Summer Studentships. However, this is unlikely to sufficiently address the financial issue at hand.

**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?**
• Deterioration of Clinical Skills over break period (as previously discussed).
• Adverse effects of aligning with Australia such as loss of NZ graduates and Trainees to Australia.
• Unforeseen teething issues.

**What mitigations do you think should be put in place to address these?**
• Extended orientation and greater provision of support - including orientation, buddy system, well being support measures, and clear information to all hospital staff of change of dates.
• Continued consultation and contingency planning.
Implementation

Do you agree that the changes to the start of the training year should be implemented through DHB employment offers for 2021?
The NZMSA are conditional on this point, as we are aware of reasons for and against making this change in 2021.

The reasons for making the change in 2021 is to mitigate the consequences of COVID-19. The consequences that concern students include the effect the disruption has had on meeting academic requirements, and the distress and mental fatigue secondary to a disrupted year. As already discussed, our opinion is that the academic fallout prompted by the year so far has been overestimated.

We agree that this year has been particularly taxing for medical students, especially the TIs, and allowing for these students to rest and enjoy time off prior to starting work would be beneficial. However, without adequate provisions and support, this change has huge potential to awry and create even more distress and fatigue.

The reasons against making the proposed change this year primarily come from the late notice of change. This leads to financial hardship as there has been no opportunity to prepare, appropriately budget or save enough to cover a period of unemployment, which will lead to further mental distress.

NZMSA encourages careful consideration of the timing of this decision. We believe the outlined key enduring benefits of the proposal would still be achieved, alongside a reduction of our primary concern of financial impact on graduating medical students, if this change was made at a later date and implemented in the following year in 2022.

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?
NZMSA wishes to highlight the professional obligations that the DHBs have to their incoming employees. The new PGY1 intake are submitting their employment applications this month. We believe that this change should be made with thought, care and in the best interest of all your current and future employees.

If so, what are these requirements and how should they best be met?
As above, it is unfortunate that this proposal document was not released in a timely manner that aligned with the ACE application process. The Anticipated Indicative date for DHB decision is now 17th of July and ACE applications are due 31st of July, leaving very little time for
consideration of the effects of this change. The lack of timeliness and coordination has put yet another layer of uncertainty for our graduating class of medical students, who have all faced unprecedented disruption to their year.

**Transitional Matters**

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? NZMSA is not an expert in matters concerning House Officers and we would refer to their representative groups for their guidance for this question.

Are there other transitional issues arising from the proposed change to rotation dates? If so, what are these issues? N/A

How would you suggest that these are addressed? N/A

Thank you again for your consideration of our feedback. We hope that this provides valuable insight for your decision making process.

Yours sincerely,

Ellie Baxter
President
New Zealand Medical Students ’Association
E-mail: president@nzmsa.org.nz
References:


8th July 2020

TAS
c/- workforce@tas.health.nz

RE: Consultation Document – Proposed change to RMO Rotation dates from 2021

To whom it may concern,

Thank you for the opportunity to provide feedback on the proposal to move the RMO Rotation dates permanently from January 2021.

In addition to the feedback we have already provided we would also like to add the below comments/concerns:

▪ **Impact on Trainee Interns:**
  The financial concerns for Trainee Interns must be addressed before proceeding with any change. Whether this is a continuation of the allowance or a lumpsum payment to cover the transition period. Noting that we believe any option must be discussed and agreed with the NZMSA.

▪ **Impact on final year trainees:**
  It should be acknowledged that those trainees in the final year of their training have had significant disruptions to this critical period of their training (including both delayed exams and decreased clinical exposures). The change in changeovers may upset their post training fellowship plans or immediate job prospects. Work between DHBs and specialty colleges should allow some leniency with regards to individual circumstances to ensure a smooth transition for those exiting their RMO careers.

▪ **Time in Lieu:**
  We have a concern regarding the ‘Time in Lieu’ that will be accrued by those RMOs who work over the Christmas/NY period. We request that those who work over this period can transfer their Lieu days to their new DHB in January/February. As a solution, one option could be to allow RMOs to transfer any time in lieu that has been accrued in the past 3-month period. The real value of lieu days for many isn’t in the monetary value but in the ability to take a shorter notice leave day. If this change does proceed it must be on the basis that STIL which has only just been accrued can be transferred.
Commencement Dates:
Our view is that there must be at least 1-2 weeks between the commencement of House Officer & Registrar runs starting. We hope the RMO Unit Managers will provide feedback regarding what will be achievable with the resources they have available.

We are also concerned regarding how the proposed changeover would work in the context of the Anniversary Days in certain regions around NZ that would potentially become the first day of the new run - is changeover delayed by a day? Changing over on a public holiday would not be preferable.

Acknowledging Current Anniversary Dates:
If this proposal is to go ahead then it is important that anniversary dates/salary increases still occur as normal and when they are due. We would not be supportive of any RMO being financially disadvantaged by this change.

Acknowledging Current Employment Agreements:
DHBs still need to honour employment agreements for those RMOs who were due to start in November/December – there are some Registrar’s for example who are due to return from parental leave/LWOP in December and unless they agree, their start dates should not be delayed.

Impact on Relocation Costs:
Many trainees have fixed term contracts for housing and childcare arrangements. Will there be any provision for DHB’s to pay for accommodation for trainees who have made fixed term arrangements, which cannot be extended, which were agreed based on the original contracted end of run date?

There are also concerns regarding accommodation availability in the main centres for a January/February start. Will there be any provision for temporary accommodation at the start of the run where suitable accommodation cannot be found?

Impact on Specialty Training: Gastroenterology:
As we have raised previously, Gastroenterology Trainees are, at present, the only medical speciality to run a national training programme requiring trainees to change DHB and/or region every 6-12 months and they have specific concerns about this move.

Impact on Run Descriptions:
Most Run Descriptions indicate a ‘Run Period’ is for 2, 3, 4 or 6 months. The extension for the Auckland region will mean an extra month on these and for those RMOs that
still rotated in June an extra 2-months. How do the DHBs intend on mitigating any concerns raised about this?

We would advocate that appropriate internal rotations should still occur and not a blanket 3 month extension of all current runs through to the new rotation date in the goal that minimal disadvantage is placed on individual RMOs through the date change period.

- **Final Decision:**
  An announcement of the outcome needs to be provided in a timely manner – to allow RMOs to make or alter plans for living arrangements etc. There are concerns that making a decision even now will be not enough notice by some RMOs so flexibility and discretion must be allowed to occur in some instances.

  Whilst our membership indicated their general support at the time of the survey (April 2020), it is apparent that delays in the decision making process is making our membership less supportive of the change due to progressive late notice of the date change. The notice of the date change is important for the obvious reasons of living circumstances, rental leases etc.

We have also attached a letter which has been sent previously to TAS and confirm that the comments and sentiments are still relevant. We would also not support the change unless serious consideration and discussion with the unions and those concerned is undertaken regarding the issues raised above.

We would also like to re-iterate that if this proposal is to move forward then there needs to be a commitment to flexibility and discretion during the transition period for those RMOs who have circumstances or situations whereby waiting and not moving until January/February would create financial hardship or undue stress.

Ngā mihi

Dr Heath Lash
Chairman

Dr Earle Savage
National Secretary

Dr Blair York
Treasurer

Dr Richard Storey
Research
6 July 2020

Peter Bramley
Chief Executive Lead – RMO Workforce

Nick Baker
Chair, Chief Medical Officers

By email: workforce@tas.health.nz

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 5th 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

[Signature]

Dr Kate Baddock
NZMA Chair
29 June 2020

Dr Peter Bramley
Chief Executive Lead – RMO Workforce
By email: peter.bramley@nmdhb.govt.nz

Dr Nick Baker
Chair of National Chief Medical Officers
By email: Nick.baker@nmdhb.govt.nz

Dear Dr Bramley and Dr Baker

Thank you for the opportunity to respond to the consultation document on the proposed change to Resident Medical Officer Rotation Dates from 2021.

The Australasian College for Emergency Medicine (ACEM) is fully supportive of the change and have provided responses to each of the consultation questions as requested.

PROPOSAL

Do you support the proposed change to the 2021 rotation dates?

Yes, we support the proposed change.

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

No, though from an operational perspective it would be preferred if the dates for Registrar changeover were one week later to fully align with the Australian dates, however, this can be managed if this is not possible.

BENEFITS

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 identified benefits to rotation dates.

To support the realisation of this plan, a commitment from the Medical Colleges to ensure minimal disadvantage to trainees and provide some flexibility during the transition period is essential, particularly in regard to certifying training time. This will be a concern for trainees and a commitment will go some way to the acceptance of this plan. ACEM currently has 229 trainees completing training in New Zealand and we feel we are able to audit each trainee record and subsequently case manage and provide individual advice to each them to assist them through transition period and realise the implementation of this plan. We trust other Colleges are able to do the same.

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

It is mentioned in most of the College letters included as appendices, the improvements, equity and efficiencies gained in regard to administration of the FACEM training program will be significant.
**ISSUES AND MITIGATIONS**

- 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?
- 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?

Many of the issues raised in this section of the paper are employment related rather than specifically training program related, making it difficult to comment. We do acknowledge the financial impact on final year medical graduates who will be potentially delayed from starting the first term for several weeks, particularly if this plan is implemented this year and they may not have prepared or already made plans based on the current start date.

A suggestion to mitigate the financial impact of the delay in start date is to consider whether the Trainee Intern remuneration could continue until the new start date, acknowledging the cost of this for the Health Service.

In regards to the impact on IMGs, particularly from the UK and Ireland, it is acknowledged that some specialist training/senior posts may need to be filled with IMGs, however if the there was no loss of training time due to term date alignment, Australian trainees may find that New Zealand is a more attractive option to continue their training and could fill any gaps in these positions.

It is hoped that these issues can be resolved for this year’s cohort of graduates so the longer-term benefits of aligning term dates can be realised.

**IMPLEMENTATION**

- Do you agree that the changes to the start of the training year should be implemented through DHB employment offers for 2021?
  
  Yes, given that many trainees have had terms delayed due to COVID-19, the issues with the disruptions in 2020 should be lessened if this was to be implemented at the end of the second 6-month term, i.e. in January 2021. From an administrative perspective there are no concerns with implementation for the 2021 training year. As the decision will be made in July, there is sufficient time for the College to make the necessary changes to communications, documentation and database functionality in time for trainees to start in January 2021.

- 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?

  No, not from a training program administration perspective.

**TRANSITIONAL MATTERS**

- 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?

  As the House Officer rotation dates for the balance of 2020 RMO training year only impact prospective trainees, the College does not have a strong preference as to which option is adopted. The majority of New Zealand trainees usually apply in Round 1 of Selection into Training process which, for this year has recently closed.

- 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 feel that the College can accommodate, and case manage trainees through the short-term transitional issues so that the longer-term gains can be realised. The implementation and transitional issues are potentially lessened by the COVID-19 delay already pushing out term dates, so this does seem the most opportune time to implement this change which has been discussed for a number of years.

ACEM has already elucidated what we perceive to be the significant advantages to the proposed change to rotation dates in our original submission.

Should you require any clarification of our responses please do not hesitate to contact the College through Mr Damien Reddrop, the General Manager of Training, damien.reddrop@acem.org.au or president@acem.org.au

Yours sincerely,

Dr John Bonning
ACEM President

Ms Lyn Johnson
Executive Director, Education & Training, ACEM
Deputy Chief Executive Officer, ACEM

cc. Dr Stuart Barrington-Onslow, New Zealand Regional Censor
Dr Mark Hussey, New Zealand Regional Deputy Censor
Dr Andre Cromhout, New Zealand Faculty Chair
Dr Barry Gunn, Censor-in-Chief, ACEM
A/Prof Gabriel Lau, Deputy Censor-in-Chief, ACEM
Canterbury District Health Board and West Coast District Health Board Response to Consultation on Proposed Change to RMO Rotation Dates 2021

Proposal
Consultation Questions:
- Do you support the proposed change to the 2021 rotation dates?
- Are there any amendments you would suggest to the proposed 2021 rotation dates, and why?

Response:
Yes. There is universal support for a change to the 2021 rotation dates.

There is a preference to shift the commencement date for registrars to February 1, 2021 in order to preserve a two week gap between the House Officers (HOs) starting their 2021 year and the registrars starting. This gap ensures sufficient orientation time for the HOs who are getting used to their new status as doctors (in the case of PGY1s) as well as the particulars of the service they are joining.

Benefits
Consultation Questions:
- 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)?
- Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?

Response:
Yes. Agree.
No additional benefits were identified.

Issues and mitigations
Consultation Questions:
- 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?
- 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?

Response:
The three issues of financial impact on graduating medical students, the impact on international recruitment of RMOs and managing the RMO staffing during the transitional period were of concern to CDHB respondents.
Previous communications from the Medical Council of NZ indicated that Council staff would register graduating students immediately as they have done in preceding years. This would enable some graduates to be “ready to work” during the transition period on temporary contracts or in a locum capacity, provided they were deployed in lower risk clinical environments with adequate clinical supervision. This would give an option to individuals where financial hardship of a delayed start was apparent.

Staffing the transition period, either with international medical graduates or NZ graduates was of greatest concern to CDHB staff. The intentions of current RMO staff and whether they would agree to work any proposed extension to their current contracts to cover the transition period are unknown at this stage. Intention surveys will be conducted but there remains some significant anxiety about the risks involved during the transition. In addition to the logistical challenges for RMO Unit staff and clinical services alike there will also be the potential for a significant financial impact depending on how any vacancies are covered.

Other Issues:
A number of registrars who had planned a job share arrangement (for family and examination reasons) from December 2020 might be disadvantaged by this proposal.

Respondents weren’t sure that the potential impact GP training dates had been considered adequately in the proposed realignment of the commencement dates and asked that consultation with RNZCGP regarding the full impact.

A commencement date of January 18, 2021 for HOs would require orientation to occur from the preceding week. This mid-January date for orientation will create challenges due to some staff still being away on their Xmas/New Year holiday break.

Consultation Questions:
- Do you agree that the changes to the start of the training year should be implemented through DHB employment offers for 2021?
- 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?

Response:
Yes.
None that we are aware of.

Consultation Questions:
- 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?
- 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?
Response:
Yes. There was general agreement that leaving the planned rotation date as is and prolonging the duration of Q4 for HOs to as much as 21 weeks would lead to negative impacts and unintended consequences such as early resignations. Respondents from within CDHB favoured Option 3 over Option 2 with Option 1 not supported by anyone.

The transitional issues that will arise relate to revision and re-writing of rosters and the ability to support and cover confirmed pre-existing leave arrangements. Whilst some extra work will be required, and cover arrangements adjusted these difficulties are not insurmountable.

Yours sincerely

David Meates
Chief Executive

Michael Frampton
Chief People Officer
25 June 2020

Peter Bramley and Nick Baker
Chief Executive Leads
RMO Workforce and Chief Medical Officers
ALLDHBS@tas.health.nz

Dear Peter and Nick

Response to consultation on proposed change to RMO rotation dates 2021

Thank you for the opportunity to respond to the above proposal. Our response, after stakeholder consultation, is noted in bold below.

Do you support the proposed change to the 2021 rotation dates?
Yes

Are there amendments you would suggest to the proposed 2021 rotation dates, and why?
No

Do you agree with the identified benefits of the change to rotation dates?
Yes

Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?
No

Do you agree with the issues the DHBs have identified with the proposed change to rotation dates?
Yes

Do you consider there are other issues with the changes to rotation dates in addition to those identified by DHBs?
No

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

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?
Yes

If so, what are these requirements and how should they best be met? Flexibility is required in ePort to ensure doctors starting or finishing outside of the national dates due to transitional circumstances are not disadvantaged, and are well supported by clinical supervisors during this time. The best way to do this is for MCNZ to open quarters a bit earlier than usual to provide flexibility to complete initial run assessments.
Transitional matters

Do you think the original house officer rotation dates for the balance of the 2020 RMO training year should be amended?

No

Are there any specific steps or actions required to put your preferred option in place.

No, however option 1 will be least disruptive to individual employment agreements that are already agreed as well as rosters.

Are there other transitional issues arising from the proposed change to rotation dates?

Yes

If so, what are these issues?

There is a sector wide risk of early resignations from RMOs who have met their 10-week run requirement in Q4 and who are changing employers.

This may be compounded if an anticipated shortage of international medical graduates arising from Covid-19 eventuates.

How would you suggest that these are addressed?

Flexibility at an individual DHB level is key to managing risk during the transition phase.

- Different Q4 start date for Auckland DHBs - Given that Auckland run changeover dates are currently different to other DHBs, I do not foresee any reason why Auckland should shorten their Q3 run only to have a longer Q4 run. The goal should continue to be a good training experience, and I’m DHBs can manage with slightly different run dates nationally in the short term.

- Flexibility for DHBs to employ RMOs sooner than the run start date – individual DHBs should be able to employ ACE candidates earlier than the proposed 18 January start date providing there is good supervision in place and appropriate orientation. This would then be a DHB by DHB decision between the employer and the employee. If a PGY1 is started earlier than 18 January they would then have an extended Q1 run.

In conclusion Whanganui DHB will work with whatever agreement is reached at a national level.

Yours sincerely

Russell Simpson
Chief Executive
7 July 2020

Dr Peter Bramley
Chief Executive Lead – RMO Workforce
C/O workforce@tas.health.nz

Dear Peter

Feedback on Consultation – Proposed Change to Resident Medical Officer Rotation Dates from 2021

Thank you for the opportunity to provide feedback on the proposal to change the national RMO rotation dates.

The below response represents the combined view of the Northern Region DHB Chief Medical Officer and Chief Executives and incorporates input from our Regional Training Committee.

Proposal

1. Do you support the proposed change to the 2021 rotation dates?  
   The Northern region DHBs are in full support of the proposal to change Resident Medical Officer rotation dates from 2021.

2. Are there amendments you would suggest to the proposed 2021 rotation dates and why?  
   The Northern region DHBs support the proposed rotation dates for 2021.

   It is acknowledged that the one week gap between House Officer and Registrar rotations may be operationally challenging for DHBs in terms of delivery of orientation and RMO on-boarding.

   The public holidays during January and February do limit options for rotation start dates and extending the gap between the House Officer and Registrar rotation to a two week gap would result in the Registrar rotation falling on Auckland Anniversary day annually.

   While it is acknowledged that the current proposed Registrar rotation falls on Wellington Anniversary day, the number of overall RMOs impacted is less than employed in those DHBs impacted by the Auckland Anniversary day.

   However, in the instance the one week gap was a significant issue for DHBs, the Northern region would accommodate and support, although not the first preference.

Benefits

3. Do you agree with the identified benefits of the change to rotation dates?  
   The Northern region DHBs support the benefits outlined.

4. Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?  
   In particular, and as emphasised by our Regional Training Committee, the advantage to not having RMOs who are new to their roles working over Christmas and New Year is significant.
This period is not only harder to provide supervision for (due to SMO leave) but the often four day (stat holiday plus weekend) periods are times of lower overall staffing with services being less active in the hospitals, which is then compounded by reduced access to primary care services. While historically this period was quieter in hospital, this is no longer the case, and the drop in adult medical work over summer is only minimal.

The reduced supervision aspect of the Christmas and New Year fortnight is compounded by the RMOs unfamiliarity with environment and roles, with these factors combined posing risk in terms of RMO support and patient care.

**Issues and Mitigations**

5. **Do you agree with the issues the DHBs have identified with the proposed change to rotation dates?**  
The Northern Region DHBs agree with the issues identified.

- The financial impact on graduating medical students is acknowledged and we would support exploring options to mitigate this, particularly for those students in a situation of hardship.

- The Northern region and New Zealand as a whole remains reliant on international medical graduates (IMG) who comprise between 20-25% of the RMO workforce, and in particular UK/Ireland graduates.  
  While COVID-19 poses a risk in terms of access to this workforce it also poses an opportunity. While full impacts are yet to be realised, initial concern regarding a reduction in applicant numbers has not eventuated for the current year. IMG applicant numbers for RMO positions remain high for the Northern region, with this mirrored nationally based on data collated through June and early July.

- Certainty of RMO staffing over the Christmas and New Year period will pose some risk on-going if the proposal is to proceed but is a specific concern of the transition period. There is however opportunities to mitigate this through appointment of IMG, particularly at House Officer and Basic Trainee level for which applicant numbers remain high.

  In addition implementing the proposal now for 2021 provides the best opportunity to mitigate the impacts in the transition year. The disruption caused by COVID-19 has resulted in examinations for many specialties being cancelled or delayed and as a result there is likely to be some RMOs due to complete training who do not complete or who are delayed in completing which will minimise the likelihood of shortages.

  The DHBs also have opportunities to manage the flow of RMOs from House Officer to Registrar positions. For example, the Auckland region, in offering a House Officer outline in the offer letter, that their resignation from House Officer position takes effect the day prior to commencement of their Registrar position.

6. **Do you consider there are other issues with the change to rotation dates in addition to those identified by the DHBs?**  
The change in rotation dates provides an opportunity as part of the transition for the current year to offset the impacts of RMOs having worked a shortened Q3 House Officer or second half Registrar rotation.

  This has particular benefit for those RMOs employed in the Auckland region, due to all RMO rotations, being suspended (unless by exception) in May/June 2020 as part of the COVID-19 response and planning. This was unavoidable due to volume of rotations occurring across the Auckland region, with 1300+ RMOs impacted by a shortened rotation.
Implementation

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

   The Northern region agrees the changes in rotation dates should be implemented for the 2021 training year and be done so through the DHB employment offers.

   The challenges regarding transition will be evident and need to be managed whether the change in rotation dates is undertaken now or for future years. Proceeding for the 2021 year however provides the benefit of offsetting aspects of disruption as a result of COVID-19 including smoothing out otherwise shortened rotations and supporting those RMOs with delayed examinations.

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 a second half-year run for Registrars?**

   The MCNZ has confirmed they will provide flexibility in the accreditation of runs for House Officers/Interns where they work a shortened Q3 rotation.

   Further discussions will be required with MCNZ to confirm how accreditation of Q4 will be managed, which will be impacted by the transition approach agreed. If Q4 results in being extended to 21 weeks, opportunities to accredit this as more than one rotation should be explored with MCNZ.

   Operationally, consideration of the impact on the MCNZ e-port system will be required and changes in rotation dates within e-port may be required to be undertaken by MCNZ.

Transitional matters

9. **Do you think the original House Officer rotation dates for the balance of the 2020 RMO training year should be amended?**

   a. If so do you prefer option 2 or 3 or an alternate option?

   b. Are there specific steps or actions required to put your preferred option in place?

   The Northern region supports the change in the rotation dates for the balance of the 2020 RMO training year as part of the transition.

   This would address the issue of a shortened rotation which impacted 1300+ RMOs in the Auckland region, of which 517 were House Officers as a result of the suspension of the May/June planned rotation dates.

   On this basis, Option 2 or Option 3 outlined in the consultation would be the preferred option.

   - Option 2 provides the benefit of smoothing out the rotation length with both Q3 and Q4 being 15 weeks. This ensures MCNZ minimum time requirements are met on both runs, while avoiding an extra-long Q4 of 17-21 weeks which increases risk of House Officers resigning.
   
   - Option 3 allows for the Q3 rotation to be returned to a full 13 weeks, while reducing Q4 from a potential 21 to 17 weeks. Option 3 also provides a balance in terms of smoothing out the rotation length while minimising any potential financial disadvantage and cost impact for DHBs. It does however have an increased risk of early resignation for Q4.

10. **Are there other transitional issues arising from the proposed change to rotation dates?**

    a. If so what are these issues?

    b. How would you suggest these are addressed?

   While there are no further transition issues to identify, the Northern region would reiterate the importance of reaching a decision on the proposal as soon as possible and no later than the 17 July.

   This is important to enable planning for RMOs and DHBs in preparation for the transition. Operationally the decision will also have an impact on roster publication and which rosters DHBs are publishing, in addition to offers of employment both which are required to be finalised in July.
Thank you again for the opportunity to provide feedback on this consultation and we look forward to receiving confirmation of the outcome later this month.

Kind regards

Ian McKenzie
Acting Chief Executive
Northland DHB

Dr Andrew Brant
Acting Chief Executive
Waitematā DHB

Ailsa Claire
Chief Executive
Auckland DHB

Margie Apa
Chief Executive
Counties Manukau DHB
Consultation Document

Proposed Change to Resident Medical Officer Rotation Dates from 2021

(June 2020)
Purpose

The purpose of this consultation document is to set out the changes to the Resident Medical Officer (RMO) rotation dates that the 20 District Health Boards (DHBs) are proposing to introduce from the beginning of the 2021 training year.

Your organisation’s feedback on the proposal and the associated issues is sought to inform the DHBs’ decision making.

The document is divided into a number of sections covering:

- Overview
- Proposal
- Benefits
- Issues and mitigations
- Implementation
- Transitional matters

In most sections there are a series of questions on which specific feedback is sought.

The timeframe for this consultation process is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 June 2020</td>
<td>DHB Chief Executive endorsement of proposal</td>
</tr>
<tr>
<td>17 June 2020</td>
<td>Consultation document provided to stakeholders and placed on TAS website</td>
</tr>
<tr>
<td>1 July 2020</td>
<td>Deadline for feedback on proposal</td>
</tr>
<tr>
<td>10 July 2020</td>
<td>Indicative date for DHB decision and communication to stakeholders</td>
</tr>
<tr>
<td>August 2020</td>
<td>Offer of employment made to RMOS for the 2021 training year</td>
</tr>
</tbody>
</table>

Your feedback should be sent to workforce@tas.health.nz by Wednesday, 1 July 2020.

If you wish to discuss any aspect of this proposal, please email workforce@tas.health.nz.
Overview

1. COVID-19, and the response to it, has caused significant disruption to RMO training.

2. These disruptions have included:
   a. significant reduction in hospital activity impacting on RMOs in procedural specialities
   b. reduced clinical exposure for Trainee Interns, including through temporary suspension of student placements in some DHBs
   c. the four-week suspension of mid-year rotations between DHBs based on Alert Level inter-regional travel restrictions (now lifted under Alert Level 2)
   d. postponement of College exams and other training-related activity
   e. delays in College selection processes.

3. There has been a range of discussions amongst DHB Medical leaders, the Medical Council, Vocational College representatives, and Universities on these impacts and on the response to them.

4. There is a common interest in not disadvantaging the current cohort of trainees while maintaining integrity and professional and public confidence in medical education standards. There is also recognition of needing to ensure workforce welfare concerns are addressed.

5. There have been discussions amongst a wide range of stakeholders over a long period of time that the current New Zealand RMO rotation arrangements are not optimal from a training, welfare and operational perspective. The COVID 19 situation has given some impetus and focus to these discussions.

6. House Officers, particularly PGY1s, traditionally commence employment directly following the conclusion of the university year (last week of November). Registrars commence two weeks later (mid-December), to avoid staff at both levels changing over on the same date. The present arrangement sees new RMOs commencing at all DHBs shortly before the Christmas/ New Year holiday break.

7. This means that new staff who may be in their first year of practice, or are new to the organisation, commence working when many senior medical staff and other health professionals are on leave. DHBs have considered that this unfamiliarity with the organisation and reduced access to supervision is not optimal for the orientation and training of RMOs and for safe service delivery.

8. DHBs have considered it preferable to commence the training year in January to better support orientation, transition into work and relocations at more family-friendly times.

9. There are other welfare benefits for those entering the RMO workforce and for those more advanced in their training. These benefits are outlined more fully in the Benefits section following and the details of the proposed training start and rotation dates in outlined in the Proposal section.

10. DHBs view is that moving the RMO to training year to start in January will provide benefits to the trainees and their families, the DHBs and other stakeholders both in the short and longer term. To miss this opportunity for the upcoming training year would not only leave the current COVID related disruption issues unresolved but also not realise the welfare, training and operational benefits of the shift for the longer term.
Proposal

11. The DHBs propose that the training year for RMOs is altered from the beginning of the 2021 training year. The proposed revised 2021 rotation dates are set out in the following table:

<table>
<thead>
<tr>
<th>Run</th>
<th>Current 2021 Rotation Dates</th>
<th>Proposed 2021 Rotation Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Officers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Monday, 30 November 2020</td>
<td>Monday, 18 January 2021</td>
</tr>
<tr>
<td>2</td>
<td>Monday, 1 March 2021</td>
<td>Monday, 19 April 2021</td>
</tr>
<tr>
<td>3</td>
<td>Monday, 31 May 2021</td>
<td>Monday, 19 July 2021</td>
</tr>
<tr>
<td>4</td>
<td>Monday, 30 August 2021</td>
<td>Monday, 18 October 2021</td>
</tr>
<tr>
<td>Registrars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Monday, 14 December 2020</td>
<td>Monday, 25 January 2021*</td>
</tr>
<tr>
<td>2</td>
<td>Monday, 14 June 2021</td>
<td>Monday, 26 July 2021</td>
</tr>
</tbody>
</table>

* Wellington Anniversary

12. The proposed dates more closely align the rotations to those of Australia (see Appendix).

**CONSULTATION QUESTIONS**

- Do you support the proposed change to the 2021 rotation dates?
- Are there any amendments you would suggest to the proposed 2021 rotation dates, and why?

Counties Manukau District Health Board is supportive of the proposed change to the 2021 rotation dates.

No amendments are suggested.
Benefits

13. Based on the discussion referenced above, there are both immediate and longer-term benefits of the proposed change across a number of dimensions.

14. The immediate benefits allow the impact of the COVID-19 response on RMO training to be addressed so RMOs are not disadvantaged.

15. The key enduring benefits provide for:
   a. optimal supervision for new House Officers
   b. better alignment of vocational training across Australasian medical colleges
   c. increased opportunities for leave
   d. avoiding planned service gaps from trans-Tasman rotations

16. The identified training, RMO welfare, and operational benefits are summarised below and discussed more fully in the following sections.

Table: Identified benefits of proposed shift in RMO rotation dates

<table>
<thead>
<tr>
<th>Training</th>
<th>RMO Welfare</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>For new PGY1s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Allows adequate time for all TIs to complete academic requirements prior to starting employment given indications that there may be a greater number than usual graduating late</td>
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<tr>
<td>• Allows for optimal supervision at start of employment given disruption of leave over Christmas/New Year period</td>
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<tr>
<td>For House Officers &amp; Registrars</td>
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<td></td>
</tr>
<tr>
<td>• Assists with selection and examination timetabling for bi-national colleges, including from COVID-related delays</td>
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<tr>
<td>• Allows full run duration for runs that otherwise were shortened following COVID response</td>
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<tr>
<td>• Facilitates Trans-Tasman placements for trainees with less disruption to training</td>
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<td></td>
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<tr>
<td>• Avoids bringing in new team members ahead of Christmas/New Year period where leave disrupts services and formal training activity</td>
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<td></td>
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<tr>
<td>For new PGY1s</td>
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<tr>
<td>• Provides TIs with a break before commencing employment</td>
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<td></td>
</tr>
<tr>
<td>• More time to arrange relocation to new workplace</td>
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<td></td>
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<tr>
<td>For House Officers &amp; Registrars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Better access to leave over Christmas/New Year period for new employees (including PGY1s)</td>
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<tr>
<td>• Puts the start of training year after the end of the school year so reduces disruption for RMOs with school age children who are required to relocate</td>
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<td></td>
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<tr>
<td>• Minimises financial impact and pressure for RMOs required to relocate prior to Christmas.</td>
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<tr>
<td>For new PGY1s</td>
<td></td>
<td></td>
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<tr>
<td>• Orientation not disrupted by graduation ceremonies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For House Officers &amp; Registrars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Avoids service gaps where RMOs moving to or from Australian rotations</td>
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<tr>
<td>• Allows more time for on-boarding of new RMOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Makes recruitment of RMO workforce from Australia easier</td>
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</tbody>
</table>
Training benefits

For new House Officers (Post-Graduate Year (PGY) 1s)

17. COVID-19 has disrupted the final year of study of the current cohort of Trainee Interns. This has included through the disruption to academic study, the initial suspension of student placements during Alert Level 4 in some DHBs, and the reduction in hospital activity as part of the DHBs preparation planning potentially reducing clinical experience of placements.

18. While in every Trainee Intern cohort there are students who cannot graduate on time, the Universities have indicated that this number could be higher for the classes of 2020, given the impacts above. Delaying the start of the 2021 RMO Training Year until mid-January 2021 should allow all students to graduate before PGY1 employment starts.

19. Additionally, the traditional start time for new House Officers is at the end of the calendar year. This is a time where hospital activity is winding down for the Christmas/New Year holiday period where many Senior Medical Officers are taking leave.

20. The proposed start date for new House Officer of mid-January 2021 will be a time where hospital activity is increasing and there will be increased availability of SMOs to support more access to supervision and training.

For House Officers and Registrars

21. Four general benefits for the training of current House Officers and Registrars are identified from the proposed change of the training year.

22. First, most Medical Colleges are bi-national, operating across both New Zealand and Australian jurisdictions. Better alignment of the training years for Registrars in both Australia and New Zealand would improve the selection, assessment and examination timetabling.

23. This has benefits in both immediate and longer-term benefits. The immediate term benefits relate to the response to, and recovery from, COVID-19. The later starting date for the Registrar training year in New Zealand will allow more time for these processes to be rescheduled without disadvantaging current trainees.

24. In the longer term, a more consistent and a more aligned training year will mean selection and examination processes are consistent and will remove any perceived disadvantage or inequity based on timing.

25. Secondly, and related to the previous point, delaying the start of the 2021 training year – and consequently extending the 2020 training year – would allow those Registrars who had their inter-DHB mid-year rotations suspended by four weeks due to the COVID-19 response to receive the full clinical experience of the second 2020 rotation.

26. The impact differs for House Officers and this is discussed in more detail in the transitional issue section.

27. Thirdly, a few Colleges require RMOs to undertake placements in Australia as part of their vocational training. Closer alignment of rotation dates between Australia and New Zealand will facilitate these arrangements and reduce disruption to the RMO’s training where movement across the Tasman means they cannot complete a full run in the period prior.
28. Lastly, as outlined for new graduates, the Christmas/New Year period is often a time when SMOs take leave. This disrupts services and formal training activity. Moving the start of the training year into January avoids this period and, as a consequence, rotating RMOs start in their new runs at the point where SMO staffing and formal training is returning to normal.

29. As well as the training benefit, it also means that RMOs working over the Christmas/New Year period are familiar with the service.

**RMO welfare benefits**

*For new House Officers (Post-Graduate Year (PGY) 1s)*

30. The completion of a medical qualification is a high stakes and stressful time for students. Moving the start of the RMO training year to January provides graduating trainee interns with a longer break between completing their studies and commencing employment.

31. A recent survey by the New Zealand Medical Students’ Association (NZMSA) in response to early discussion of a change to the start of the RMO training year identified that a number of TIs considered this would be “a valuable opportunity to relax and have a holiday prior to commencing employment” (NZMSA (2020) *Trainee Intern Survey Report: PGY1 Delayed Start*, p.2).

32. While currently only a relatively small proportion of Trainee Interns – fewer than 5% – seek to delay employment until the second quarter of the training year through the Advanced Choice of Employment (ACE) process, this may not reflect hidden demand. A late start involves a three-month deferral of employment post-graduation, means starting a medical career behind fellow graduates, and may be felt to have a negative signalling effect.

33. The longer gap also allows RMOs who need to relocate to start their first DHB role more time to make the necessary arrangements to do so.

*For House Officers and Registrars*

34. Starting the RMO training year in January will provide better access to leave over Christmas/New Year period for new employees (including PGY1s). Currently a large proportion of the RMO workforce enter or change DHB employment at the start of the training year. Consequently, many RMOs will have accrued limited leave entitlements by the time of the Christmas/New Year period.

35. Moving the start of the training year into January avoids this situation. The Christmas/New Year period would always fall towards the end of the training year, and all RMOs would have had the opportunity to accrue leave and apply in a timely manner.

36. This would support the accreditation expectations of the MCNZ around ensuring RMOs are encouraged to manage their own health and welfare, and that annual leave applications are dealt with fairly and transparently.

37. In combination with other rostering requirements – for example the limit on when first year House Officers can work night shift – this is likely to mean there is a more equitable basis for RMOs to take leave over this period and help manage risks around how Christmas/New Year clinical cover is provided.

38. A further benefit to the proposed shift is its better alignment to the school year. The proposed change would put the start of training year after the end of the school year (typically mid-December). This will
reduce the disruption for the family of RMOs with school age children who are required to relocate to another DHB area as part of their training.

39. Lastly, the change in rotation date will mean there is the reduced financial pressure on RMOs who are required to relocate in the lead up to Christmas.

**Operational benefits**

*For new House Officers (Post-Graduate Year (PGY) 1s)*

40. Changing the start of the RMO training year will avoid the situation where formal DHB orientation and stepping into the House Officer role is disrupted by graduation ceremonies.

*For House Officers and Registrars*

41. As noted above, where an RMO is required to undertake a placement in Australia, the current difference of dates means that services effectively face planned gaps/vacancies which can be difficult to cover. The proposed training year dates will significantly reduce the impact of these situations on RMOs and on services.

42. The later start date proposed allows DHBs more time for the necessary on-boarding of new RMOs. This covers the range of pre-employment processes required before any employee starts work.

43. Lastly, the closer alignment of training years between New Zealand and Australia would make recruitment from Australia easier for DHBs. Australian-trained RMOs, who were interested in working for DHBs, would not face the same prospect as New Zealand trainees rotating to Australia of wasting a training opportunity by not being able to complete the majority of rotation.

44. In the context of current difficulties around international travel, and the unknown impact on recruitment of RMOs from overseas, making New Zealand a more practical option for Australian trainees is an appropriate workforce goal.

**CONSULTATION QUESTIONS**

- 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)?

- Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?

Counties Manukau District Health Board agrees with the identified benefits of the change with the rotation dates. Given the uncertainty regarding the movement of UK grads in the next six to eight months, the extension of HO rotations over December / January and the availability of NZ grads during this period provides much needed flexibility if borders restrictions are loosened and UK grads return home in high numbers.
Issues and mitigations

45. Three potential issues have been identified with the proposal that would require further consideration and mitigation.

Financial impact on graduating medical students

46. First, the financial impact on graduating medical students who would face a delay between completion of their studies and starting paid employment as a House Officer of an additional 7 weeks. Final Year medical students have already faced disruption to their academic study.

47. The delay could cause graduating medical students financial hardship. This was a primary concern raised by current TIs in the NZMSA survey referred to above.

48. The DHBs are keen to consider what options could be explored to mitigate such hardship if the proposed change goes ahead.

Impact on international recruitment of RMOs

49. The proposed rotation dates could impact on international recruitment.

50. First, anecdotally the current NZ rotation dates are attractive to RMOs from the UK and Ireland, as they allow them to combine work in New Zealand with overseas travel on the way to or from their home country.

51. The RMO training year in the UK has traditionally started in August. In light of the UK suspensions of the May – July 2020 rotations as part of the UK response to COVID-19, Health Education England (HEE) has indicated it expects there to be a movement away from August rotations across specialties (HEE, Health Education England to re-start medical rotations this summer, 15 May 2020). Therefore, any purported benefits from the current rotation timeframes are likely to be impacted by changes made independently in the NHS.

52. Secondly, given the continued reliance on IMGs, especially for RMOs on doctors from the United Kingdom and Ireland, the near-term impact of COVID-19 on international movement presents a risk independent of decisions on rotation dates.

53. In terms of mitigations, RMO Unit Managers have established an operational group to monitor overseas recruitment activity, and to respond to general, local or specialty-based recruitment shortfalls through targeted actions. This is supported by TAS RMO workforce modelling.

Certainty of RMO staffing over the transition period

54. Deferring the start of the 2021 RMO training year could raise potential issues around the certainty of RMO staffing over the initial December 2020/January 2021 transition period. While RMO employment is generally ongoing/permanent there could be some RMOs who resign their employment in response to the date changes to take an extended Summer break. This could compound any workforce gaps from reduced international recruitment.

55. As at least three months’ notice of resignations is generally required of RMOs. DHBs will actively monitor turnover trends to ensure any emerging service gaps can be mitigated.
CONSULTATION QUESTIONS

- 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?
- 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?

Counties Manukau District Health Board agrees with the issues identified with the proposed changes. To limit potential resignations from HOs stepping up to Registrar jobs in January, offer letters could include a clause that notes resignation from HO position prior to step up would mean resignation from Registrar position also. This is current practice in Northern Region and reflects the ongoing nature of RMO employment. The timing of start dates during January / February is impacted by Public Holidays, given more people are affected by Auckland Anniversary and Waitangi day, the January 25 date for Registrar rotations is the preferred date.
Implementation

56. Any change to the rotation dates for the 2021 training year would need to be made and co-ordinated at a national level.

57. DHB employment offers for the 2021 training year are made through two national processes.

58. First, the Advanced Choice of Employment (ACE) process matches medical graduates to MCNZ accredited PGY1 positions.

59. Secondly, the annual recruitment cycle invites applications from RMOs for PGY2+ House Officer, Senior House Officer and Registrar positions.

60. If the proposed dates for the 2021 training year are confirmed, this change can be given effect through the DHB offers made under both processes. These offers are made in August 2020. Therefore, a decision on the training dates is required to be confirmed by the end of July 2020 at the latest.

61. Except in limited circumstances, RMOs are on open-ended employment until completion of their training (clause 5.1 in both RMOs MECAs). A practical consequence of this is that RMOs would remain in their end of 2020 run until the new 2021 offers take effect (subject to the normal process around resignation, dismissal or other termination of employment).

CONSULTATION QUESTIONS

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

• 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?

COUNTIES MANUKAU DISTRICT HEALTH BOARD AGrees that the changes proposed should be implemented through employment offers for 2021.
The DHBs routinely change the date of the start of the training year to reflect leap years. The start dates of quarters are also changed in a similar way in consultation with the RMOs and their representatives.
Transitional matters

62. If the decision is made to shift the beginning of the 2021 RMO Training Year, transitional issues need consideration.

Balance of the 2020 RMO Training Year

63. The key transitional issue are the rotation dates for the balance of the 2020 training year and how these are impacted by the proposed delay to the start of the 2021 training year. The DHB decision in April 2020 to suspend mid-year rotations between DHBs by 4 weeks, and the decision by the Auckland Region DHBs to suspend all mid-year rotations, creates a shortened nine-week Q3 for affected House Officers. This affected over 500 RMOs.

For House Officers

64. Further change to 2020 House Officer rotation dates would need to be a national decision. We have identified three options for this:

a. Option 1: no change to Q4 rotation date – reduced Q3 (9 weeks) for House Officers whose mid-year rotations were delayed; longer Q4 (21 weeks) for all House Officers

b. Option 2: Q4 rotation delayed 6 weeks – to even out Q3 and Q4 for House Officers whose mid-year rotations were delayed

c. Option 3: Q4 rotation delayed 4 weeks - to even out Q3 and Q4 for the majority of House Officers who rotated on the original mid-year rotation dates

65. These options are set out below:

Table: Potential Options for Q3 and Q4 rotation dates for House Officers

<table>
<thead>
<tr>
<th></th>
<th>Original Dates</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rotating</td>
<td>Delayed</td>
<td>Rotating</td>
</tr>
<tr>
<td>Q3</td>
<td>25/05/2020 (13 weeks)</td>
<td>25/05/2020 (13 weeks)</td>
<td>22/06/2020 (9 weeks)</td>
<td>25/05/2020 (19 weeks)</td>
</tr>
<tr>
<td>Q4</td>
<td>24/08/2020 (14 weeks)</td>
<td>24/08/2020 (21 weeks)</td>
<td>5/10/2020 (15 weeks)</td>
<td>21/09/2020 (17 weeks)</td>
</tr>
<tr>
<td>Q1</td>
<td>30/11/2020</td>
<td>18/01/2021 (15 weeks)</td>
<td>18/01/2021 (17 weeks)</td>
<td></td>
</tr>
</tbody>
</table>

NB: Rotating refers to those RMOs who were not affected delayed by the decision to suspend (e.g. internal rotations; exception made) so moved on the original date.

66. The Medical Council of New Zealand (MCNZ) has advised prevocational educational supervisors to be “flexible and pragmatic” in applying the requirement RMOs complete a minimum of ten weeks of any clinical attachment (MCNZ, COVID-19 - Update for interns, 1 April 2020).

67. This means that retaining the current Q.4 changeover date (option 1) could be viable, noting this involves a very long (21 week) fourth ‘quarter’ for all RMOs.
Nonetheless, in the context of starting the 2021 training year later, and thereby extending the 2020 year, there is an option to amend the remaining rotation dates in 2020 to effectively “even out” the remaining attachments (options 2 and 3 below).

**For Registrars**

The issue does not arise directly for Registrars on the standard six-month (26 week) rotations. The new date for the start to the 2021 training date simply extends the second half-year run. This allows those Registrars whose mid-year rotations were delayed to have the full experience of their second half rotations.

**CONSULTATION QUESTIONS**

- 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?
- 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?

Counties Manukau District Health Board advises that the HO rotation dates should be amended for the balance of 2020. This will allow Q3 to be a 13 week attachment for those in the Northern Region whose Q2 rotations were extended for 4 weeks as part of the COVID-19 response. Option 3 is preferred.
RESPONSE TO THE

PROPOSED CHANGE TO RESIDENT DOCTORS ROTATION DATES FROM 2021

JULY 8, 2020
Thank you for the opportunity to respond to the Consultation Document.

We have reviewed the proposal itself and the basis upon which the suggestion to change the dates relies. Any decision is only as good as the information upon which it relies and if that information is not accurate or misinterpreted, poor decisions can arise. The proposal is drafted in favour of change; our fear is that where the supporting information is inaccurate the brunt of negative consequences that could arise will be borne by our members. Thus, an evidence-based approach is favoured here so that in any outcome decided, consequences are addressed.

Changing the start dates of the RMO year is a significant decision for our hospital and primary care workforce. It impacts in the system as a whole, notwithstanding our pipeline production of trained doctors. Multiple parties and individuals feed into this system, meaning that clarity around drivers, impacts and unintended consequences is essential if we are to ensure we make the best decision.

Our members practice evidence-based medicine in daily clinical practice. As such, this requires a consistent framework upon which a methodical and timely deduction of a clinical presentation is necessary. All clinical decisions are based on weighted evidence, the best of which require time investments from a wide variety of populations. Hence, the overriding theme to our member's reactions were as thus; why the rush? The difference of opinion around the validity of some drivers is exacerbated by the lack of evidence to support many assertions made in the proposal.

The lack of clarity around mitigation strategies was a second theme, we consider to be a product of the speed with which the proposal is being pursued. We are unclear why, in the event of a change of the dates be agreed, it has to happen this year. In saying this we do not agree with the extent argued in the proposal that COVID impacts demand a change this year for reasons we will articulate below. If we are correct (that the covid impacts are overstated) then why could a change not be proposed for 2021/2022 when more time for consideration and clarification around transition arrangements are available? Have we canvassed all the evidence available for the best decision?

Although there is diversity of individual opinion, overall Resident Doctors are not in favour of shifting the dates as follows:

- Should the TI year change  65% said "NO"
- Should the HO year change  61% said "NO"
- Should the Registrar year change  58% said "NO"

NZRDA received over 600 individual comments and submissions on the proposal demonstrating breadth of opinion as well as the motivation for being for or against. The reasons traversed the impact on individuals personally through to the system as a whole. The following attempts to capture all the above, focusing on why people disagree with the proposal as would be expected.
The "rush" has precluded other alternatives from being fully explored by NZRDA as we have been unable to gather responses and reactions from members to alternatives, such as for instance one scoped on the basis of risk benefit analysis, splitting the registrar changeover dates from House Officers and Trainee Interns. In this scenario, an annual "gap" releasing house officers stepping up to become registrars could have material benefit which NZRDA is available to discuss should you wish and if further time for consideration is made available.

The one universally agreed benefit to the proposed shift in dates is better alignment to the school year. The proposed change would put the start of training year after the end of the school year (typically mid-December). This will reduce the disruption for the family of RMOs with school age children who are required to relocate to another DHB area as part of their training. This mainly impacts registrars, but not universally.

As for the issue of whether accommodation is easier to find before or after Christmas, the response across the entire population (TIs and RMOs) was very variable largely dependent on locality and infrastructural support (e.g. outgoing Resident Doctors “handing over” flats to incomers).
Executive Summary

• Whilst there was a diversity of opinion, the majority of Resident Doctors are not in favour of shifting the annual rotation dates;

• The majority of TIs oppose a change in start date, and there are significant financial impacts. Delayed Quarter 2 starts for new graduates is already an option and could be further formalised and developed;

• The impact of COVID-19 on Trainee Interns and Resident Doctors training is either overstated or unspecified. NZRDA would appreciate specific registrars training deficits to be identified. With months until the end of this year, could any that are be rectified in any event.

• The impact on FRACP Part-1 sitters is high of any change to the registrar year;

• There is a significant risk that the NZ RMO workforce leaves for Australia where the pay is higher, and hours of work are less;

• The apparent "rush" to make a decision is considered inappropriate by Resident Doctors. Concern exists that the "rush" has precluded sufficient information and clarity around a significant number of issues as well as appropriate evidence being adduced in support of, or to base many subjective assertions made in the proposal document. It has also precluded further options being raised and explored;

• If change is to be considered, it should be considered for 2021/2022.
Impact of COVID-19

We submit that the impact on COVID is overstated in the proposed document.

No one doctor's learning is the same as the next: with COVID although what we did changed in some respects, it was still valuable experience, just different.

In the case of TIs, they primarily stayed in the workplace and continued to learn. The statement in the overview that "reduced clinical exposure for Trainee Interns, including through temporary suspension of student placements in some DHBs" is at best misleading or overstated and at worst dated. The Trainee Interns remained in the workplace – other student placements were suspended. What temporary disruption might have occurred as this was "sorted out" was very limited indeed.

Furthermore the universities have confirmed that "the majority of TIs will graduate on time" indicating that COVID" disruption" is not so much a concern as to impact graduation. In the event of individuals missing out on some single events such as medical long cases, we have plenty of time to ensure catch up occurs in the upcoming months.

Some have commented that due to the reduction in non-acute activity the access to supervision and learning for TIs was greater than normal over the COVID period. For other Resident Doctors some also commented that their learning was improved, including in surgery where cases were still proceeding, and registrars had access to better supervised operating than they normally would.

Elective procedural access was diminished, but with catchup now underway, the ability to rectify this gap is readily available and should be facilitated regardless of whether we change the dates or not.

Both MCNZ and the colleges have confirmed they will be flexible with respect to any impact of Covid on trainees’ progression and whilst the exam dates are being reset, progression through training programmes has not been disrupted with Trainees being granted interim progression whilst awaiting the new exam dates.

If the year was shifted, the disruption of changeover impacting new exam dates scheduled for the early new year could be significant and detrimental to the Resident Doctors affected and the training pipeline. This is in addition to the annual impact on one of our largest exams, the FRACP part 1 which we will return to.

If further impacts on training are known, they should be detailed by programme so we can make an informed assessment as to remediation or adjustment.

As for the impact of June changeover, the vast majority of Resident Doctors changed on time at quarter 3. Those affected in the Auckland region and very few affected in the Wellington region have not had any detrimental impacts noted. Registrars as the proposal notes were less affected by this than House Officers however MCNZ has already said what impact on the granting of general registration it might have will be marginal at best.
Trainee Interns and Supervision

We have always had delayed start TIs commencing in second quarter but there is no accurate data in the proposal on how many TIs might have a delayed start as a result of COVID-19. Indications are there will be very few in this category:

- The universities have confirmed that "the majority of TIs will graduate on time".
- Those TIs that will be delayed due to COVID are those who did not stay in the workplace for personal reasons largely related to health risk which the Universities assure us are around 10 in number.
- We note the CMC report the Universities stating to them that 10% of TIs might be delayed (we assume including those who would have been delayed in any event), however should this be the most we can expect, disadvantaging 90% of the TIs, is not justified.

There are some TIs who would like a break between medical school and commencing employment. This option is already available were they to elect a second quarter start and could be made more formally available for those who wish, for instance those with school age children for who the change in dates to better coincide with the school year is a benefit (N.B. for all with school age children, not just TIs).

The Trainee Interns feel poorly represented in the process with the consultation document, in the view of many, misrepresenting an early survey conducted by NZMSA. At that time as now the majority of the TIs surveyed by NZRDA did not wish to change the commencement date from November, largely due to financial considerations.

The Trainee Interns are also concerned that the impact on them not be used to affect more senior resident doctor’s views on what might be a better option for them. This concern arises from the nature of the proposal that links all three changeovers (TI, House Officer and Registrar). NZRDA does not believe this linkage is necessary, however.

The need to travel between locations is an issue, primarily for Otago graduates. Auckland graduates have two weeks between medical school and commencing employment however Otago does not. It is noted that Auckland have more holidays overall than Otago so an answer here may lie in revisiting the Otago final year timetable.

The graduation issue is one which we accommodate and have for decades; it is an important event; one supported through cover and leave available to our new colleagues.

Whilst stating that there is "a common interest in not disadvantaging the current cohort of Trainee Interns" (and putting aside future cohorts for a moment) the financial impacts on the Trainee Interns would do exactly this. Yet the proposal sheds no light on how this might be ameliorated this year, let alone for future years. The suggestion that some assistance might be available for those facing "financial hardship" is insufficient. These people come out of medical school carrying huge debts; their entry into the workplace
starts their journey to repaying this and financial independence. As a result, it could reasonably be said they all face financial hardship.

NZRDA believes the real difference in earnings caused by a delay should be made up.

The absence of clarity around this essential question renders the ability of respondents to genuinely consider the proposal in totality and we suggest is immensely dismissive of the Trainee Interns. This cohort has a reasonable expectation of earning come November. The ACE process has had and continues to have published dates for a commencement of employment in November forming at the very least a promise upon which the TIs have a right to rely. We suggest this guarantee should not be dismissed, certainly not without a clear pathway for compensation being outlined.

For the Trainee Intern cohort, the issues of supervision and skills potentially declining in the gap period are without an evidence base and prompted differing but subjective views. On the supervision issue:

• The majority of clinical supervision for new graduates comes from House Officers and Registrars so we question the impact of SMO leave.

• Having said that, if the SMO supervision issue is a factor, SMOs take leave in January and February also (and in some specialties more than at Christmas) so may not be resolved by shifting the date.

• New graduates start the last week in November, 3 weeks before the Christmas shutdown or leave period.

• The quieter non elective period gives the TIs a quieter transition into practicing life which is seen as a benefit.

Some figures on the amount of leave being taken and not taken by SMOs over this period would have helped support the proposition assuming it is SMO supervision that is crucial (as opposed to House Officer and Registrar which NZRDA believes to be the case). However, this being said, we are sure MCNZ would note that at any time, SMOs are required to provide supervision and not abrogate that responsibility for leave or any other reason.

A decrease in practical skills over the break was also noted by trainee interns as a concern especially for those skills such as IV line insertion that require repetition to maintain them – this should not be an understated risk as it is a mainstay of the house officer’s role, one only need to ask a registrar outside of Emergency Department, Anaesthetics, and ICU whether their IV skills are of a suitable standard. Indeed, a common request of the latter two departments is difficult access; a simple delay of several months may see an increased demand for an already stretched service.
Overall, the consideration of supervision and skills delivery appear to at the very least balance out and cannot be used as a basis for such a huge change without a more definitive evidence based assessment as to impact on patient outcomes. International evidence is limited in its usefulness in the New Zealand context due to the application of the Trainee Intern year. However, that aside, if there is an impact the case is not necessarily clear. NZRDA would welcome further research into this factor from which to make a plan to mitigate any validated risk to patients that does exist as best we can.
NZRDA was disappointed to observe that much of the college reasoning to support the change was due to internal administrative benefits. Whilst we support administrative ease, the same level of concern for the impact and wishes of the resident doctors was not as evident.

The RACP for instance have a significant issue that currently negatively affects Australian FRACP part 1 sitters and will NZ sitters if the change goes ahead; the date that exam is traditionally sat. However, despite being aware and receiving multiple approaches to change the dates, has not done so. It would be appropriate we believe that should colleges wish to support the change they look to how they can change their other systems to, if not further support the trainees, then at least remove negative impacts.

A significant number of Colleges did comment however that support for the proposition from the two unions would be “critical”: we understand SToNZ is neutral to the proposition, our members collectively oppose the change. It is reasonable to assert therefore that this “critical” element is not present.

Some colleges did go further to state “it is important that every effort is made to ensure the RMOs are not disadvantaged during the transition period” (RANZCG) and at least one college (Psychiatry) also noted the need to ensure any proposal is not “hurriedly implemented” as such would particularly disadvantage the graduating cohort who have already had a challenging year.

One thing that is notably absent from the College letters is confirmation of any, and if so what, impact on training may arise as a result of COVID. All the Colleges have stated that they will be flexible given the circumstances, however in the absence of specifics regarding what they may not be able to be flexible about which would therefore impact on training, we are precluded from even attempting to remediate. This is not fair on the registrars and in the absence of specifics, should not be used to advance a change in rotation dates without first the opportunity to address any specific concerns.

Furthermore the change to the June rotation was not supported by NZRDA (despite the attempt to imply it was in the TAS communication dated 17 April 2020, notably not signed by NZRDA for this very reason) nor by the evidence of a need to delay at that time. What delay did occur was restricted to Auckland and Wellington with the rest of NZ rotating on time. Given the Auckland (and to a lesser extent Wellington) made a deliberate decision to step outside the previous agreement and “norm”, it behoves these DHBs to ensure any training deficit that might have arisen is made up to these registrars in the remaining time this year.

As for the 5 versus 6 months for the Auckland and Wellington registrars impacted, a literature search on the issue of time versus competency based training assessments performed in late 2019 (see Appendix 2) has concluded that “Using time-length to measure competence and/or skills has not been proven and hence should no longer be utilised in an evolving medical education curriculum.” Therefore, we would challenge any assertion that is basing concerns solely around time served.
The proposal states that a change will provide "increased opportunities for leave" a statement that was viewed very positively by those in favour of the change; so much so that for some at least, this promise was the most significant factor in attracting them to vote "yes". We would therefore like to have a more definitive guarantee that this will be the case.

We ask for this to ensure our members who have voted on the basis of this promise achieve that outcome, but also because we are not convinced the assertion is correct.

The paper has suggested (incorrectly in our view) that RMOs have to accrue leave. We say "incorrectly" as the RDA MECA provides for the 30 days in any leave year being made available. A provision to pay back leave taken if someone leaves early exists to balance fairness to the employer should someone take more leave in a period than is proportional to the annual allocation. Putting interpretation to one side however, TAS does agree that employers can allow Resident Doctors to anticipate leave (the pay back provision again removing financial risk for the employer). For whatever reason this is pragmatically how the DHBs have treated Resident Doctors access to annual leave for decades with the annual allocation becoming effectively available from day one; and for a very good reason we might add based on RMO well being.

Resident Doctors can transfer leave between employers so after the first year at least, leave balances are usually available to them. These two considerations lead us to the conclusion, availability of leave is not for the most part as a result of not having an entitlement available.

By contrast, our experience is that leave availability is due to two main factors: the demand for leave and the amount of cover which is available to enable people to take leave. The latter remains largely static, the former (demand) is the variable factor.

So, if demand for leave increases over Christmas, there will be less available given the DHBs ability to cover is finite. NZRDA is concerned the proposal will increase demand which will result in less RMOs being able to get leave in the new Quarter 4 (old quarter 1) than is currently the case:

• Time off in lieu of statutory holidays worked must be taken in the year they are earned and cannot be transferred. There are 4 statutory holidays over Christmas and New Year which many Resident Doctors will work and as a result become entitled to at least 4 days in lieu they will need to take before the end of (the new) quarter 4 if they are leaving that DHBs employ. Under the proposal far more Resident Doctors will be changing employer at the end of what will be quarter 4 (as opposed to currently the end of Quarter 1) and the demand to take entitled TOIL will have a higher impact on available leave cover.

• The FRACP exams will continue to be sat immediately after the new changeover dates. This will result in more pressure to take MEL as well as potentially leave to transfer between employers all hitting at the same time.
• If the GPEP programme continues as currently scheduled, we will also lose 180-200 resident doctors from our hospital system for the December through February period putting even further pressure on leave availability. In reply to questions on this impact TAS stated “The DHBs can't speak to the details of the GPEP programme, however the general provision in the RDA MECA that supports House Officers who are resigning DHB employment to take up a Registrar position continues to apply.” which appears to suggest they agree with our concerns here.

• RMOs who are transferring DHBs at changeover and sitting part 1’s may well resign before Xmas to have at least one month to use to study to ensure as full as possible preparation for the exam.

The proposal states that "In combination with other rostering requirements – for example the limit on when first year House Officers can work night shift – this is likely to mean there is a more equitable basis for RMOs to take leave over this period and help manage risks around how Christmas/New Year clinical cover is provided." The issue of nights relates to the number of nights being performed and cover available, not to who does them. If there are 30-night shifts to be covered in a quarter, we will have arrangements for 30 aliquots of cover. Whether 1st quarter when nights are performed by second years (first years do more weekends in compensation) or third quarter so first and second years participate equally, there are still only 30 nights and cover for those doing nights, regardless of "who" has to be provided. Leave cover is separate and in addition to cover for night shifts.
The overview correctly confirms that there have been discussions amongst a wide range of stakeholders over a long period of time about the pro’s and con’s of changing the changeover dates. However, it is wrong to suggest this is due to current arrangements not being optimal from a training, welfare and operational perspective. When formally considered, on both occasions the proposition to change the dates was rejected as not being in the interests of the NZ pipeline, training, RMO wellbeing nor security of our medical labour market.

NZRDA attends twice-yearly meetings with the combined Australian medical unions where the issue of increasing medical school outputs has been on the agenda since it started. The impacts on job security, number of positions available, workforce impacts as well as pressure on industrial environment have been reported on over that entire period. It is not without considerable basis therefore we make the following comments about the Australian market and potential impacts on NZ of aligning our dates to better fit theirs.

In separate correspondence, TAS noted that they did not believe “making recruitment of RMOs from Australia simpler is identified as one of the main benefits of the proposal”. However, TAS went on to comment that “The change would mean Australian RMOs would be able to complete their rotations in Australia and move virtually seamlessly into the NZ DHB training environment. In light of the reality of increased domestic competition for training positions in Australia, and the likely reduced opportunities for overseas trained doctors (see Scott, The Future of the Medical Workforce, ANZ-Melbourne Institute, 2019), we think the most likely flow is into NZ, rather than loss...” and also, state “the closer alignment of training years between New Zealand and Australia would make recruitment from Australia easier for DHBs.”

If TAS is correct it would be unlikely given the trans-Tasman system, that Australians would not seek to advance training opportunities in NZ. This would not necessarily result in an increased production of NZ SMOs however as Australians might seek to return to Australia once vocationally registered.

Currently we have very few trans-Tasman rotations; those we do have are largely found in the surgical sub specialities such as paediatrics, urology, neurosurgery, vascular etc. and one medical we are aware of (Haematology). And most of these rotations consist of Australians coming here: in the 10 years to 2018 for example no NZ neurosurgical trainees have rotated to Australia, all these rotations have consisted of Australians coming here. Great for training Australians and controlled of course by Australian based colleges, but what of our workforce?

The impact of greater competition for training opportunities on our own citizens however needs further and careful consideration.

In reply to the question “What percentage of RMOs would benefit from aligning with Australian changeover dates for training purposes?” TAS stated
that "...15 Medical Colleges have indicated formal or informal support for the proposed change in rotation dates. Consequently, it's reasonable to infer the great majority of trainees would benefit from the change in the medium term."

Traditionally however, including since the increased output from Australian medical schools, there has been scant movement of Australian graduates into the NZ workplace. NZ has never had a nett inflow of Australians; even at our highest retention rates (circa 2012-2014) we still had a nett loss to Australia. This includes the NZ citizens who have been attending Australian medical schools. In 2017, we understood there were approximately 400 such NZ citizens at some stage of their university course, of which at least 250 would have graduated by now.

Appendix one identifies the range of rates in $NZ for a 40-hour working week in Australia verses NZ. This clearly identifies a significant pay gap between the countries (45% on average) made worse when considering the Australian overtime rates are considerably higher than our system and other factors such as higher superannuation contributions. Anything which enables the flow of NZ doctors to Australia should therefore be considered in the context of better remuneration available in Australia.

Despite the suggestion that Scott's report indicated a likely flow of Australians into NZ, it does not suggest this at all. Instead it notes the increased number of placements being made available in Australia, especially in rural and primary care, as well as a reduction in hours being worked by Australian doctors as the increased output has occurred.

NZ Resident Doctors continue to locum in Australia and those that wish to have little difficulty in finding positions. Australia is attractive as it is a similar system to our own, equivalent regulatory recognition and as we say, higher rates of remuneration.

The above suggests that an assumption that there would be a positive Australia to NZ flow is unsound. At the very least better modelling needs to be provided to evidence the potential outcomes of removing what is currently an advantage to our labour market in securing our doctors in employment ahead of the Australian year.

The proposal states that "Better alignment of the training years for Registrars in both Australia and New Zealand would improve the selection, assessment and examination timetabling." however it is unclear how this would be affected. As far as the FRACP part 1 examinations, changing the dates would be a huge disadvantage leaving sitters facing changeover immediately before these critical examinations. From our Australian experience we can confirm our changeover dates are the envy of our equivalent FRACP counterparts there. This examination is one of the most stressful amongst a group of exams that all pose significant stress. But in their response to further clarification regarding how we would manage this impact TAS was unable to offer any assistance and stated "this is a concern of the Trainee's Committee and the need for ongoing involvement of trainees in such discussions on this issue is noted". Again, before making a decision that impacts many RMOs in such a disadvantageous manner, better clarity about how we are going to address this is essential.
In reply to the assertion that "where an RMO is required to undertake a placement in Australia, the current difference of dates means that services effectively face planned gaps/vacancies which can be difficult to cover. The proposed training year dates will significantly reduce the impact of these situations on RMOs and on services.” we reiterate our point that there are very, very few of these rotations. However, finishing in December is not mandatory: NZ doctors can continue to work through until February if that is mutually agreed. However again, should they need time to move, surely during the quieter Christmas period, managing one vacancy on a roster should not cause that much stress: we certainly manage far greater vacancies at much busier times of the year.

The proposal states that “In the longer term, a more consistent and a more aligned training year will mean selection and examination processes are consistent and will remove any perceived disadvantage or inequity based on timing.” Again, this statement is without basis and as we have already said ignores as just the one example the negative impacts on FRACP trainees rendering the statement on the face of it, incorrect.

We suspect the desire to attract Australians is best captured in the following statement in the proposal. "In the context of current difficulties around international travel, and the unknown impact on recruitment of RMOs from overseas, making New Zealand a more practical option for Australian trainees is an appropriate workforce goal."

We are aware that 25% of the NZ resident doctor workforce is made up of UK graduates often on temporary work visas.

This has for some time now been a very real risk to NZs essential workforce as it leaves us at the mercy of any international factor that might impact. From a GFC, to BREXIT, to a pandemic; these and potentially other factors outside our control impact heavily on our workforce. And to add to this we are using a quarter our training resources to train for another country.

Some years ago, it was identified that we needed 200 more medical school placements. If we were to achieve that outcome, these workforce risks the proposal is currently raising would not be a reality. We strongly urge the DHBs to join with us to push for 200 more medical school placements, if not to get us through tomorrow, then at least the day after.

As for tomorrow, if the TAS concern about the impact of losing our UK grads is realistic that in itself is an issue we should focus on. We note however that the UK grads work visa's have been extended until February which, should they take advantage of the opportunity to stay, might well resolve the immediate workforce gaps we could have faced.
Transition Issues

Should the decision be to change all three dates, NZRDA does not believe a decision as to what to do with the "gap" this year needs to be made nationally.

Having the same date is the factor which impacts nationally, not what the resident doctors in a specific DHB do if as a result of changing the date a "gap" period arises.

We believe there should be the ability to decide locally, DHB by DHB. There could be for instance, a difference between those Resident Doctors who were affected by a delayed June changeover (Auckland) as opposed to the Resident Doctors in the rest of NZ for whom the June changeover proceeded as normal. And what for instance South Canterbury and its Resident Doctors might decide with a predominantly house officer population could be entirely different, and for good reason, from Waitemata or any other DHB. Issues and how they will impact will be better able to be remediated the closer to the Resident Doctors who are affected, it is.

The mechanism by which Trainee Interns are compensated for loss of earnings needs to be clarified and on the basis of matching the loss that would have been earned (nett), not simply where someone's definition of hardship is applied. Nor would as rumour have it, the ability to incur higher levels of student debt than they already have be acceptable.

The issue of FRACP part 1 sitters and any other exam sitters for whom exams arise in the new year must also be actively managed to assist them have the best possible chance to pass and therefore continue to uphold our training pipelines.

For those resident doctors who wish to take leave during the additional 7 weeks created as a result of the delayed start dates, this must be facilitated.

Those Resident Doctors who face financial consequences of the decision to move the dates must also be recompensed on an actual and reasonable basis. This includes (but is not limited to):

- where rental agreements are fixed to a date,
- having to find temporary "gap" accommodation which could be more expensive and certainly will be if post move accommodation agreements are already signed,
- having to pay rental costs as well as a mortgage for an extended period (as a result of the previously agreed changeover days)
- having to travel back to spend Christmas with family etc.
Finally, with respect to the questions:

• 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?

Yes, we do! However, they are potentially different depending on which employment agreement is applicable. NZRDA is happy to discuss this further.
## Appendix One

### Australian and NZ Salary Rates @ 40 hours per week effective 2019-2020

In $NZ

<table>
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<th>WA</th>
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<tr>
<td>Year 2</td>
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<td>$89,274</td>
<td>$101,607</td>
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<td>$93,003</td>
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<td>$101,408</td>
<td>$64,896</td>
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<tr>
<td>Year 3</td>
<td>$108,817</td>
<td>$91,766</td>
<td>$96,142</td>
<td>$111,762</td>
<td>$81,319</td>
<td>$99,230</td>
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<td>$114,511</td>
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<tr>
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<td>$96,142</td>
<td></td>
<td>$87,858</td>
<td>$105,242</td>
<td>$114,511</td>
<td>$124,086</td>
<td></td>
<td>$72,242</td>
</tr>
</tbody>
</table>

| Registrar | | | | | | | | | $110,633 |

| Year 1 | $108,817 | $111,998 | | | | | | | $76,186 |
| Year 2 | $118,134 | $119,031 | $118,462 | $118,462 | $114,511 | $95,924 | $110,633 | | $80,273 |
| Year 3 | $127,486 | $126,019 | | | | | | | $84,327 |
| Year 4 | $136,467 | $133,030 | | | | | | | $88,409 |
| Year 5 | $153,436 | $140,035 | | | | | | | $92,450 |
| Year 6 | | $148,442 | | | | | | | $111,059 |
| Year 7 | | | | $151,077 | $166,480 | $161,013 | $189,591 | $150,766 | $115,752 |
Appendix Two

Competency-Based Medical Education vs. Time-Based Medical Education Literature Review
November 2019

Background

Constant changes are happening regarding the training of healthcare professionals for better patient outcome and improved medical education. Medical colleges have been transitioning from traditional time-based medical education (TBME) to a more competency-based medical education (CBME) approach. TBME is where the progression of a learner depends on the amount of time spent learning a skill or competency. It carries the assumption that when trainees complete their rotations, they will have achieved mastery of key skills, attitudes and knowledge. Time spent in training, however, is not representative of the experience gained and can have a negative impact on trainee mental wellbeing due to time pressure and forcing an unhealthy work-life balance. CBME has been implemented in many medical colleges due to its advantages of flexibility, drive towards self-determination, consistent effective feedback, greater accountability and its focus on outcome-based learning. It removes time-restriction to allow trainees to progress through training depending on achieving and mastering key competencies and skills. Frank et al have proposed the definition for competency in the medical context to be:

"Competency-based education (CBE) is an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs. It de-emphasizes time-based training and promises greater accountability, flexibility, and learner-centeredness."  

Many colleges in New Zealand have continued to integrate their curriculum with a variant CBME and traditional time-based medical education (TBME) which have continued to be barriers to residents in completing their runs / attachments. Although residents have completed their competency-based component, some have not succeeded in achieving the pre-determined time requirement. Competency-based, time-variant education programs instead focuses on providing continuous mentoring over the course of the program rather than in short periods of time. This is due to the elimination of the time restraint on trainees. Time becomes a resource to trainees, rather than a threat.

Medical Education Frameworks

Canadian Medical Education Directions for Specialists (CanMED) and the United States Accreditation Council for Graduate Medical Education (ACGME) are frameworks of core competencies to evaluate residents in training that have been adopted in Singapore, United Kingdom, and United States of America for a more competency based learning.
The ACGME has selected and endorsed a set of competencies that define the skills every practicing physician should possess. It was developed as a way to evaluate the education of residents by measuring the physicians' ability to administer a high level of care to patients using milestones. CanMEDS framework also describes the abilities physicians need to meet the healthcare needs of patients and serves to improve patient care. CanMEDs initiative began by the Royal College of Physicians and Surgeons. The framework roles are collaborator, leader, health advocate, scholar, professional, and communicator (see Appendix 1). Both frameworks' competencies have been adopted by many medical colleges as a measure of performance for CBME.

Currently in New Zealand, New Zealand Curriculum Framework (NZCF) is followed for prevocational postgraduate medical training. This framework includes competencies that trainees are required to achieve during a predetermined time period. Postgraduate year 1 and 2 (PGY1 and PGY2) doctors have clinical attachments. PGY1 trainees have 4 attachments, each of which are 13 weeks in duration. Each attachment assesses 5 key competencies from NZCF (see Appendix 1). PGY1 trainees are required to complete a minimum of 10 weeks. Trainees working part-time need to ensure they work at least 20 hours per week for it to count towards the prevocational medical training requirements. Even though competency is assessed through the NZCF Framework, a time restriction has been implemented for each run. Integrated TBME in NZCF provides a lack of flexibility for doctors and makes no compromises. In some cases, it has found to be punitive and detrimental to career development.

Quality of Life and Burn Out of Trainees

TBME assessments have been linked to trainee decline of mental health, burn out, decreased quality of life due to increased work, study pressure and time restraint.\(^5\) Medical trainees and doctors have been subjected to increased workload, time pressure and stress which have led to a higher rate of burnout compared to the general population. Physicians are at a higher risk of depression, substance abuse and anxiety which also causes a decline in patient care overtime. A causal link between stress, quality of life and burn out has been established in a longitudinal study with UK doctors.\(^6\) Stressful work environments of medical professionals and students have been normalised historically and currently which further proves to be detrimental to the wellbeing of doctors.

High levels of perceived stress are common amongst medical students during training and evidence suggests that stress during training may result in psychological and emotional damage during their professional lives, which again, contributes to the quality of patient care. A qualitative study in the UK found that medical students perceived academic and work demands provided major sources of stress.\(^7\) The pressure of assessments and applying for residency placements also negatively affected quality of life perceptions.\(^8\) Transitioning from pre-clinical to clinical, then clinical to qualification was perceived to be challenging as students felt the lack of guidance from the medical school and on the academic and individual requirements were
major sources of stress. Students found that they are expected to have a professional persona and found the expectation of confidence and competence to contribute to stress.\textsuperscript{9}

**Competency-Based, Time-Variant Education**

Even though CBME has been implemented in many medical colleges, a time component requirement remains. Competency based, time-variant education frameworks and assessments aim to alleviate time pressure and to offer flexibility to trainees who are finding it difficult to perform under the time restraint or require a longer period to develop competency.\textsuperscript{4} Time variability is defined as the "Institutional acceptance of the need to adapt the pace, intensity or duration of training to ensure that the progress of an individual occurs as soon as and only when they have mastered essential competencies".\textsuperscript{10} On the other hand, trainees who are considered competent before the end of their attachments would also have more time to learn aspects of other key competencies or progress to the next stage of training. CBME also encourages an individualised approach to learning that is applicable to workplace training. It drives trainees to be held accountable for their own learning pace which then promotes learner-centeredness rather than pass-centeredness. A supportive, stimulating work and study environment can influence the innate desire to learn and encourages learning capacity; otherwise known as self-determination.\textsuperscript{11} Granting learners significant responsibility during delivery of care in a protected and supervised environment before they complete a postgraduate program creates a seamless transition into practice.\textsuperscript{12} The transition period for residents have been found to be one of the more stressful times during their training.\textsuperscript{1}

An example of time variability and competence to ease the transition from undergraduate to postgraduate education is being conducted in the demonstration pilot program titled: Education in Paediatrics Across the Continuum (EPAC).\textsuperscript{13, 14} This is a four-institution (University of Minnesota Medical School, University of Colorado, Denver School of Medicine and University of Utah) pilot which is testing the feasibility of utilising ACGME core competencies and entrustable professional activities (EPA) as the foundation of time-variant advancement graduate transition rather than the foundation of time spent on learning.\textsuperscript{15} EPA is a unit of competency in context. It is entrusted to learners for unsupervised execution of tasks once they have demonstrated adequate performance and competence. It is critical in its use to allow trainees to work without direct supervision.\textsuperscript{16} The program is mainly for undergraduate students who are sure of specialising in postgraduate paediatrics education. Students enter this program in their 2nd year of medical school and finish when they have been entrusted to perform 13 EPAs when entering residency and completing other school-related graduation requirements. They will then move on to practice or fellowship after being entrusted to perform 17 paediatric EPAs without supervision. For the past few years, the pilot institutions have chosen 2-4 students to experience longitudinal education and training. Currently, at least 6 students have successfully transitioned to graduate medical education based on performance and demonstration of competence in a time-variable manner.\textsuperscript{15}
Hirsh has recommended continuity as an organising principle of clinical education by moving from short rotations to longitudinal education. This is to facilitate better guidance, assessments, building of supervisor-trainee relationships to further enable the progression of learners. Postgraduate medical training in the Netherlands, United States and Canada have recently been implementing a change into the direction of time-variant structure. The individualised, competency-based, time-variable training allows the length of training to be dependent on the needs of the individual learners. Rather than the pre-specified time durations as the foundation for making decisions regarding the progress through a program, performance as indicators of competence is measured. Traditional time-based programs assume that a specified duration of training leads to competence for everyone. However, time spent on mastery of a skill or competence will be based on the individual's needs. Individual variation in the time it takes to develop competencies may in part be explained by motivation and self-regulated learning ability.

The Royal College of Physicians and Surgeons of Canada (RCPSC) have launched their transformation of resident education across all specialties to a competency-based structure called Competency by Design (CBD) in 2017. This includes 29 speciality programs. The structure has stage-specific EPAs and milestones from the CanMEDS Framework 2015. Milestones illustrate the expected progression from novice to mastery. It allows learners to monitor their own development which then aids to guide individual curriculum development. The CBD curriculum is organised around the expected outcomes of a trainee and advancement of trainees are dependent on achieving those outcomes. It is designed as a time-free system. In other words, trainees advance from one stage to the next as soon as they have successfully achieved a set of competencies that is specific to their specialisation and stage of training. Time becomes a resource and guide rather than a measure of competence hence trainees progress through residency at different rates. Feedback and reflection of progress from both trainee and supervisor is an essential component to this curriculum. Direct and indirect observation of trainees is incorporated into work regularly to maintain a record of the observed performance. Supervisors provide valuable feedback to enable trainees to evolve and improve performance. Trainees are given more flexibility and accountability of their learning as they are encouraged to plan their learning experience and progress in collaboration with their supervisor/mentor. All CBD programs have Competence Committees to approve the stage progression based on the documentation and records of observed performance and achievements of EPAs. The committee also provides a guideline for training activities to facilitate progression and identifies those who have not attained EPAs and/or milestones to arrange appropriate additional support. There isn't a focus on lengthening or shortening training; there is a focus on the growth of trainees to ensure readiness of transitioning to practice.

Three residency programs (anaesthesiology, paediatrics and ophthalmology) in the Netherlands have utilised the competency-based, time-variant approach to allow for flexibility among their trainees. Trainees progress once they have demonstrated mastery...
of knowledge, skills and attitude using workplace-based assessments. Using the Dutch competency-based philosophy, cyclical training of residents is conducted where trainees gather evidence of their development in a portfolio. This process encourages regular reflection on development and performance regarding specific tasks which then is used to guide personal development, future learning goals and strategies.\textsuperscript{21} Time-variant medical education may pressure trainees to obtain competency quicker in a competitive manner; however, this program aims to reduce this possibility by starting residents at different times in staggered periods.\textsuperscript{11} There are multiple entry and graduation dates to allow for this. The structure is customised as trainees are given an individualised introduction program by the department from 2-4 weeks of their entry start date. If trainee has already obtained various competencies in various levels, then their rotations may be reduced or altogether skipped when trainee meets prespecified exit criteria. They can also choose to use the extra time to work on other skills up until the next rotation commences. If trainees require more time, the program can be extended by 3-6 months. Since burn-out is high in the work-life balance of residents, adjusting training programs to improve work-life balance is not merely an option, it's a necessity.\textsuperscript{22, 23} Trainees in these programs are given an opportunity to develop in a chosen direction at a speed that is suited to their capacity and schedule.

Accelerated Medical Education

An acceleration of training has been observed by those undertaking the CBME assessment framework as those who are deemed competent are able to move forward with their training. Eight medical schools with a 3-year medical pathway programs came together to form CAMPP (Consortium of Accelerated Medical Pathway Programs) in 2015.\textsuperscript{24} Individualised training is catered for students in CAMPP, taking into consideration their existing skills and experiences that are of valuable to current learning and training. The training focusses on what the trainee needs to further develop and encourages the utilisation of existing skills for improvement. The 8 medical schools are: McMaster University Michael G, DeGroote School of Medicine; Medical College of Wisconsin (MCW)–Green Bay and Central Campuses; Mercer University School of Medicine (MUSM); New York University (NYU) School of Medicine; Penn State College of Medicine; Texas Tech University Health Sciences Center (TTUHSC) School of Medicine; University of California, Davis (UC Davis) School of Medicine, Queens University; and University of Louisville School of Medicine.\textsuperscript{13} New York University has 12 medical specialisation programs that are currently embarking on the accelerated pathway. This program aims to streamline the transition from undergraduate medical education into postgraduate by capitalising on training and assessing competency across the medical education continuum.\textsuperscript{24} Their competency-based models allow shortening of medical education for those students who are deemed competent and provides individualised experiences for students who know what they want to do in medicine. The accelerated pathway also aims to reduce student debt and aids those who are seeking a rapid entry into the workforce. An example of accelerated medical education pathway is seen in the Dutch College of Medical Specialties. A cut on government funding for Dutch postgraduate medical programs led to all programs seeking flexibility and individualisation of training assuming that on average, length of
training will decrease hence training costs would also decrease. In 2014, Dutch College of Medical Specialties adapted regulations of postgraduate training which allowed for individualisation of training lengths. For trainees who are progressing faster, traditional time-based education does not allow for accelerated, individualised pathways to further master skills. For those who are of need to develop competencies further, time will be extended to allow this. Ottawa Anaesthesia CBME program has thirteen 4-week blocks per year for which training may be extended but not shortened to account for trainees who require more time to achieve competencies. CanMED framework is applied in this program of which the roles are completed longitudinally, usually without a time restriction.

For some, a set period isn't enough to achieve an acceptable level of competency, therefore more flexibility is required for learning support which is provided by a more CBTVE approach. University of Wisconsin-Milwaukee provides a flexible option called UW Flex Bachelor of Science Nursing Degree for registered nurses returning to school which was launched in 2014. This allows registered nurses to progress towards the degree by demonstrating skills and knowledge rather than accumulating course credits. It utilises the knowledge and experiences nurses already have towards the completion of the degree. Trainees earn the degree by successfully completing a series of competency assessments for which trainees can take as little or much time needed to master each competency. Although the program is for 3 years, the median graduation time is 18 months. The purpose of the flexible option is to overcome factors that prevents nurses from returning to school such as time constraints and incompatibility with registered nurses work schedule. Trainees are guided at every step and receive timely feedback from faculty which is essential for learning and development. This allows for choice and self-direction which is supported by the faculty and the assigned academic success coach. Students are first put through orientation and given their individualised learning assessments which are guidelines to their learning path. An evaluation rubric that supports students' goal progression is kept as a record for advancement. A CBME approach is utilised in this program to facilitate learner-centeredness, flexibility and convenience to have a healthy work-life balance. It values the skills and knowledge that students may already have mastered to then progress on to other areas of improvement and growth.

Educational Theories Supporting CBME

There are currently no literature or empirical grounding on the theory that a pre-determined time period is related to an individual’s mastery of specific key competencies and/or skills. Training length should be catered to the needs of the individual learner according to the educational theory Carroll model: Degree of learning= f (time spent/time needed). The model states that a learner succeeds in learning a given task or skill to the extent of time they require to spend to learn the task; which is different for everyone. This model has been applied to recent medical training and is one of the arguments for time variability. The model ties in with Blooms Mastery Learning theory that supports time variation as a necessity for mastery learning due to time reaching mastery standard is different for various learners. Outcomes, however, are meant to be uniform with little to no
variation among learners to ensure high quality patient care amongst all trainees. The theory of self-regulation of learning is key in the development of competence hence individual variation on the time it takes to develop competence maybe explained by motivation and self-regulated learning ability. Self-regulation describes the control of medical performance using self-identification of areas that need to be improved, goal-directed behaviour, and the modification of behaviours to optimise learning and performance.\textsuperscript{30} Time-variant medical education caters for this as consistent feedback from preceptors and supervisors are essential in the progression of stages for learners which then helps both, supervisor and trainee, to create an individualised plan for growth. Self-regulation for individualised plans is utilised by accelerated medical education programs and CBD as mentioned before.

\textbf{Conclusion}

Many medical trainees in New Zealand have failed their TBME despite having successfully achieved the key competencies during their runs. Several emerging medical programs have adopted the CBME assessment, with a time variant structure to alleviate stress and to provide a supportive and flexible learning environment for their trainees which inevitability affects patient care. Using time-length to measure competence and/or skills has not been proven and hence should no longer be utilised in an evolving medical education curriculum.
### Appendix 1:

**Table of medical education competency-based frameworks from various countries**

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<thead>
<tr>
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<th>UNITED STATES</th>
<th>SCOTLAND</th>
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<td>ACGME</td>
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<td>Patient-Doctor Trust Relationship</td>
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References


Proposed Change to Resident Medical Officer Rotation Dates from 2021

Advice from National RMO Unit Managers Group Regarding Transitional Phase

The RMO Unit Managers from all 20 DHBs meet fortnightly to discuss, and agree on, operational matters around employing RMOs. The group has recently discussed the Change to Resident Medical Officer Rotation dates from 2021 consultation document and particularly the operational impact of the 3 options put forward around the transitional phase should the change proceed.

As the group primarily responsible for the operationalisation of the transition phase should the proposal proceed, the 20 DHB RMO Unit Managers / Coordinators were seeking a consistent approach for implementation with a view towards providing advice to the DHB CE group. Initial discussions resulted in a lack of agreement about the most optimal option to follow as a national process and so it was agreed a survey would be carried out. The survey included (see below) the ‘Pros’ and ‘Cons’, as well as risks and mitigations, for each option noting that in the event of disagreement, the default option would be 1.

The results did not clearly define one preferred option over another, however, option 3 received 11 votes with option 1 receiving 9. There was no clear support for option 2 and so this has now been discounted.

It important there is strong support amongst the group with regards to the direction of the proposed change and the question we are struggling to achieve consensus on is ‘how to implement’ rather than ‘is this the right course of action?’. Ultimately, the RMO Units will implement what they are asked to.

The Pros, Cons, Risks and Mitigations of the two options are noted below along with further feedback from the RMO Unit Managers. Note that each option will require further discussion with Medical Council of New Zealand to work through any issues from their perspective.

<table>
<thead>
<tr>
<th>Table 1: Pros, Cons, Risks and Mitigations</th>
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<tbody>
<tr>
<td><strong>OPTION 1 – keep Q3 date (24 Aug), long (21 wk) Q4</strong></td>
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<tr>
<td><strong>PROs</strong></td>
</tr>
<tr>
<td>• No change needed to current 2020 allocations</td>
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<tr>
<td>• No need to rework Q4 rosters</td>
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<tr>
<td>• No potential financial liability (financial disadvantage)*</td>
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<td>• No Q3 operational impacts on</td>
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<td>• Rostering</td>
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<td>• Payroll</td>
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<td>• Leave</td>
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<tr>
<td><strong>CONs</strong></td>
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<tr>
<td>• Very long Q4</td>
</tr>
<tr>
<td>• Very short Q3 for those RMOs who had Q2 rotation delayed</td>
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<tr>
<td>• Additional work required for 21 week roster</td>
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<tr>
<td>RISKS</td>
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</table>
| • Increase in resignations to take leave, especially in unpopular runs | • RMO disagreement to change management process  
• Potential financial liability (financial disadvantage) |

| MITIGATIONS | • Local DHB initiatives to split Q4 and provide additional mini-rotation | • Engagement with RMOs through change process  
• Wash-up approach for Q3 and Q4 potential financial liabilities |

| RMO UNIT MANAGER NATIONAL RANKING | 9 | 11 |

| RMO UNIT MANAGER FEEDBACK | • Less risk of negative regional impact due to management of Q3 rotations as a result of COVID -19 and CMO agreement to suspend rotations  
• No need to carry out change management processes with local RMOs as no need to change rotation dates  
• Less disruptive to RMOs  
• Less administrative functions required (rosters / payroll)  
• Option to continue with original Q4 end date and have an extra (5th) run 30 November 2020 – 17 January 2021  
• Option to employ PGY1 House Officers earlier than proposed January start to cover vacancies | • Provides a more even rotation length for Q3 and 4  
• Provides a more even experience for junior medical staff  
• Less risk for potential impact of resignations over the Christmas period than Option 1  
• Consistency of run length for all House Officers across the 2020 year (x2 13 week runs and 2 x 17 week runs) |

| GENERAL FEEDBACK | • There was general feedback from some DHB RMO Units regarding consideration of the option to phase based on own needs. While this provides flexibility for DHBs it does pose other operational risks in terms of management of the transition and inconsistencies and potential impacts for RMOs. Such an approach would need to be carefully managed. |
To whom it may concern,

Re; PROPOSED CHANGE TO RMO ROTATION DATES 2021

Many thanks for your email sent 18 June 2020 about the proposed change to RMO rotation dates for 2021. We thank you for the opportunity to provide feedback on this issue.

This letter is to confirm our support for the permanent date change for the below reasons;
1/ Long term by having Xmas/NY holiday period at the end of a training year will be beneficial for patient safety; you have a team of doctors who know the hospital and its systems, their jobs and are able to care for patients over the holiday period where staff cover is reduced.

2/ This may also mean that more doctors will be able to use leave over the holiday period to spend time with family. Traditionally we are reluctant to take leave when we have only been in a hospital for a few weeks.

3/ Moving in early December is detrimental to training. Essentially on starting a new DHB there is orientation and two weeks of work before electives slow down for the Xmas/NY/January period making a disrupted start to a training year.

However there are some issues that need to be considered;
1/ Lieu days; when working over the Xmas/NY period we gain days in lieu on public holidays. These are not able to be paid out or transferred upon leaving a DHB, in simple they are use them or loose them. If someone was to work lieu days over the holiday period they would only have a few weeks in January to redeem these before moving DHBs. This is problematic if they can’t be taken as it would make working pubic holidays less attractive for this reason. Perhaps other financial renumeration could be made for working a public holiday? Or even make lieu days transferrable to DHBs or able to be paid out upon leaving a DHB?

2/ This year some of us may have trouble with duration of 12 months rental agreements taken out at the start of this training year (December 2019). If we are unable to extend our leases for an extra 6 weeks is there an option for staff accommodation or short term
housing allowance available to us? This could put significant stress and financial strain onto this years registrars that are in this position.

We appreciate the importance and complexity of this decision but implore you to keep us informed as soon as possible as we are already needing to confirm accommodation and leave plans for December. We look forward to hearing from you at your earliest convenience.

Ngā mihi,

Dr Lucy Hinton  
General Surgery SET 3

Dr Sharon Jay  
General Surgery SET 3

Dr Ian Ong  
General Surgery SET 3

Dr Elisabeth Riordan  
General Surgery Registrar

Dr Holly Sprosen  
General Surgery Registrar

Dr Monique Mahadik  
General Surgery Registrar

Dr Abilash Menon  
General Surgery Registrar

Dr Kyle Paton  
General Surgery Registrar

Dr Tea Williams  
General Surgery Registrar
Lakes DHB Response

Proposal

• Do you support the proposed change to the 2021 rotation dates?
  Yes

• Are there any amendments you would suggest to the proposed 2021 rotation dates, and why?
  Change the start date to 1 February 2021. We bring our new RMOs on one week ahead of the national start date for a full week of orientation which would make their start date too close to the new year. 1 February 2021 would better align with the start of the NZ School year and ensure all staff have returned from summer holidays to orientate and support the new RMOs. This would also avoid a clash with the commencement of the 6th year medical students. The delayed start date also makes it easier for RMOs to find accommodation in Rotorua as most holiday makers have vacated by February.

Benefits

• Do you agree with the identified benefits of the change to rotation dates?
  Yes but only if the date is pushed out by 2 weeks.

• What else could be done to ensure or support the realisation of the benefit(s)?
  See above

• Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?
  None identified

Issues and Mitigations

• Do you agree with the issues the DHBs have identified with the proposed change to rotation dates?
  Yes

  Are there specific mitigations you think the DHBs should consider to address these issues?
  DHBs need to start speaking with the RMOs who are intending to leave at the end of the current year and negotiate extensions of their contracts asap.

• Do you consider there are other issues with the change to rotation dates in addition to those identified by the DHBs?
  RMOs who work on the 4 stat holidays over the Xmas/New Year period will be allocated lieu days to be taken at another time. DHBs may have to agree to transfer these lieu days between DHBs as lieu days are not currently transferrable.

Implementation

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

• 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?
  None that we are aware of.
Transitional Matters

• Do you think the original House Officer rotation dates for the balance of the 2020 RMO training year should be amended?
  Yes

• If so, do you prefer option 2 or 3 or an alternate option?
  Option 3

• Are there specific steps or actions required to put your preferred option in place?
  All RMOs need to be advised in writing of the change in rotation dates giving at least 28 days notice.

• Are there other transitional issues arising from the proposed change to rotation dates? If so, what are these issues?
  None that we are aware of
**Consultation Feedback re Proposed Change to Resident Medical Officer Rotation Dates from 2021.**

**CONSULTATION QUESTIONS**

- Do you support the proposed change to the 2021 rotation dates?
- Are there any amendments you would suggest to the proposed 2021 rotation dates, and why?

MDHB is supportive of the proposed changes for the following reasons:

- It makes sense for NZ rotation dates to align with Australian dates and in particularly for Registrars in Training who move between the two countries.
- It is considered that PGY1s would be better prepared for work if they were able to have a break following the completion of their degree and prior to taking up their first house officer position.
- By starting the PGY1s in January having the least experienced workforce starting work at the time of the year when a large number of SMOs take leave will be avoided.

In summary MDHB considers that changing the Registrar rotation date to **1 February**, which would align it with Australia, would be preferable for the following reasons:

- If a change is being made it would be desirable to align with the Australian States
- From a practical point of view having the registrars who have been with our DHB for at least a year working for two weeks when the new PGY1s start is helpful in terms of the PGY1s settling in and learning their roles before the registrars change over.
- Further we usually have a few SHOs who are about to step up into Registrar positions who are surplus for those two weeks and can therefore provide additional support to PGY1s.

• 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)?

• Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?

  Yes we agree with the identified benefits and have no further benefits to add to the lists.

• 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?

• 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?

- It is not a DHB solution but a possible mitigation for the financial situation of graduating doctors commencing employment later would be for the money they receive in the Trainee Intern year to be split over 13 months rather than 12.
- Trainee Interns will have the same options as other graduating students in terms of summer jobs, unemployment benefit etc. if required.
• The other issue for DHBs to consider is with orientation likely to start the week of 11 January will be the availability of staff who are part of the orientation programme. Advising those involved in orientation as soon as possible will be a key mitigation.
• Close attention to leave management will be a key part of mitigating the early resignations that might occur.

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

• Presuming there is not legal reasons why we cannot change the start of 2021 year then making the offers for new positions effective from the new rotation dates seems the most sensible approach.

• 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?

• 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?

• We consider the remainder of the year should be changed to even out the length of the attachments for RMOs. We prefer Option 3 as this means irrespective of what happened for the RMO in Q3 all RMOs will have two 17 week and two 13 week rotations.
• This would require writing additional weeks for the current rosters and then having a 17 week roster for Q4.
• Communication to all internal DHB stakeholders including CBAs to ensure they are aware of the changes.
• It is likely the biggest issue will be with respect to salaries in particular for those in lower category runs who were expecting to go into a higher category run.

From the Medical Administration Unit
MidCentral DHB
To whom it may concern

I fully support the proposed change to the RMO dates. I feel it will be beneficial for our mental health and professional duties to have optimal supervision when starting our PGY1 jobs especially due to the disruption we have faced in our Trainee Intern education due to COVID lockdown (I for example missed out on my entire Emergency Dept run), to have more opportunity to take leave, and to be able to take a break and catch up on any academic requirements before commencing our new jobs. Currently we only have one week between the end of our academic year and the start of our new jobs. During which we must move our entire lives and set up in a new city! We have been wanting to change the training dates to better align with Australasian colleges and I believe now is a better time than any.

Ngā mihi
Yes I support proposed changes, it has always been highlighted by RMO units in the past, to do this, but has been vetoed by NZRDA each times, as always recognized by RMO units that the new grads do not receive the sustained embedding in support for their first few weeks as a lot of SMO’s go on holiday during the December/January period and also to align with Australia med school graduation dates and Australasian colleges.

Our hospital is extremely busy as a result and the new grads struggle, also of note is the accommodation situation, that rental agreements here that RMO’s sign usually have a clause that over the R&V period they have to vacate their property (so landlords here can use for R&V tenants for a week), which of course is disruptive, usually they can secure a property around end of January anyway, so the new proposed dates are an advantage.

Mid-January H.O start date, is the earliest it could be started, as most Hospital staff involved in our 5 day orientation week prior, will not be back from holidays if you scheduled the proposed start date for H.O’s any earlier.

The only feedback I can give on the end of January training year start date for Registrars, will clash with the Auckland anniversary public holiday which is usual the last Monday of January, however this would apply for all the DHB’s (Lakes, BOP, Tairawhiti, all Auckland DHB’s and Northland), it is what it is, I think the DHB’s would have to just pay for the new Registrar to be on Stat Leave and do the orientation day the next day.

I do not mind if there is only one week in-between the H.O training year start date and the Registrar training year start date.

I do see the risk of an RMO resigning and leaving vacancy over the Dec period, that is a risk that we do not have any control over, national implementation means that we all co-ordinate for new start date for next position RMO is going to, may lessen this impact, but if an RMO wants a few weeks off in-between then we really have no control over this.

I definitely see the need for an END OF JULY approved finalised decision and roll-out implementation plan happening, all RMO unit/Co-Ordinators are concerned about time-frame, but for House Officers (Registrars are a bit more relaxed, due to service needs) the roster needs to be posted 28 days in advance, as per both MECA’s, so I would have to have a roster out posted on Friday 24 July (usually done three months in advance) but would only be posting one month until some certainty.

The consultation document states the PES’s and I must add, RMO units would require to be ‘flexible and pragmatic’ for the delay to 17 weeks for Q3 and Q4, pending finalised approved qtr lengths, as this is definitely affects, the (any) leave approval process, which I usually sort before I write a roster.

Currently a PGY1 & 2 H.O must work 10 out of 13 weeks in the attachment for the attachment to count, likely this would of course increase pro-rata, possibly H.O must work 14 out of 17 weeks in the attachment.

I definitely am supportive of Option 3 (#64) regarding length of Qtrs, purely because of delay I see in us getting a UK RMO here due to Covid/INZ etc processes/quarantine periods now. We have just the one vacancy for Relief H.O and also expected to have 3 Medical Registrars starting in September, so delaying the H.O Qtr 3 to end on 20 September and H.O Qtr 4 to start on 21 September and even out the H.O qtr weeks to 17 weeks for each of the quarters makes sense. We had our H.O’s rotate as per the 2020 H.O rotation dates, no delay at this DHB.

To reiterate I am fully supportive of the change of proposed training year start dates.
Hi there

I'd like to give my full support to the proposal to delay the RMO start date please.

Kind regards
Feedback on the proposed changes to 2021 RMO rotation dates:

There is clearly widespread support for this date change; from DHBs, vocational colleges and the universities. This proposal document is written using language that strongly favors that position. The date change seems like a reasonable prospect. However it is the very real financial cost on the current cohort of Trainee Interns (TIs) that seems to be an afterthought.

Class of 2020 TI’s have, in good faith and based on the experience of previous years, made their financial decisions this year on the very reasonable expectation that they would be in paid employment, like decades of doctors before them, with a DHB by November 2020. After five and a half years of training (more for graduate students), and with less than six months to go, the goal posts are being shifted with no detail on support or compensation. This proposal expects TI’s to take what is effectively eight weeks leave without pay, at short notice. This will place many, particularly those adult students with financial responsibilities including childcare and mortgages, in significant financial hardship.

The proposal reads as if the break would be welcomed by the majority of TIs, referencing the recent survey by NZMSA:

“... a number of TIs considered this would be “a valuable opportunity to relax and have a holiday prior to commencing employment”

“...a number” was actually the minority view when you look at the survey results. This statement cleverly manipulates the stats and make it appear like the majority of TI’s are actually in favour of the eight week "holiday". However these eight weeks will not represent a “holiday” for many TI’s. Rather, it will be an unwelcomed and unexpected delay to their careers. Spent in some low-paid temp job, trying to cover costs of living while in employment limbo. The report offers no solutions to the very real financial implications of this delay, and in doing so it attempts to minimize the impact to TIs.

A straightforward solution would be for DHB’s to offer two start dates. With the official training year not formally starting until January 2021 as proposed. That would allow those TI’s willing or able to start in January to do so without prejudice, while those of us who need to start at the traditional time to mitigate financial impacts (or those who just want to get on with working) can do so too. The DHB’s would run a little heavy on RMO’s for the summer months. But that would also mitigate their concerns around "patient safety" and any gaps in TI knowledge conveniently attributed to COVID. Those TI’s who did start "early" would have a softer introduction to HO life while workloads for current RMO’s over summer would be more manageable with the extra hands. DHB’s get their date change. Some TIs get a break, those who need to work, get to work. RMOs get additional support over summer.

A common theme throughout all the correspondence appended to this proposal is minimising disruptions to (vocational) trainees. However it’s the TIs of 2020 who are left carrying the can. While Registrars and House Surgeons may have had their progression delayed, they have remained in paid employment throughout. They can continue to support their children and mortgages and live their lives. There is no solution suggested by the DHB to mitigate this financial cost to TIs. No one else is being asked to take a pay cut in this process. The TIs of 2020 are left high and dry. Spending a summer in limbo, trying to make ends meet. Neither students, nor doctors. Just $12,000 worse off.
Dear Workforce team,

I am very concerned about the proposed run date changes.

Although, I appreciate the positive outcomes for house surgeons and junior trainees, the negative impact on final year trainees is huge.

A lot of us have negotiated SMO roles to start in December and others have organised fellowships. These are hugely important for career progression, a lot of which has already been impacted by covid. Not following through with organised plans can have knock on effects that can set us back by a full year.

We have already had our exams postponed, which has placed great stress on our families, and to add further stress to our career trajectory with cancellation of SMO work and fellowships without an option to opt-out would be greatly unfair.

The argument for extending training for final year trainees because of covid is also lacking given the fact that elective operating over December and January is often limited due to SMO leave. This is also a good reason to have final year trainees have the option to finish training in December as we often help with on-call SMO demands over the holiday season for DHBs.

I am begging you to please consider making the extension of training an optional requirement only for final year trainees. I am sure many will agree to extend training, but a lot of us are ready to finish, have been signed off to finish, and are looking forward to moving on with our careers.

I look forward to your reply and appreciate your time.
I have serious concerns about the proposed run date changes. I am cognizant of the benefits for house officers and junior trainees. However, I feel this shift does not add much benefit to the final year surgical trainee.

The ramifications in terms of those who have managed to organize fellowships and SMO jobs would be significant. These are hard to come by at the best of times, and now much worse with Covid and jobs will be scarce.

As you can appreciate, this year has already been disruptive for many final year trainees with exams etc. There simply does not need to be another unnecessary disruption added to the equation.

I would strongly advocate for an opt out option for final year trainees as a lot of us have already met our requirements for training. This should not be compulsory as it is unfair for those who have met their requirements. Some degree of flexibility has to be exercised.

Please reconsider this and please strongly consider making the extension for training optional for final year trainees. I strongly feel there needs to be a degree of flexibility around this matter.
I am a final year medical student at The University of Auckland. After reading the Consultation Document I would like to provide some feedback.

1. For the reason outlined mainly in point 5 below, I am not in favour of this proposal being actioned. I would much prefer to maintain the status quo with regard to employment.

However, if TAS and the unions decide that this process must go ahead, I would like to submit the following:

2. The proposal is extremely detailed. This must reflect the hard work the TAS team has put into it.
3. As this is likely to affect my future employment, I would have considered it courteous for you to have given final-year students a heads-up that this was in the works, so that I could plan my finances to cover the 10-week gap between finishing university and starting permanent employment as early as possible.
4. TAS might therefore be perceived by many of the DHBs’ future employees to have acted in bad faith or discourteously towards us by making such a detailed proposal with no visible student input into its creation.
5. Additionally, many final year medical students (such as myself) come from backgrounds where our families cannot afford to assist us financially. Thus, if TAS’ proposal goes ahead, many of us will be forced to seek out “holiday” jobs (full-time, low-paying, and unskilled). In the current working environment, with high unemployment (which is projected to continue to worsen), finding such employment for the two months or more this Consultation Document proposes will prove challenging for us. As a result of this proposal many final-year medical students are likely to suffer significant anxiety related to financial security – which will translate into actual financial insecurity for those of us unfortunate enough to fall victim to the current economic climate during that unexpected 10-week period of unemployment.
6. Further, it is no secret among final-year medical students that employers overseas offer much better pay and training opportunities than either MECA currently available to us. Loyalty to our country, and excellent domestic medical working conditions, are the magnets which hold NZ graduates here – not loyalty to our universities, hospitals or likely employers.
7. In the event that the Consultation Document’s proposal is ultimately actioned, generous financial compensation to current final-year medical students by the DHBs would therefore serve three useful purposes:
   a. It would demonstrate that the DHBs value their soon-to-be-employees by giving us financial security in extremely uncertain times;
   b. It would assist vulnerable students to survive for the 8 weeks where we will be receiving no pay; and
   c. It would strongly discourage us from seeking greener pastures elsewhere overseas, either this year or in future years.
8. It might be noted that a ‘token’ compensation runs the risk of being viewed with contempt by current medical students, as a mere token payment would not properly address any of the three sub-points immediately above. Therefore, any compensation we receive should be at, or very close to, the normal level of pay we would have otherwise received for the ten weeks we will no longer be working under this proposal.
9. I believe there are approximately 550 medical students looking to start employment in New Zealand. A reasonable compensation of $10,000 to each would only cost the DHBs collectively $5,500,000. As we final year medical students well understand, this is a mere drop in the $20 billion bucket of Vote Health. We also note that it would not actually place any extra financial burden on the DHBs to provide such compensation since these funds are already allocated in the DHBs’ 2020-21 financial year budgets for our (late November starting date) salaries anyway – unless the DHBs truly are acting in very bad faith, which I do not believe they are.

I have also provided feedback to my likely union, the NZRDA, and The University of Auckland.

Thank you for asking for feedback on this proposal.
Hello,

I am a current TI and I support the changes to a later start for this upcoming intake
I am a big fan of changing the dates to a Jan start of the year.

As you say, this also helps align with Australian dates ... making a lot of trans-Tasman professional college training programs easier to manage.
Consultation questions.

Proposal

- Do you support the proposed change to the 2021 rotation dates?
  Yes I support the proposed changes to the 2021 rotation dates.

- Are there any amendments you would suggest to the proposed 2021 rotation dates, and why?
  No. having 4 runs in a house officer year seems to be a good amount of both variation and consistency. It also makes change over for registrars better with predictable overlap on teams.

Benefits

- Do you agree with the identified benefits of the change to rotation dates?
  Yes.

- Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?
  Change times are more appropriately matched to start dates of other professions making employment start and finish easier for those with partners/family employed in other professions.

Issues and Mitigations

- Do you agree with the issues the DHBs have identified with the proposed change to rotation dates?
  Yes, although I think there is a possibility that the financial hardship of TI’s could be overstated. This year could be more significant than those in the future as we haven’t had the foreknowledge of this change at the start of the year that would allow future TI’s to financially plan for the summer. A January start date seems to be common amongst other professions where students have a break between finishing university and starting work and they appear to manage financially. An extension of the TI grant or forward pay from DHBs in this rotation year could mitigate this issue.

Implementation

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

- 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?
  No.

Transitional matters

- Do you think the original House Officer rotation dates for the balance of the 2020 RMO training year should be amended?
  Yes

- If so, do you prefer option 2 or 3 or an alternate option?
  Option 2
Thank you for the offer to provide feedback on the proposed changes to RMO runs

In general, I am supportive of this proposal and agree with the stated welfare benefits, operational advantages due to timing of new staff inductions and international recruitment timeline advantages.

Some specific feedback I would like to make re the proposal:

- As you have noted, many current TIs will feel financially disadvantaged by the later start date. I do not think the inference is correct that many of them will not graduate on time, in fact it is likely that the vast majority of these students will graduate on time. This group of students have already suffered as they had their year disrupted by COVID and had their electives cancelled (and some have lost a significant amount of money on this also) so may justifiably feel hard done by. This could be mitigated by continuing to pay the TI grant until the date they commence work.

- The proposed change over date of 25th January (Wellington Anniversary) will cause major disruption for those in the Wellington Region. In ICU we run a 3 day orientation for new registrars. Changing over on a public holiday will mean we will have to move our orientation back a day, hence paying locum staff additional duties rates to cover the shifts while we orientate the new cohort of registrars. This will have a significant cost to the DHB and will add an additional day of disruption to our roster. The alternative of holding orientation on a public holiday would be even more expensive with the need to pay all registrars and SMOs public holiday rates. This could be mitigated by moving the changeover date forward one week to 18th January or back 2 weeks to 1st Feb (would align with Australian registrar changeover and avoid Auckland anniversary). If this was a one off occurrence it would be manageable but I assume the proposal is that the changeover will happen on Wellington Anniversary Day every year.

- There are many specialities (ICU, ED and anaesthesia among them) where training time has not been disrupted due to COVID. These trainees will end up with an additional 7 weeks of training time in this current rotation. Because the colleges generally only count runs in 6 or 12 month (or occasionally 3 month) blocks, this 7 weeks will represent ‘dead time’ in terms of training. Because the time will essentially not count towards training, these registrars may be inclined to take leave or even resign early to take an extended holiday during this period, leaving us with major staffing gaps which will be difficult to fill.
Thank you for providing this forum for feedback on the proposed date change. I do not think the dates should change for the 2020/2021 year. I understand the benefits for the training programs - however coordinating the Australian and New Zealand colleges has been a shared goal for many years and does not need a urgent change. Similarly concerns about changeover near Christmas holidays are long standing, and while this requires review it is not a new issue.

My key concern is the lack of notice for the trainee interns. They will have 5 months notice that they will not receive their expected income as a doctor for an additional 2 months. While many students can afford a holiday, live with parents or get a lower paying summer job this change disproportionately disadvantages trainee interns from low income families, those who have completed more than one degree or have families/dependents. Medical students largely originate from high income families - this action emphasises that supporting doctors from low income or diverse backgrounds is not a priority for the medical school or professional colleges. This is also not likely to be reflected in student and professional surveys, where this minority is unlikely to have their voice heard.

I propose that this change is postponed to the 2021/2022 year - with either a change in the university dates to start and finish later or with guaranteed financial support for the affected year group.
I give my support to move the training year to January 2021. This is safer for patients; than just before Christmas when our senior staff are often on holiday.
To whom it may concern,

I am writing in support of the proposed change of the 2020/21 start date.

I recognise the benefits in regards to aligning New Zealand with the Australian collages, as well as the opportunity for better supervision of new PGY1 HOs in the new year as opposed to during the Christmas/new year break when many senior staff chose to take their holiday.

Although the break will cause me significant financial hardship, I am prepared to seek temporary employment until I commence my HO job, and will be grateful for a break before I embark on a long career in Medicine. I think this break is hugely important for student well being, following a long and challenging medical school experience.
Thank you for producing the paper regarding a change of date for the HS and registrar start times. I have been working as a doctor in New Zealand for over 2 decades and have been amazed and dismayed that the HS year starts at such an inconvenient time for everyone. They are exhausted and everyone else is gearing up to Christmas and holidays. On top of that shifting the start until January allies with Australia and the UK.

I know you have thought all this through and agree with your conclusions.

I also am aware that there is some resistance from a small cohort of TIs who feel this has been sprung upon them at short notice and are worried about money.

I encourage you to try to address those who are really in hardship to get through this time rather than pushing the idea out to 2021/2022. It is likely to be put off again if we do that.

Overall, I support the idea wholeheartedly, even if you can’t solve the money problems.
To whom it may concern,
I am in support with moving the current training year to aligning with the Australian training year.
Just a quick email to support the appeal to delay the proposed changeover until next year's intake, for the sake of those that will be financially disadvantaged by the short notice, OR alternatively, provide bridging income for the TIs OR an option for them to work alongside the house officer they'll take over from.

It's already a stressful transition going from TI to house officer as it is, and I think it will leave a lingering bitter taste in the mouths of the new doctors that have to borrow money to cover living expenses.
Kia Ora,

I am writing in response to the document prepared by TAS on the proposed change to Resident Medical Officer Rotation Dates for 2021.

I am writing from the opinion and viewpoint of a Trainee Intern.

I am in support of the proposal to change the rotation dates from 2021. I personally will appreciate a break between Trainee Intern year and the start of PGY1. From reading the TAS document, the changes in dates makes sense in terms of aligning the New Zealand and Australia start dates, and for allowing Registrar change over to happen post-christmas at a steadier, better staffed time at the hospital.

My main concern with the proposed changes is that there is a loss of expected income for Trainee Interns over that 2 month period. There will be several students who will really struggle financially to support themselves and/or their whānau during this time period. I think that there needs to be an avenue for these individuals who need financial support to receive it.
To whom it may concern,

I am a PGY2 house officer who is intending on becoming a registrar for the 2021 year.

I am open to discussions around changing the RMO dates as a whole, however I understand this is not a new issue and do not support these changes being rushed through for the 2021 year. I do not think a quick consultation period and decision within a few weeks is appropriate, nor do I think giving a couple months’ notice to RMOs and the current trainee interns is fair from a life and financial planning point of view. I personally believe the rotation dates for 2021 should remain as they are, and we can continue these discussions for future changes. I also think that by changing the dates, you are extending the amount of time which is not counting as training for many training registrars which is ongoing from covid-19 disruption. The other issue for me is that RMOs have signed up to their run rotations with the understanding these will be for a 3 month period, of which some of these are out of town. By extending the 2021 year dates, this also potentially extends these runs from 13 weeks to 21 weeks which is a huge increase we have not agreed to, and this again impacts on plans regarding finances, flatting/mortgages, sport commitments etc.

However, if the change does go ahead, I would prefer the option of extending the time for both Quarter 3 and Quarter 4, so each quarter is a couple of weeks longer rather than extending quarter 4 from 13 weeks to 21 weeks.

I am happy to be contacted to discuss these issues further if required.

Thank you for requesting feedback and for taking our concerns into consideration.
Kia ora,

Thank you for your work on this issue and the detailed ‘Consultation Document; Proposed Change to Resident Medical Officer Rotation Dates 2021’ which clearly outlined the intention of this date change.

We performed an interval survey to gather feedback on the proposal.
- During a RMO meeting with approx. >30 people the majority were in favour of the date change. This included house officers and some medical registrars.
- We also performed a survey among all house officers (total 56 recipients)
- 23 people responded to the survey
- 73.9% were in favour of the delayed RMO changeover
- 21.4% were not in favour of the RMO changeover
- Comments from those in favour were agreeing with your benefit statements in the document. Stating ‘benefits outweigh the negative’ and ‘gives TIs a holiday before starting’ and ‘would be safer for patients over xmas/NY period’
- Those NOT in favour of the RMO changeover over expressed concerns for the welfare of Trainee Interns stating; ‘doesn't give enough notice to the TIs - and unfairly disadvantages students from low income’ and ‘Too late notice. The year has already had enough disruption. + financial stress on those starting later who have taken time off’
- Our RMO unit has proposed the idea of a ‘5th quarter’ for the remaining time. Many people commented that they would only be happy to approve the RMO changeover delay if we have a 5th quarter. They would not vote in favour if we had to stay on 4th quarter rotations for an extended time frame.

I hope this is all helpful feedback from a large cohort.
Kia ora NZRDA, TAS and NZMSA representatives,

Here is my feedback RE the proposal from TAS and the DHBs. FYI, I am a TI with minimal run disruption during lockdown. I have two children under five and a wife with her work affected by Covid-19.

I do not support the changes to the RMO changeover dates for the following reasons:

1. Myself and my fellow University medical students will finish on time and be ready to work straight away. My circumstances are that I wish to support my wife and children. I have only been home for 1 week during lockdown and made up adequate time.
2. The optimal supervision is something that should happen at all times and is not an appropriate reason for changing dates.
3. I have no plans to go to Australia for training. This would add interest to my student loan which is well into the six figure mark already.
4. We have been told by the Deans that the students at University campuses will graduate in time so the claim RE delays in graduation must refer to Auckland Medical School.
5. Financial implications for moving DHBs will likely be ether same or easier pre Christmas as the moving companies will likely be at work rather than on holiday.
6. Only a minority of current TIs want time off (less than 5% according to the NZMSA survey). The TIs who want time off are likely to be the ones who have financial support from their family or friends. Those who do not want time off are more likely to have young children, difficult circumstances and / or growing student debt are in greater need of employment at a time when casual employment is hard to come by.

Changes to proposal;

Option 1: leave the dates as is. This is the most fair to all parties involved. From the support you have received from those in positions of power I do not see this as a likely outcome but it would be my first choice.

Option 2: Keep the TI start date as 30 November. Changes other trainee start dates as is required and get agreement for extending a run for the relevant PGY year/s.

The reasons for this are:
- The change the TI dates for 2021 / 2022 to allow the next cohort to be more prepared for the shift.
- The change in date will allow the TI year at University to start later. This will give a break between 5th and 6th years. The current break is two weeks most of which is spent waiting on exam results.
- It appears unlikely that people will want to move to Australia or any other country with the current pandemic and growth of cases overseas. Why rush something that does not need to be rushed.
- insufficient information has been given to what financial hardships the current Covid-19 affected cohort could receive. This means an uncertain future for the current TIs who have been set starting work later this year.
- GPEP1 can start this year as is needed. The GP college can plan for the changes for the next year.

Thank you for listening to and considering my feedback.
To Whom It May Concern,

This email is to state (as our representative college and training board already have) that I am in support of this change.

It makes total sense to implement a change that was already in the pipeline now that clinical and medical school activities have been disrupted as a result of Covid 19 this year. The world (in NZ at least) has effectively been put “on hold” for the period of the lock down and we should use this opportunity to ensure that experience is not lost and to make a change that I believe will be a positive going forward. The new dates result in a much safer (in terms of patient care) and practical time for RMOs to change over and move DHBs.
To Whom It May Concern:

Thank you for providing this forum for feedback on the proposed date changes to the 2021 RMO rotation dates. While I agree with a number of the proposed benefits of changing the rotation dates, I strongly oppose the proposed timing of this change. My key concerns regard the financial disadvantage of the proposed changes on the current Trainee Intern cohort and the inability to plan and prepare for this financially. Furthermore, I believe that this delay in starting date will disproportionately disadvantage current trainee interns from low income families, those who have completed other degrees prior to starting medical school or those who have families or dependents.

I strongly believe that a delay to the anticipated start date will have significant financial impact on the current Trainee Intern cohort. Their government stipend will cease at the end of November when they graduate. Subsequently, this delay will mean that they will not receive their expected income as House Officers for an additional 2 months. With the decision on whether or not to proceed with this proposal scheduled to be announced on 10th July 2020, Trainee Interns will receive just over 4 months notice of this change occurring. Should this decision be delayed with the extension of the feedback period to 8th July 2020, this will only further reduce the notice Trainee Interns receive.

One of the benefits of delaying this start date for graduating trainee interns outlined in the Consultation Document is that “a longer break between completing their studies and commencing employment.” Some students indicated that this would be “a valuable opportunity to relax and have a holiday prior to commencing employment” in the recent NZMSA survey (NZMSA (2020) Trainee Intern Survey Report: PGY1 Delayed Start, p.2). However, I believe that this will primarily reflect students from more affluent background who are able to move home or be financially supported by their families over this 2-month period. Students from lower income families, those with dependents or those who chose to enter medicine after studying in other areas or medicine are less likely to be have the option to utilize this period as a holiday. Consequently, they are likely to seek fixed-term employment or the Job Seekers benefit to financially support themselves over this period. As they are most likely to fill unskilled positions, remuneration is likely to be low. This may be countered by working more hours, or more than one job. Therefore, the financial burden actually increase stress and likelihood of burnout prior to commencing as House Officers in January 2021. Equally, those with dependents may be unable to take on a fixed-term position if available due to the price of care outweighing the low income of untrained positions.

Furthermore, the Government Wage Subsidy will end shortly, and this may lead to a significant increase in unemployment. This may both directly affect students due to loss of role and its associated income, or indirectly affect students via their parent(s) or spouse losing their job or business and its associated income. Furthermore, given the predicted looming global financial crisis secondary to COVID, many employers have adopted a hiring freeze. Therefore, fixed-term roles may not be available in December and
January for graduating trainee interns needing to seek alternative employment to financially support themselves. Consequently, graduating Trainee Interns will be forced to apply for the Job Seeker’s benefit or taking out a personal loan. Accumulating further debt prior to beginning work as a House Officer will disproportionately affect those who have studied prior to commencing medicine especially, or those who may have already taken out personal loans to be able to complete their studies.

I personally have been financially impacted by COVID19. I feel fortunate to have been a first-quarter elective student and lucky to have had the amazing learning opportunities I had on my overseas elective. I was eligible to receive the Government Stipend in full and supplemented this with my own savings. I was careful to budget for the entirety of my trainee intern year ahead to be able to maximize the opportunities available on my elective as well as financially support myself when I returned. This budget was made with the assumption that I would commence work in November 2020. On my return, we went into Level 4 Lockdown and my part-time employer was not eligible for the Government Wage Subsidy. As a result, I was not paid for 8 weeks while my employer was closed down as I was not able to work. While I had budgeted a small amount of money for a contingency fund which has allowed me to survive financially over this period, I had not anticipated that I would be delayed starting as a House Officer in November and the financial impact this additionally would have on me. I know that other students have faced similar circumstances and challenges over this period.

In addition to the financial implications of delaying the start date for the graduating Trainee Interns, many students who plan to relocate to different parts of New Zealand for PGY1 are likely to have only signed leases until the end of November. I am not able to speak for students at other clinical schools. They may not be able to renegotiate extensions to their current leases. Although they could choose to move to their new region at the end of November as anticipated, the rent may be unaffordable without their anticipated PGY1 income in this area. Similarly, those who have chosen to work in smaller hospitals in New Zealand may be unfairly disadvantaged by having less access to employment opportunities in these regions. Therefore, students may be stuck finding temporary accommodation they can afford which may unnecessarily add to the stress and financial burden they face.

I disagree that it is important to delay the starting date so that all allow adequate time for all Trainee Interns to complete academic requirements prior to starting employment is important. I think that the number of students who will not graduate on time is overestimated. The University has emphasized to the Trainee Intern cohort on multiple occasions that they intend for all of us to graduate on time.

Finally, I think that it is unethical to have exposed our cohort to the risks associated with working during a global pandemic with the purpose of ensuring that we graduate on time, to then propose that a delay to starting employment. Thankfully, that risk did not eventuate in New Zealand and to my knowledge, the only medical students who contracted COVID19 were those returning from overseas (ie. no students
contracted COVID in New Zealand hospitals). Consideration was even given to our cohort commencing employment early should the Pandemic have exploded in New Zealand to support the current workforce in caring for our communities. Final year medical students elsewhere in the world have indeed started their employment as Junior Doctors prematurely for this reason. Therefore, I do not believe that the Trainee Intern cohort is incompetent due to any loss in learning opportunities secondary to COVID19 to commence as House Officers on time.

I understand the concerns regarding the reduced access to supervision for PGY1 House Officers who commence at all DHBs shortly before the Christmas/New Year holiday break due to senior medical staff and other healthcare professionals being on leave over this time period, as well as Registrars who may be rotating to new organizations as well. While I believe that this issue does require review to ensure patient safety and adequate support and supervision for junior staff members, this is not a new issue.

Furthermore, I understand the longstanding concerns that the current training programme structure is not optimal and the benefits of aligning rotations to those of Australia. However, these are also discussions that have been occurring among a wide range of stakeholders over a long period of time. There is no urgency to change this now given the disruption that has already occurred this year. In my opinion, it makes more sense for this change to coincide with the proposed changes to the structure of ALM, with a holiday period between fifth year exams and commencing the Trainee Intern year. Planning for this to change concurrently would also give students more than adequate notice to financially plan for the change.

In conclusion, I have significant concerns about the proposed change to the 2021 rotation dates. These are primarily financial hardship for the 2021 Trainee Intern cohort. While the document states that DHBs are “keen to consider what options could be explored to mitigate such hardship if the proposed change goes ahead”, there is no concrete proposal for what this mitigation would include and whether this would be adequate/sufficient.

Thank you for providing a means to provide feedback on this consultation document. I sincerely hope you will consider the issues I have raised.
**Proposed Change to Resident Medical Officer Rotation Dates from 2021**

**Feedback.** This feedback is personal and does not represent any organisation, although it is informed by my various professional roles.

- Do you support the proposed change to the 2021 rotation dates?
- Are there any amendments you would suggest to the proposed 2021 rotation dates, and why?

I wholeheartedly support the proposed change to the start of the RMO training year to a January start, permanently from 2021.

I support the proposed start date for House Officers (January 18th) with orientation to occur in the week beginning January 11th, for 2021.

I do not support the start date for Registrars (Monday January 25th, Wellington Anniversary Day). This date is only one week after the House Officer change over.

The benefits of delaying the registrar changeover for two weeks, as at present, outweigh the trade-off of starting on Wellington Anniversary Monday, instead of Auckland Anniversary Monday in 2021. A two week separation in changeovers allows the new house officers to settle somewhat before there is a change in registrar, sometimes to a newly promoted registrar. This is particularly important in the era of 10/4 rosters, where some house officers (PGY2 and above) moving to new attachments will have RDOs in the first week, further reducing the settling period and intra-team handover from one week to three days. When the UK moved from Black Wednesday (all changeovers and promotions on the same day), they also moved to a two week separation. In years where the changeover date falls on Auckland Anniversary Monday, the formal changeover date should fall on the Tuesday after the Public Holiday, with the Public Holiday forming the last day of the previous rotation, and be staffed as an additional weekend roster day, rather than a weekday, to minimise the number of RMOs rostered on that day. There are always RMOs for whom special cover arrangements need to be made because they are working the weekend prior to changing runs or DHBs.

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I agree with the identified benefits of the change to rotation dates. For trainee interns stepping up to PGY1 the issues relate to:

1. Student welfare, in terms of providing students with the opportunity to have a break before starting as PGY1s. This will enable students to rest and recharge after a long final year and is perhaps of most benefit to Otago students, whose current year finishes on the Friday before orientation week. Most Auckland students in “normal” years, will get one-two weeks leave while university processes are completed.

2. For 2021, the delay will enable Covid-disrupted students, and many students who have had extended sick leave, or academic difficulties, to complete the requirements for their degrees and to start PGY1 on time with their cohort. Long term, it will minimise the disrupted starts related to these usual reasons.

3. Adequacy of supervision. It seems bizarre that new graduates and newly promoted RMOs should move into new positions at a time when their supervisors are heading off on leave. While theatres may be closed, in many DHBs, certainly in mine, there is no longer a summer lull in the acute work in the rest of the hospital.

4. Patient safety related to adequacy of supervision. Anecdotal in New Zealand, documented in the UK.
   1. Dr Foster Intelligence New study shows fresh thinking required on week junior doctors start. London: Imperial College London, 2009.

5. Not noted in the consultation document, delaying the start of the PGY1 year may prevent a few final year students each year “dropping the ball” in their final trainee intern attachment because they are too focused on moving, sorting out accommodation, and their new lives in new cities.

For more senior RMOs, the document captures both the opportunity to mitigate the disruption to training in 2020, and the longer term benefits now required because of the closer alignment of training programmes across Australasia.

The Colleges may wish to consider the timing of examinations. Does March remain the best time for the Part I in medicine?

For RMOs moving out of the hospitals into General Practice training programmes, an after Christmas start date will also be preferable as GP supervisors also aim to take leave over the (quieter for most) Christmas period.

Additional matters: It remains extraordinarily difficult for RMOs to get leave in some DHBs. In some instances, the much maligned 10/4 roster has been the only way for House Officers to get any
“leave”. Ensuring staffing levels are sufficient to account for RMO leave entitlements would support the realisation of the RMO welfare benefits of the change in start dates.

**CONSULTATION QUESTIONS**
- 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?
- 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?

I agree with the issues identified with the proposed change to rotation dates.

The particular impact on final year medical students relates specifically to 2020 where this proposal has come (appropriately) part way through the year, in response to Covid-related disruptions. It is the unheralded nature of the change which makes it challenging. The non-Covid-related reasons for supporting this change are enduring, however, if the change had been agreed and signalled with a lead in time, in anticipation of the change, modifications could have been made in the way in which the Trainee Intern Stipend was dispensed throughout the year, for Auckland students in particular, who receive their stipend over a shorter number of months.

Possible mitigating strategies:
1. Most students will have completed the requirements for their degree at approximately the expected time. Some could be offered “early starts” if there are significant vacancies.
2. As a gesture of good will, for 2020 only, DHBs might consider offering new PGY1s who have accepted contracts, a retainer.
3. In future years, at a university level, the pre-Christmas hiatus can be managed by looking at university enrolment dates, the period over which the stipend is paid, and the timing of the final payment.

Additional Matters to consider.

No mention has been made of RMO recruitment in Australia. The direction of the discrepancy in dates has not favoured flow of new graduates or RMOs from Australia to New Zealand. The number of government subsidised domestic places in New Zealand medical schools does not match domestic demand. In addition, New Zealand citizens pay domestic university fees in Australia. For New Zealanders at medical school in Australia, the current start date is a disincentive to return to New Zealand to train/practice.

Further disincentives are Category ranking (and the ring fencing of PGY1 places related to the differential funding/subsidy of PGY1 and PGY2 and above positions). If PGY2 is now clearly identified as a pre-vocational training year by the MCNZ training requirements which must be met, does it remain appropriate for HWNZ to differentially fund PGY1 and PGY2? If funding were to be more equivalent, might some positions currently held by PGY2s become available for PGY1s and might the shortfall in prevocational RMOs be met by actively facilitating the employment of New Zealanders in Australia (category 2 PGY1s) and International students in New Zealand Medical Schools (category 3 PGY1s) in New Zealand DHBs? I do however support the current categories and believe, as in other countries, that citizens should receive priority. Attracting PGY2s and above from Australia.
Prevocational contracts in Australia vary state by state with some states having 2 year programmes (NSW) and others, one year (Victoria) (fixed term contracts), which may provide an opportunity to attract New Zealand medical graduates to return to New Zealand to train.

- CONSULTATION QUESTIONS
  - Do you agree that the changes to the start of the training year should be implemented through DHB employment offers for 2021?
  - 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?

The Covid-related disruption to training has provided an opportunity to implement a long needed and long awaited change for the better.

Employment offers for 2021 should reflect the new proposed start dates (January 18th for H/O and February 2nd for Registrars, I do not support a one week changeover period).

The disruption to RMO rotations due to Covid and the extension of quarter 2/first half year rotations has potentially made it easier to institute this delay this year, giving a mechanism to move the whole year by seven weeks.

For registrars, the second half year rotation should be extended by the time it takes to finish on February 1st. DHBs should advocate with Colleges for the 2020 training year to be accredited, the extension to both halves of the year mitigating the change in experience during the level 4 lockdown.

For H/O, the 9 week Quarter 3 attachments will have significantly reduced educational value, particularly where 10/4 rosters and pre-booked leave, which is unable to be exchanged, further cut into an already shortened run. For PGY2 basic trainees with RACP (medicine and paediatrics) this may lead to non-accreditation of these runs.

Employment anniversaries.

DHBs will need to consider a strategy to manage employment anniversaries and moves up the remuneration scale where RMOs are not moving into new positions or DHBs. For 2020-2021, and potentially for this group of RMOs, while they remain in existing positions/DHBs, the existing employment anniversaries will probably need to be honoured.

- CONSULTATION QUESTIONS
  - 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?
  - 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?

The original House Officer rotation dates for the balance of 2020 should be amended. I favour **Option 2** as providing the most balance to the House Officer year. Many house officers struggled with the 19 week quarter 2. A 21 week quarter 4 is a 5 month attachment and for RMOs not in a run
of their choosing, will seem like an eternity and may precipitate resignation. Early notification of the change is key.

Consideration will need to be given to RMOs with end of year diploma examinations. Study leave will potentially need to be transferable between runs.
I strongly disagree to uniformly change the Registrar run rotation date from 14/12/2020 to 25/01/2021.

I have planned to go back to Auckland DHB to work at the start of the original change over of 14/12/2020. My wife and 6 months old daughter will be in Auckland (my home town).

If the Registrar run rotation date is changed from 14/12/2020 to 25/01/2021, then this causes another 6 more week separation from my family especially my daughter who would be just almost 12 months old by then, a very delicate age in terms of needing to see her Father around to foster a good Father-daughter relationship.

I thank you in taking my strong disagreement on board and either allowing original run rotations to go ahead on 14/12/2020 or otherwise delaying the new registrar run change till at least June 2021.

Thank you for kindly taking my requests on board.
I think this proposal is a no-brainer. It’s been that way for years – running a hospital over Christmas/New Year on people straight out of school is bad for patients, bad for new doctors, and bad for the old ones!

Could I please add two points -

- A significant benefit you have not mentioned – Graduation (at least for Otago Graduates) is usually the first week in December. So having all just started week one week before, they all want leave for graduation Friday – Sun of the following week. Covering this weekend when ALL of your first year house officers want to go is the most suicidal moment of our roster-coordinator’s year. It leaves Christmas in the dust.

- The financial cost to students is real – and is also trivial compared to the cost of 6 years of study. It is also the norm for every other person graduation – most “new starts” are in the new year.

Please do it!
As a current Trainee Intern, I am concerned by the proposed change to RMO rotation dates. Given the incredibly short notice with which this change is proposed to be implemented, I believe it is essential that graduating doctors are paid the equivalent of what we could have expected to earn from Nov 30 to Jan 18, had the delay not occurred. It is not the responsibility of the 2020 Trainee Intern cohort to essentially foot the bill for this change, particularly when it is seems unnecessary for it to be done with such short notice. The short timeframe with which this change is proposed to be implemented allows virtually no time for the lack of income to be planned or budgeted for, and it is not acceptable that this burden be placed on graduating doctors. I would also like to point out that Trainee Interns have worked hard over the last six years with the expectation we would commence paid employment on completion of our degree. The vast majority of us also continued to work in the hospitals throughout the Level 4 lockdown, putting our own safety at risk, as we were repeatedly told it was essential we were ready to begin paid employment in November.

I would also like to give support to the idea that has been raised of, rather than delaying PGY1’s start date until mid January, extending the PGY1 year by seven weeks (such that there will be a seven week cross over between the current 2020 PGY1s and 2021 PGY1s). It is highlighted in the TAS document that the Christmas period is a time when hospital activity decreases. This therefore seems like a fantastic opportunity to have newly graduated doctors start work in the hospital, as current PGY1’s would be more likely to have time to provide training and supervision over this period. This option would allow current Trainee Interns to commence paid employment at the expected date, and mean we are gaining useful training rather than having seven weeks away from the hospital. I believe this could at least be a good interim option until a sufficient notice period has been given.

Finally, I would like to point out how stressful it has been for current Trainee Interns to have been made aware that a delayed start is being considered, without any indication of what this will mean for us financially. The financial implications for current Trainee Interns has been highlighted by TAS as a key issue in the document that was published, however the document fails to provide any plans as to how this may be addressed. It seems rather back-to-front that we are being asked to give feedback on the proposed changes, without any information on how the financial implications are likely to be managed. It is concerning that a decision is going to be made on whether to proceed with the proposed changes, without any consultation on how the major issues caused by these changes will be mitigated.
Hi there,

I wanted to provide some feedback on the proposed changes to the PGY1 start date.

I am concerned that pushing the start date by 8 weeks would place huge financial strain on trainee interns. Many, myself included, would be required to find a job to be able to afford to live, as our student loan payments would have stopped as would the TI grant payments. Trying to find full time employment to cover living costs when it will only be for 8 weeks makes us an undesirable employee and will make finding employment during this period very difficult. Further to this, I believe it will cause added anxiety to beginning work as a junior doctor. Working in the hospital for the first time as a junior doctor is an incredibly nerve racking experience and having two months away from the hospital environment twiddling our thumbs waiting to start would add to this anxiety. I would rather begin work immediately and forgo a two month holiday, which would not be a holiday at all anyway due to having to work to support oneself.

It is for these reasons that I do not support the proposed changes.
To whom it may concern,

I am writing to notify that I am full support of the proposed changes to RMO rotation.

Kind regards
I would like to respond to the above document. I think this is a well written and well thought out document. I wish these changes had been made when I was an RMO and many of my colleagues share this view. As a UK graduate I thought it was really strange moving here to discover the change over date at the beginning of December. I personally found it really difficult to change over then for all the reasons that you have identified. I am concerned that the current TI’s, medical students and Junior doctors don’t appreciate the long term consequences of the current change over time and seem to be determined to maintain the status quo mainly due to concerns about finances. Coming from the UK there is a 2 month period between finishing medical school and starting work – it is possible to get a job or to get a loan – I paid off my student loans 10 years after I graduated and had an expectation I would get into debt. Ultimately we are in a privileged position compared to the majority of the population for whom financial hardship is a reality and they often have no hope of being able to move out of their poverty. I feel that although it feels hard for NZ medical students, they don’t appreciate that they are in a very fortunate position to have earning potential.

CONSULTATION QUESTIONS
• Do you support the proposed change to the 2021 rotation dates?
  Yes
• Are there any amendments you would suggest to the proposed 2021 rotation dates, and why?
  I would consider bringing the Registrar dates into alignment with Australia to enable training to be equivalent – it was really frustrating for me to not receive a decision from my training board until after our training year here had already commenced.
  I would also consider having the PGY1’s start a week earlier than the PGY2’s change over date to enable them to orientate with the PGY2 in post effectively “shadowing” them to enable the transfer of institutional knowledge which is often lost at handover.
• Do you agree with the identified benefits of the change to rotation dates?
  Yes
What else could be done to ensure or support the realisation of the benefit(s)?
  Make the changes!
• Are there additional benefits of the change to rotation dates over and above those identified by the DHBs?
  For those how have non-medical partners it will make managing their work easier too – if they have to move jobs they lose their entitlement to leave over Christmas and New Year – alternatively they stay in their job until after the change-over and couples live apart.
• Do you agree with the issues the DHBs have identified with the proposed change to rotation dates?
  Yes
  o Are there specific mitigations you think the DHBs should consider to address these issues?
    No – although having an overlap between the PGY1 and 2 dates would potentially alleviate the last problem
• Do you consider there are other issues with the change to rotation dates in addition to those identified by the DHBs?
  No
• Do you agree that the changes to the start of the training year should be implemented through DHB employment offers for 2021?
  Yes
• 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?
  No
We are supportive of the change in rotation to Jan 2021 and are able to accommodate the 1 week between House Officers and Registrars starting, this has also been discussed with our HR department. We feel the benefits of changing out way any issues.

Options for changing Q3 & 4 run dates we would prefer Option 3 which seems to give a better week spread between the quarters, or Option 2. The feeling is that if we leave it as status quo and Q4 becomes 21 weeks (option 1) we may see an increase in resignations.

Thank you for giving us the opportunity to provide feedback
Consultation Document

Proposed Change to Resident Medical Officer Rotation Dates from 2021

(June 2020)
Purpose

The purpose of this consultation document is to set out the changes to the Resident Medical Officer (RMO) rotation dates that the 20 District Health Boards (DHBs) are proposing to introduce from the beginning of the 2021 training year.

Your organisation’s feedback on the proposal and the associated issues is sought to inform the DHBs’ decision making.

The document is divided into a number of sections covering:

- Overview
- Proposal
- Benefits
- Issues and mitigations
- Implementation
- Transitional matters

In most sections there are a series of questions on which specific feedback is sought.

The timeframe for this consultation process is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 June 2020</td>
<td>DHB Chief Executive endorsement of proposal</td>
</tr>
<tr>
<td>17 June 2020</td>
<td>Consultation document provided to stakeholders and placed on TAS website</td>
</tr>
<tr>
<td>1 July 2020</td>
<td>Deadline for feedback on proposal</td>
</tr>
<tr>
<td>10 July 2020</td>
<td>Indicative date for DHB decision and communication to stakeholders</td>
</tr>
<tr>
<td>August 2020</td>
<td>Offer of employment made to RMOS for the 2021 training year</td>
</tr>
</tbody>
</table>

Your feedback should be sent to workforce@tas.health.nz by Wednesday, 1 July 2020.

If you wish to discuss any aspect of this proposal, please email workforce@tas.health.nz.
Overview

1. COVID-19, and the response to it, has caused significant disruption to RMO training.

2. These disruptions have included:
   a. significant reduction in hospital activity impacting on RMOs in procedural specialities
   b. reduced clinical exposure for Trainee Interns, including through temporary suspension of student placements in some DHBs
   c. the four-week suspension of mid-year rotations between DHBs based on Alert Level inter-regional travel restrictions (now lifted under Alert Level 2)
   d. postponement of College exams and other training-related activity
   e. delays in College selection processes.

3. There has been a range of discussions amongst DHB Medical leaders, the Medical Council, Vocational College representatives, and Universities on these impacts and on the response to them.

4. There is a common interest in not disadvantaging the current cohort of trainees while maintaining integrity and professional and public confidence in medical education standards. There is also recognition of needing to ensure workforce welfare concerns are addressed.

5. There have been discussions amongst a wide range of stakeholders over a long period of time that the current New Zealand RMO rotation arrangements are not optimal from a training, welfare and operational perspective. The COVID 19 situation has given some impetus and focus to these discussions.

6. House Officers, particularly PGY1s, traditionally commence employment directly following the conclusion of the university year (last week of November). Registrars commence two weeks later (mid-December), to avoid staff at both levels changing over on the same date. The present arrangement sees new RMOs commencing at all DHBs shortly before the Christmas/ New Year holiday break.

7. This means that new staff who may be in their first year of practice, or are new to the organisation, commence working when many senior medical staff and other health professionals are on leave. DHBs have considered that this unfamiliarity with the organisation and reduced access to supervision is not optimal for the orientation and training of RMOs and for safe service delivery.

8. DHBs have considered it preferable to commence the training year in January to better support orientation, transition into work and relocations at more family- friendly times.

9. There are other welfare benefits for those entering the RMO workforce and for those more advanced in their training. These benefits are outlined more fully in the Benefits section following and the details of the proposed training start and rotation dates in outlined in the Proposal section.

10. DHBs view is that moving the RMO to training year to start in January will provide benefits to the trainees and their families, the DHBs and other stakeholders both in the short and longer term. To miss this opportunity for the upcoming training year would not only leave the current COVID related disruption issues unresolved but also not realise the welfare, training and operational benefits of the shift for the longer term.
Proposal

11. The DHBs propose that the training year for RMOs is altered from the beginning of the 2021 training year. The proposed revised 2021 rotation dates are set out in the following table:

<table>
<thead>
<tr>
<th>Run</th>
<th>Current 2021 Rotation Dates</th>
<th>Proposed 2021 Rotation Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Officers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Monday, 30 November 2020</td>
<td>Monday, 18 January 2021</td>
</tr>
<tr>
<td>2</td>
<td>Monday, 1 March 2021</td>
<td>Monday, 19 April 2021</td>
</tr>
<tr>
<td>3</td>
<td>Monday, 31 May 2021</td>
<td>Monday, 19 July 2021</td>
</tr>
<tr>
<td>4</td>
<td>Monday, 30 August 2021</td>
<td>Monday, 18 October 2021</td>
</tr>
<tr>
<td>Registrars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Monday, 14 December 2020</td>
<td>Monday, 25 January 2021*</td>
</tr>
<tr>
<td>2</td>
<td>Monday, 14 June 2021</td>
<td>Monday, 26 July 2021</td>
</tr>
</tbody>
</table>

* Wellington Anniversary

12. The proposed dates more closely align the rotations to those of Australia (see Appendix).

CONSULTATION QUESTIONS

- Do you support the proposed change to the 2021 rotation dates? Yes
- Are there any amendments you would suggest to the proposed 2021 rotation dates, and why? No
Benefits

13. Based on the discussion referenced above, there are both immediate and longer-term benefits of the proposed change across a number of dimensions.

14. The immediate benefits allow the impact of the COVID-19 response on RMO training to be addressed so RMOs are not disadvantaged.

15. The key enduring benefits provide for:
   a. optimal supervision for new House Officers
   b. better alignment of vocational training across Australasian medical colleges
   c. increased opportunities for leave
   d. avoiding planned service gaps from trans-Tasman rotations

16. The identified training, RMO welfare, and operational benefits are summarised below and discussed more fully in the following sections.

Table: Identified benefits of proposed shift in RMO rotation dates

<table>
<thead>
<tr>
<th>Training</th>
<th>RMO Welfare</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>For new PGY1s</td>
<td>For new PGY1s</td>
<td>For new PGY1s</td>
</tr>
<tr>
<td>• Allows adequate time for all TIs to complete academic requirements prior to starting employment given indications that there may be a greater number than usual graduating late</td>
<td>• Provides TIs with a break before commencing employment</td>
<td>• Orientation not disrupted by graduation ceremonies</td>
</tr>
<tr>
<td>• Allows for optimal supervision at start of employment given disruption of leave over Christmas/New Year period</td>
<td>• More time to arrange relocation to new workplace</td>
<td>For House Officers &amp; Registrars</td>
</tr>
<tr>
<td>For House Officers &amp; Registrars</td>
<td>For House Officers &amp; Registrars</td>
<td>• Avoids service gaps where RMOs moving to or from Australian rotations</td>
</tr>
<tr>
<td>• Assists with selection and examination timetabling for bi-national colleges, including from COVID-related delays</td>
<td>• Better access to leave over Christmas/New Year period for new employees (including PGY1s)</td>
<td>• Allows more time for on-boarding of new RMOs</td>
</tr>
<tr>
<td>• Allows full run duration for runs that otherwise were shortened following COVID response</td>
<td>• Puts the start of training year after the end of the school year so reduces disruption for RMOs with school age children who are required to relocate</td>
<td>Makes recruitment of RMO workforce from Australia easier</td>
</tr>
<tr>
<td>• Facilitates Trans-Tasman placements for trainees with less disruption to training</td>
<td>• Minimises financial impact and pressure for RMOs required to relocate prior to Christmas.</td>
<td></td>
</tr>
<tr>
<td>• Avoids bringing in new team members ahead of Christmas/New Year period where leave disrupts services and formal training activity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Training benefits

For new House Officers (Post-Graduate Year (PGY) 1s)

17. COVID-19 has disrupted the final year of study of the current cohort of Trainee Interns. This has included through the disruption to academic study, the initial suspension of student placements during Alert Level 4 in some DHBs, and the reduction in hospital activity as part of the DHBs preparation planning potentially reducing clinical experience of placements.

18. While in every Trainee Intern cohort there are students who cannot graduate on time, the Universities have indicated that this number could be higher for the classes of 2020, given the impacts above. Delaying the start of the 2021 RMO Training Year until mid-January 2021 should allow all students to graduate before PGY1 employment starts.

19. Additionally, the traditional start time for new House Officers is at the end of the calendar year. This is a time where hospital activity is winding down for the Christmas/New Year holiday period where many Senior Medical Officers are taking leave.

20. The proposed start date for new House Officer of mid-January 2021 will be a time where hospital activity is increasing and there will be increased availability of SMOs to support more access to supervision and training.

For House Officers and Registrars

21. Four general benefits for the training of current House Officers and Registrars are identified from the proposed change of the training year.

22. First, most Medical Colleges are bi-national, operating across both New Zealand and Australian jurisdictions. Better alignment of the training years for Registrars in both Australia and New Zealand would improve the selection, assessment and examination timetabling.

23. This has benefits in both immediate and longer-term benefits. The immediate term benefits relate to the response to, and recovery from, COVID-19. The later starting date for the Registrar training year in New Zealand will allow more time for these processes to be rescheduled without disadvantaging current trainees.

24. In the longer term, a more consistent and a more aligned training year will mean selection and examination processes are consistent and will remove any perceived disadvantage or inequity based on timing.

25. Secondly, and related to the previous point, delaying the start of the 2021 training year – and consequently extending the 2020 training year – would allow those Registrars who had their inter-DHB mid-year rotations suspended by four weeks due to the COVID-19 response to receive the full clinical experience of the second 2020 rotation.

26. The impact differs for House Officers and this is discussed in more detail in the transitional issue section.

27. Thirdly, a few Colleges require RMOs to undertake placements in Australia as part of their vocational training. Closer alignment of rotation dates between Australia and New Zealand will facilitate these arrangements and reduce disruption to the RMO’s training where movement across the Tasman means they cannot complete a full run in the period prior.
Lastly, as outlined for new graduates, the Christmas/New Year period is often a time when SMOs take leave. This disrupts services and formal training activity. Moving the start of the training year into January avoids this period and, as a consequence, rotating RMOs start in their new runs at the point where SMO staffing and formal training is returning to normal.

As well as the training benefit, it also means that RMOs working over the Christmas/New Year period are familiar with the service.

RMO welfare benefits

For new House Officers (Post-Graduate Year (PGY) 1s)

The completion of a medical qualification is a high stakes and stressful time for students. Moving the start of the RMO training year to January provides graduating trainee interns with a longer break between completing their studies and commencing employment.

A recent survey by the New Zealand Medical Students’ Association (NZMSA) in response to early discussion of a change to the start of the RMO training year identified that a number of TIs considered this would be “a valuable opportunity to relax and have a holiday prior to commencing employment” (NZMSA (2020) Trainee Intern Survey Report: PGY1 Delayed Start, p.2).

While currently only a relatively small proportion of Trainee Interns – fewer than 5% – seek to delay employment until the second quarter of the training year through the Advanced Choice of Employment (ACE) process, this may not reflect hidden demand. A late start involves a three-month deferral of employment post-graduation, means starting a medical career behind fellow graduates, and may be felt to have a negative signalling effect.

The longer gap also allows RMOs who need to relocate to start their first DHB role more time to make the necessary arrangements to do so.

For House Officers and Registrars

Starting the RMO training year in January will provide better access to leave over Christmas/New Year period for new employees (including PGY1s). Currently a large proportion of the RMO workforce enter or change DHB employment at the start of the training year. Consequently, many RMOs will have accrued limited leave entitlements by the time of the Christmas/New Year period.

Moving the start of the training year into January avoids this situation. The Christmas/New Year period would always fall towards the end of the training year, and all RMOs would have had the opportunity to accrue leave and apply in a timely manner.

This would support the accreditation expectations of the MCNZ around ensuring RMOs are encouraged to manage their own health and welfare, and that annual leave applications are dealt with fairly and transparently.

In combination with other rostering requirements – for example the limit on when first year House Officers can work night shift – this is likely to mean there is a more equitable basis for RMOs to take leave over this period and help manage risks around how Christmas/New Year clinical cover is provided.

A further benefit to the proposed shift is its better alignment to the school year. The proposed change would put the start of training year after the end of the school year (typically mid-December). This will
reduce the disruption for the family of RMOs with school age children who are required to relocate to another DHB area as part of their training.

39. Lastly, the change in rotation date will mean there is the reduced financial pressure on RMOs who are required to relocate in the lead up to Christmas.

**Operational benefits**

*For new House Officers (Post-Graduate Year (PGY) 1s)*

40. Changing the start of the RMO training year will avoid the situation where formal DHB orientation and stepping into the House Officer role is disrupted by graduation ceremonies.

*For House Officers and Registrars*

41. As noted above, where an RMO is required to undertake a placement in Australia, the current difference of dates means that services effectively face planned gaps/vacancies which can be difficult to cover. The proposed training year dates will significantly reduce the impact of these situations on RMOs and on services.

42. The later start date proposed allows DHBs more time for the necessary on-boarding of new RMOs. This covers the range of pre-employment processes required before any employee starts work.

43. Lastly, the closer alignment of training years between New Zealand and Australia would make recruitment from Australia easier for DHBs. Australian-trained RMOs, who were interested in working for DHBs, would not face the same prospect as New Zealand trainees rotating to Australia of wasting a training opportunity by not being able to complete the majority of rotation.

44. In the context of current difficulties around international travel, and the unknown impact on recruitment of RMOs from overseas, making New Zealand a more practical option for Australian trainees is an appropriate workforce goal.

**CONSULTATION QUESTIONS**

- Do you agree with the identified benefits of the change to rotation dates? Yes
  - 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)?

- Are there additional benefits of the change to rotation dates over and above those identified by the DHBs? None that we can readily identify.
Issues and mitigations

45. Three potential issues have been identified with the proposal that would require further consideration and mitigation.

Financial impact on graduating medical students

46. First, the financial impact on graduating medical students who would face a delay between completion of their studies and starting paid employment as a House Officer of an additional 7 weeks. Final Year medical students have already faced disruption to their academic study.

47. The delay could cause graduating medical students financial hardship. This was a primary concern raised by current TIs in the NZMSA survey referred to above.

48. The DHBs are keen to consider what options could be explored to mitigate such hardship if the proposed change goes ahead.

Impact on international recruitment of RMOs

49. The proposed rotation dates could impact on international recruitment.

50. First, anecdotally the current NZ rotation dates are attractive to RMOs from the UK and Ireland, as they allow them to combine work in New Zealand with overseas travel on the way to or from their home country.

51. The RMO training year in the UK has traditionally started in August. In light of the UK suspensions of the May – July 2020 rotations as part of the UK response to COVID-19, Health Education England (HEE) has indicated it expects there to be a movement away from August rotations across specialties (HEE, Health Education England to re-start medical rotations this summer, 15 May 2020). Therefore, any purported benefits from the current rotation timeframes are likely to be impacted by changes made independently in the NHS.

52. Secondly, given the continued reliance on IMGs, especially for RMOs on doctors from the United Kingdom and Ireland, the near-term impact of COVID-19 on international movement presents a risk independent of decisions on rotation dates.

53. In terms of mitigations, RMO Unit Managers have established an operational group to monitor overseas recruitment activity, and to respond to general, local or specialty-based recruitment shortfalls through targeted actions. This is supported by TAS RMO workforce modelling.

Certainty of RMO staffing over the transition period

54. Deferring the start of the 2021 RMO training year could raise potential issues around the certainty of RMO staffing over the initial December 2020/January 2021 transition period. While RMO employment is generally ongoing/permanent there could be some RMOs who resign their employment in response to the date changes to take an extended Summer break. This could compound any workforce gaps from reduced international recruitment.

55. As at least three months’ notice of resignations is generally required of RMOs. DHBs will actively monitor turnover trends to ensure any emerging service gaps can be mitigated.
CONSULTATION QUESTIONS

- Do you agree with the issues the DHBs have identified with the proposed change to rotation dates? Yes
  
  o Are there specific mitigations you think the DHBs should consider to address these issues?

- Do you consider there are other issues with the change to rotation dates in addition to those identified by the DHBs? Yes
  
  o If so, what are these issues?
    The above are the 3 main points, however DHBs could encounter issues recruiting for January instead of November. While July/August is the end of the UK training year, we do take on Quite a number of UK Doctors in November.

  o What mitigations do you think should be put in place to address these?
    Potentially we could offer the UK Doctors due to finish at the end of November a 7 weeks extension to their current contract.
Implementation

56. Any change to the rotation dates for the 2021 training year would need to be made and coordinated at a national level.

57. DHB employment offers for the 2021 training year are made through two national processes.

58. First, the Advanced Choice of Employment (ACE) process matches medical graduates to MCNZ accredited PGY1 positions.

59. Secondly, the annual recruitment cycle invites applications from RMOs for PGY2+ House Officer, Senior House Officer and Registrar positions.

60. If the proposed dates for the 2021 training year are confirmed, this change can be given effect through the DHB offers made under both processes. These offers are made in August 2020. Therefore, a decision on the training dates is required to be confirmed by the end of July 2020 at the latest.

61. Except in limited circumstances, RMOs are on open-ended employment until completion of their training (clause 5.1 in both RMOs MECAs). A practical consequence of this is that RMOs would remain in their end of 2020 run until the new 2021 offers take effect (subject to the normal process around resignation, dismissal or other termination of employment).

CONSULTATION QUESTIONS

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

- 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? Contractual

  - If so, what are these requirements and how should they best be met?
    A DHB may have a number of UK doctors due to finish their 12 month contract on the 29th November 2020. If they are not willing to stay on for an additional 7 weeks, this could result in DHBs being short staffed.
Transitional matters

62. If the decision is made to shift the beginning of the 2021 RMO Training Year, transitional issues need consideration.

Balance of the 2020 RMO Training Year

63. The key transitional issue are the rotation dates for the balance of the 2020 training year and how these are impacted by the proposed delay to the start of the 2021 training year. The DHB decision in April 2020 to suspend mid-year rotations between DHBs by 4 weeks, and the decision by the Auckland Region DHBs to suspend all mid-year rotations, creates a shortened nine-week Q3 for affected House Officers. This affected over 500 RMOs.

For House Officers

64. Further change to 2020 House Officer rotation dates would need to be a national decision. We have identified three options for this:

   a. Option 1: no change to Q4 rotation date – reduced Q3 (9 weeks) for House Officers whose mid-year rotations were delayed; longer Q4 (21 weeks) for all House Officers

   b. Option 2: Q4 rotation delayed 6 weeks – to even out Q3 and Q4 for House Officers whose mid-year rotations were delayed

   c. Option 3: Q4 rotation delayed 4 weeks - to even out Q3 and Q4 for the majority of House Officers who rotated on the original mid-year rotation dates

65. These options are set out below:

<table>
<thead>
<tr>
<th>Table: Potential Options for Q3 and Q4 rotation dates for House Officers</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Q3</td>
</tr>
<tr>
<td>Q4</td>
</tr>
<tr>
<td>Q1</td>
</tr>
</tbody>
</table>

NB: Rotating refers to those RMOs who were not affected delayed by the decision to suspend (e.g. internal rotations; exception made) so moved on the original date.

66. The Medical Council of New Zealand (MCNZ) has advised prevocational educational supervisors to be “flexible and pragmatic” in applying the requirement RMOs complete a minimum of ten weeks of any clinical attachment (MCNZ, COVID-19 - Update for interns, 1 April 2020).

67. This means that retaining the current Q.4 changeover date (option 1) could be viable, noting this involves a very long (21 week) fourth ‘quarter’ for all RMOs.
68. Nonetheless, in the context of starting the 2021 training year later, and thereby extending the 2020 year, there is an option to amend the remaining rotation dates in 2020 to effectively “even out” the remaining attachments (options 2 and 3 below).

For Registrars
69. The issue does not arise directly for Registrars on the standard six-month (26 week) rotations. The new date for the start to the 2021 training date simply extends the second half-year run. This allows those Registrars whose mid-year rotations were delayed to have the full experience of their second half rotations.

CONSULTATION QUESTIONS

- Do you think the original House Officer rotation dates for the balance of the 2020 RMO training year should be amended? Yes
  - If so, do you prefer option 2 or 3 or an alternate option? 3
  - Are there specific steps or actions required to put your preferred option in place? The current RMO would need to be notified and rosters adjusted accordingly.

- 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?