



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

A handwritten signature in black ink, appearing to read "Kathryn Hagen", with a horizontal line extending to the right.

**Dr Kathryn Hagen
President**