

TRAINEE INTERNS' NEWSLETTER



May 2020

Changing the Start of the RMO Year

The proposal to shift the start of the RMO year to January/February has been raised before but found to have insufficient merit. Despite this history the issue has recently surfaced again. Whilst “change proposals” normally start with outlining the benefits of change, this proposal appears to have commenced from a “why not?”, rather than a “why?”.

In seeking to move the start of the RMOs year, some have also pointed to the following as potential benefits:

- to align our year with the Australian RMO year.
- to enable TIs to have a holiday before starting work as a house officer.
- to start RMOs in their new roles when:
 - * (more) SMO supervision given how many SMOs take leave over Christmas; and
 - * The normal functioning of the hospital has started up again.

NZRDA remains concerned that on closer inspection these claimed “benefits”

fail to hold up to scrutiny.

Taking these in the order described above:

1. What is the advantage to aligning with the Australian RMO year or perhaps more appropriately, such an advantage that it warrants shifting our entire system?

It also begs the question, which Australian year? In Australia there is not one date for NZ to link with as each state operates from a different training calendar.

There are a few trans-Tasman rotations for a few subspecialist registrars, more often Australians coming to NZ than in the other direction. The “gap” created by one (NZ) registrar moving on in December but their replacement not arriving (from Australia) until Jan/Feb could be resolved if all NZ resident doctors changed at the same time as Australia. However, such a huge disruption for so many simply to accommodate a very small number of positions would not be justified. It is also possible to fill any “gap” by extending the incumbent’s tenure in that role, provide temporary cover or, given it

is the Christmas period, simply adapting to manage the gap for the duration. Given many surgical services in particular shut down elective services at this time, the benefit to the training registrar is less, and the workload likewise. We also note that having gaps on rosters is hardly a novel experience in the NZ context.

2. To enable TIs to have a holiday before starting as a house officer.

- TIs are entitled to 6 weeks annual leave in their first year of employment as house officers. They hardly ever seek to take leave at the commencement of the year as they are keen to get into their roles as House Officers.
- The failure of TIs to take annual leave in the first month of work as a house officer has not caused any issues that NZRDA is aware of.
- The TIs would also be left without income over this time whilst having maximum student debt to manage.
- Imposing a gap between the end of their academic year and start of practicing life can hardly be warranted in terms of putting skills into practice.
- There is also nothing to stop an individual TI from approaching their prospective employer and requesting a later employment commencement date should they wish

3. The claimed issue of supervision over the Christmas period is misplaced.

- There is always SMO supervision of RMOs; for there not to be would fall foul of MCNZ registration requirements.
- House officer supervision also comes

from other more senior house officers and registrars and for junior registrars, those more senior. The numbers of RMOs on duty over December and January does not decrease (except on stat days) providing more than adequate supervision and when more time may be able to be spent with colleagues due to the "acutes only" period of the year.

This "acutes only" Christmas period allows those new to the role to acclimatise in a less stressful period as opposed to being new when the hospitals are at full throttle, as they are by February. Furthermore, a delay in starting in new roles gives less time to upskill as the year gets busier towards the winter period. Better to have started in November/December 7 months ahead of winter, than January/February with only 4 months experience before winter hits us.

If these three claimed benefits or solutions to address perceived issues are not of the magnitude importance wise, what other factors are at play here and what other possible flow on effects from the proposed change require due consideration? Probably the biggest two are:

- Our pipeline production; and
- labour market competition.

Why delay our pipeline production of RMOs and inevitably SMOs? Albeit by only three months, but why delay at all? And why remove the advantage we have in securing our own workforce ahead of Australia? The marketplace affecting the RMO workforce adapts very quickly and NZ's main competitor is Australia. It was not that long ago when we saw upwards of 20% of our RMO workforce being targeted by Australia: our earlier start date secured our home-grown workforce giving us a critical advantage.

Finally:

- Whilst the changeover is still a key time

in new roles, it is by no means the only time RMOs progress. It is not uncommon for instance to progress house officers into registrar roles during the year, and for RMOs of all descriptions to take time out (e.g. parental leave) for a period resulting in an increased variation of progression through the RMO years.

- Whilst the Universities may see financial benefits to keeping TIs for longer (and attracting we would assume more fees and governmental income), TIs already burdened with \$100,000 debt would have to be compensated for the financial disadvantage of a later start to earning.
- If it is the Universities position that additional time is required for TIs to be competent to graduate, a wider and more in-depth review of the medical school curriculum might be warranted.

Before this debate escalates and in order to progress an informed discussion, the drivers for change and the reasons we should disrupt a system that has served us well, need to be clearly identified. Without this clarity, assessing what added value to our system a change would provide compared with the imposition of loss and the risks of abandoning the current system, is severely curtailed.

Indemnity Choices: An Opportunity to Try before you Buy?

You will probably know about MPS. They have been around a long time and are a preferred sponsor of NZMSA activities. But do you know about the other two providers of indemnity, NZMPI and Medicus, and what the differences are?

NZMPI is a NZ owned and operated insurance company specialising in indemnity insurance for medical and health practitioners. NZRDA assisted in its creation over 20 years ago to provide a choice not just of provider

but importantly of an insurance policy. In explanation MPS does not provide insurance but discretionary indemnity cover. NZRDA also owns 15% of NZMPI due to our involvement in its establishment all those years ago.

As an insurance company NZMPI is also subject to legislation in NZ that protects those it insures by requiring minimum amounts of money be kept to cover all potential claims. The Reserve Bank monitors compliance with these requirements.

And being domiciled in NZ, NZMPI also pays the full range of tax in NZ.

Medicus is kind of half way in between; it is the newest provider in NZ starting life as a breakaway group from MPS. It is also a friendly society like MPS but membership provides access to an insurance policy through a company called Aon. Medicus is NZ domiciled however it is not regulated by the Reserve Bank under the legislation as they are not an insurance company.

So how do you choose which option is best for you?

Price is probably not a key issue as the RDA MECA provides for automatic payment of your premiums if you chose NZMPI and reimbursement if you join MPS or Medicus.

All three providers are free to Trainee Interns, so if you wish you could join all three and get some first hand experience of what they do and how they work. You don't need to decide on "the one" until you commence employment; whilst the DHBs will ask you to indicate which you prefer, you have until the night before your first day of employment (not that we suggest you leave it to the last minute!) as a house officer to officially choose.



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