CAREER PLANNING

October 2011

Career planning is a HWNZ initiative that DHBs throughout NZ are currently trying to address. NZRDA understands all DHBs are going through a career planning process, in some instances in isolation from their employees, and in other in conjunction. NZRDA has referred the matter to NEG on the following basis:

1. The process is occurring in all DHBs; a nationally consistent response /process would appear to have merit.

2. The DHBs and NZRDA have agreed to work together on matters of mutual concern / interest. The issue of career planning is such a matter.

3. DHBs that for whatever reason fail to gain genuine engagement with Resident Doctors over this matter, risk non compliance.

NZRDA is in receipt of DHB documents including that entitled "Guide to Developing your Career Plan", communication from HWNZ with respect to their expectations including around matters such as privacy and ownership of the career plan, and has reviewed the HWNZ documentation on the matter in preparation of this paper. We also refer to the NZRDA's submission to MCNZ on prevocational training.

NZRDA is aware of the push from HWNZ to have career planning in place by 2012 and tied to funded positions. Whether this is simply an "incentive devise", and what impact it has on non funded positions or doctors that move through such positions from time to time but not consistently, is unclear. NZRDA is also unclear about the "connection" between HWNZ's direction that funding will be tied to career plans, given HWNZ is currently undergoing consultation around the prioritisation of funding. This latter process aims to provide a transparent methodology to the allocation of funding based on the vulnerability of the workforce and government health priorities. It is unclear how such methodology could be usurped by other "incentive" directives whilst also maintaining credibility.

Another issue around the connection between funded positions and career plans is that most funding is attached to first year or registrar positions. In the latter instance the doctor is already on their career path and the former are too early in their career for most to wish or be able to focus on this issue (see below). Surely the greatest value of career planning is in the general registrant house officer years, which attracts scant HWNZ funding?

NZRDA is also concerned that the HWNZ directive tying career plans to funding, imposes pressure on the DHBs that is resulting in unhelpful and unconstructive outcomes. Resident Doctors are not convinced of the value in career plans and are suspicious of their intention. The funding imperative could potentially drive DHBs into taking action that will further disaffect this essential and fragile workforce. NZRDA is concerned that this unintended consequence be avoided.

HWNZ has also stated that "*From the outset the career plan will be owned by the trainee/employee".* They recognise that, given the nature of the material contained in a potential career plan, privacy issues will arise.

HWNZ's intentions behind career planning are as follows:

- *Support individual health professionals in their careers.*
- *Provide the basis for DHBs and other employers to recruit, retain and grow the staff that they need to meet service needs.*
- *Deliver the workforce that the health sector requires in the future.*
- *Ensure training investment is matched to the needs of the health system.*

Support individual health professionals in their careers.

NZRDA applauds this first objective however does not believe the DHB documentation we have seen to date nor manner in which it is presented will achieve this end. Resident Doctors pass through a number of stages in their professional lives:

1. First year house officers. At this time the doctor has a clear "map" set out for them under the direction of the Medical Council of NZ. Getting through the provisional registration stage to general registration is an intense time and the doctor's primary focus; few have, or wish to have clear plans for what next. Even if they do, the prescriptive nature of the first year makes "flexing" to facilitate specific career pathway objectives largely impossible. However, nor do most doctors wish to be pushed into focusing on matters outside this very focused time in their careers.

2. Other House Officers. During this period, doctors have made it clear they do not wish to be pressured into making career decisions.

    a. Some may well know what they wish to do and will be seeking runs and work experiences that will assist on that pathway. In this event discussions with the RMO Units to ensure appropriate run allocation and connection with key SMOs involved in the chosen vocational career pathway would indeed be helpful.

b. Most however, wish to have the time to explore options, exposure to and experience of different specialties, teams and workplaces and have a break from the pressure that has been on them through medical school and provisional registration and prior to embarking on their chosen vocational pathway.

We refer to NZRDA's submission to the MCNZ on prevocational training for more information in this regard.

3. Registrars are in a vocational training programme by which time the doctor has decided, and is on their career pathway. They will have a process in place with the relevant college. Can we assume the career planning process is not for registrars already in vocational pathways? If not, then what purpose over current will career planning deliver to the resident doctor?

Resident doctors are adults, capable of seeking assistance and resource as and when it is required. In the period prior to deciding on a vocational pathway, whenever that may fall for the individual doctor, access to material and resources is an effective mechanism to assist with the individual's career planning process. Completion of a 4 page document is however not necessary for this to occur.

Individually or collectively the DHBs should provide access to information and assistance such as:

- Information on the relevant prerequisites and required steps for entering a specific college training programme, and access to them. Referring the doctor to the college website is fine, although it should be noted that most if not all doctors know where to get this information already; to add value providing direct links would be beneficial.
- Resources on steps doctors may wish to take if unsure on what they wish to do.
- Support to enable the doctors to acquire the skills and qualifications needed for any given career pathway.
- Access to SMOs able to discuss potential options, and who the individual might need to talk to for more in-depth information such as directors of college training programmes.
- Run allocations that enable an individual to "taste" specialities under consideration, or as prerequisites in themselves to progress in that career.
- Workforce information, including future demand for the speciality or skills, training places available and likelihood of future opportunities as an SMO.

NZRDA believes that in providing the above resource, DHBs will be achieving HWNZ's first stated intention. However the DHB documentation provided to NZRDA to date fails to achieve the above goals in a "doctor friendly" manner due to the following:

1. Overall the documentation is pushing doctors into making a decision when they have made it quite clear they do not wish to have this imposed on them. It is as if this has to be done "to them" rather than being a constructive and positive career planning process, and also raises the "if it is not for us then what is this for?" question (see HWNZ points 2-4 below).

2. The documentation is misleading and has an air of mandation to it, clearly contrary to the express wishes of the resident doctors and the advice from HWNZ. For example one document commences by stating "*All RMOs… need to develop a career plan…*", and another "*All RMOs in receipt of HWNZ funding will be then be required to complete a career plan, in discussion with their supervisor, and forward this to the RMO Coordinator for their personnel file."*. Neither statement is true:
    a. RMOs need not develop a career plan at all; it is not a condition of their employment. Even if the HWNZ funding issue is clarified, there is no imperative for those not in positions that receive HWNZ funding to do anything.
    b. If Resident Doctors do complete a career plan, it is theirs, a fact confirmed by HWNZ, therefore the requirement to forward such for the DHBs personal file is also not correct.
    c. That DHBs feel they have to imply this process is a requirement, is fuelling resident doctor's concerns that this process has some ulterior, undisclosed objective, rather than genuinely being for them (especially given the majority of resident doctors have not expressed a desire for this process and struggle to see how it adds benefit).
3. There is a lack of reciprocity in the documentation: it is all about the doctor reflecting etc. Where is the DHBs commitment to supporting and resourcing the doctor's career pathway?
4. It is generally agreed that at the level of 1st year, a supportive "chat" with an appropriate SMO is the length to which career planning probably needs to occur. If the doctor identifies they already have a chosen career pathway, or have some ideas, then planning over run allocation etc for the following year can occur (usually around July/ September) to assist further in exploring or advancing these options. However most doctors will wish to have a broad range of experiences in the second year and this must also be provided for.
5. The documentation appears to be written for "any career" rather than medicine. To suggest people shift career several times during their lifetime, suggests doctors often change specialist practice, which is not the case.
6. The document reads as if cut and paste out of some self help manual. The points raised may indeed be worth some reflection, however as adults, the doctors could use this as a guide or tool rather than being asked to "complete a questionnaire" type process. It also misses the most vital question(s): what do I want (not want) to do?

One critical unanswered element of the career planning we have seen to date is how the DHBs intend to provide access to educational support, appropriate run allocations and exposure to skills acquisition etc for those that have identified a career pathway and likewise for those that have not but wish to have a range of experiences on their journey to making that final decision? This contribution to the process needs a great deal more clarity if the resident doctors are to have confidence that this process is anything other than more paperwork for them to complete, without added benefit to themselves, especially given an objective of career planning is to assist (for) the resident doctor.

The Career Plan

Given the plans *"belong to you as the trainee"* there is no need for the DHB or anyone else for that matter to have a copy or see the document? If the DHB needs information to assist the resident doctor achieve their goals, a clear commitment to that effect needs to be made explicit. What information should be shared and how portable that information should be between DHBs can then be addressed. As HWNZ acknowledges "*Because a career plan and supporting information may contain personal and confidential information, such a transfer will require trainee employee consent…"* NZRDA would also suggest the Privacy Act requirements go further than that; should the employee agree to provide the information, the use, purpose etc to which that information will be put must be made clear. That is currently not at all clear.

We also question the purpose of having it "signed off" by a supervisor which implies that the resident doctor is being marked or needs someone's consent to chose their career pathway? This also takes the supervisor (who we assume will be an SMO) from the role of advisor and mentor to "authoriser". The implication to resident doctors is that some degree of pressure, tailoring or curtailing of their career plans is intended. This needs to be clarified.

Which brings us to points 2-4 of the HWNZ's intentions behind career planning. Not only are we unclear where the DHB's commitment to a doctor's career plan lies, we are also unclear where the connection to three of HWNZ's four intentions for career plans fit in. These are:

- **Provide the basis for DHBs and other employers to recruit, retain and grow the staff that they need to meet service needs.**

How are individual and personal doctor's career plans going to inform employer's in this regard? Is it the DHBs intention to accommodate the plans as a retention tool?

- **Deliver the workforce that the health sector requires in the future.**

Are the plans or any part of them to be submitted to HWNZ? What thought has been given to the inevitable changing nature of plans? We note that there is no intention to "lock" individual's into their plans.

- **Ensure training investment is matched to the needs of the health system.**

Again how does this "fit" and what data is HWNZ seeking from these plans in order to make decisions on investment?

The process throws up contradictions that need to be clarified.

1. The documentation suggests this process is all about the doctor: The doctor *"needs"* to fill it in; it is to help the doctor identify career plans; it *"belongs"* to you as the trainee. Yet it is also being imposed on the doctors in a manner they are not comfortable with.
2. Should a doctor adopt the process, where is the reciprocity from the DHBs? What documentation is there to suggest that having engaged, the doctor will receive the necessary experiences or whatever is required to progress on the career planning pathway?

3. NZRDA agrees that should the employers make definitive commitments to supporting the doctor's career pathway, it will make a retention difference, however the documentation to date, still leaves this outcome at best, to chance.
4. Of the two last intentions from HWNZ: where does the individual's career pathway fit into this? What information including potentially private information are the DHBs and through them HWNZ seeking to collect. If this is a process whose real outcome is the collection of workforce data, why are we dressing it up as something which is in the doctors best interests, without any commitment evident in the information we have so far, that there is a reciprocal level of engagement and commitment from the employer?

NZRDA is keen to work with our DHB partners and HWNZ to gain better clarity around the issues raised in this paper, develop agreed processes and documentation and address privacy issues that may as a result arise. We have therefore referred the matter to our National Engagement Group for further discussion.

Until such time as the above has been completed, NZRDA is unable to advise its members to complete career plans or at least submit them to a DHB. We believe any action by DHBs to enforce the completion of plans on RMOs will be contrary to the principles of genuine consultation and engagement enshrined as agreements in our joint MECA. However, given the potential funding imperative that has been raised for the DHBs, NZRDA will commit necessary resources towards achieving a mutual acceptable agreement on the matter, including HWNZ if necessary, as quickly as is possible.